

Quadrant and ICM Research
for the Office of the Health Professions Adjudicator (OHPA)

Final Report on Baseline Findings and Stakeholder Views
September 2010

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1 RESEARCH REQUIREMENTS

The Office of the Health Professions Adjudicator (OHPA) was born out of the recommendations from Dame Janet Smith's report following the Shipman Inquiry and subsequent legislation through the Health and Social Care Act 2008. The report, legislation and consultation concluded that the confidence of the public and health professionals would increase if separate and independent bodies carried out the roles of investigation and adjudication both currently performed by the GMC.

OHPA was designed to take over adjudication. It would schedule and case manage the fitness to practise hearings referred by the GMC from April 2011 and subsequently the GOC (scheduled for 2012). OHPA would create a system to improve timeliness, reduce costs, and provide transparency. In time, the other health profession regulators would move their adjudication to OHPA.

OHPA required research covering two aspects:

- ⊕ a snapshot on current perceptions and aspirations around adjudication in healthcare among the healthcare professions in general
- ⊕ a view based on evidence of the most effective and widely used tools for approaching and informing the professional audiences most affected by the changes to independent adjudication.

The first professional group to be serviced by OHPA fitness to practise panels would be medical practitioners. The GMC is respected as having provided a professional and respected service as the regulator. It is important to canvas the views of the profession about what works well, what could be improved and how. As other health professions would be invited to move their adjudication to OHPA in time, starting with opticians, their views should also be sought so that the OHPA service design and provision is suitable for all professions.

The benchmark research sample was required to include:

- ⊕ Primary care clinicians – GPs, practice nurses, dentists, opticians
- ⊕ Secondary care clinicians – consultants
- ⊕ Prescribers
- ⊕ Health regulators – requiring a depth interview method

It was proposed that the process would be repeated on an annual basis to measure changes in perception, need and trends. To get an accurate picture one year prior to OHPA becoming an operational body, research was to be conducted during April 2010. In order to maximise the effectiveness of communication with the professional audiences likely to be affected by the changes brought about by the creation of OHPA, it is important to use the communication channels most widely accepted and used by them. Research was to investigate the use of the key audiences of marketing channels.

2 RESEARCH METHOD

The research programme to meet OHPA requirements was designed and delivered by Quadrant and ICM Research, partners in the relevant OGC Buying Solutions procurement framework. http://www.buyingsolutions.gov.uk/catalogue/service.html?supplier_id=696&contract_id=895

2.1 Background

- ⊕ A three stage research process was delivered:
 - Stage 1 – Was a quantitative survey with a broad cross section of front line healthcare professionals (HCP's)
 - Stage 2 – Would be focus groups with key groups of these healthcare professionals
 - Stage 3 – Became depth interviews with Key Opinion Leaders within each HCP regulator or council, ten in all

2.2 Research Objectives & Question areas

- ⊕ Ascertain who healthcare professionals believe currently investigate & adjudicate in fitness to practise cases
- ⊕ Measure perceptions of the current procedures
- ⊕ Assess what potential improvements could be made to current procedures
- ⊕ Investigate perceived advantages and disadvantages of a single independent organisation responsible for adjudication in fitness to practise cases
- ⊕ Establish a benchmark of awareness for OHPA amongst HCPs
- ⊕ Determine current perceptions of OHPA and ascertain what is driving those perceptions
- ⊕ Understand what kind of information is sought in relation to OHPA, how best to position OHPA and feedback views that will help to shape the communications strategy

To fulfil the OHPA ambition of a yearly repeatable benchmark survey, the fieldwork commenced in April 2010, one year prior to the intended April 2011 launch.

2.3 Stage 1 – Quantitative survey of Front Line HCPs

- ⊕ 1055 respondents (764 telephone interviews, 291 online surveys)
 - Doctors - GP / Hospital doctor (n=216)
 - Opticians (n=101)
 - Nurses - Hospital / Practice / Community Nurse or Midwife (n=415)
 - Pharmacists Hospital / Retail (n=113)
 - Dentists (n=102)
 - Allied Health/HPC (n=104)

2.4 Stage 2 – Focus groups with Front Line HCPs

- ⊕ 1 x group of hospital doctors and GPs
- ⊕ 1 x group of opticians
- ⊕ 1 x group of nurses
- ⊕ 1 x mixed group of pharmacists and health professionals

2.5 Stage 3 – Depth interviews with Key Opinion Leaders within each HCP council

- ⊕ 10 interviews completed
- ⊕ Respondents comprised a mix of Heads of fitness to practise and chief execs. Comments from each respondent are not attributed but are pooled into like-minded groupings, or occasionally highlighted as a strongly held, if minority held, opinion.

3 TOPLINE FINDINGS – AMONG FRONT LINE PRACTITIONERS

The large scale quantitative survey of over 1000 respondents provided original and baseline insights. It provides a unique benchmark on the subject of adjudication.

The findings are represented in a full research report provided to OHPA in July 2010.

- ⊕ Over three quarters believe they understand their own profession's complaint procedures well
- ⊕ However, over a third of Pharmacists and Allied Health professionals, said they did not understand their procedures well

This lack of close familiarity is not unreasonable as only a low proportion, well below 1%, will have personal experience of adjudication. It could be said that training and CPD on this important facet of professional development, and line management responsibility, should move towards 'near total appreciation of the fundamentals of professional adjudication', and this might be a benchmark goal for the future.

- ⊕ Awareness of the current professional body responsible for investigating or adjudicating on fitness to practise complaints is high
- ⊕ Overall, 80% believe the current fitness to practise adjudication process is fair, although doctors (65%) and Pharmacists (69%) were least likely to view the process this way compared to their HCP colleagues
- ⊕ Those with some previous experience of the adjudication process were significantly less likely to view the process as fair (70% with experience rated it as fair compared to 83% with no experience of the process)
- ⊕ 42% said they did not believe that their current adjudication process needed to be improved, however, amongst those with previous experience of an adjudication case, this figure was significantly lower at just 27% not believing that it could be improved

It is an interesting benchmark for improvement that nearly three quarters of healthcare professionals with practical experience of it feel adjudication should be improved, whereas the registrant membership at large may have a more tolerant, hands off perception.

- ⊕ In terms of specific improvements mentioned, all groups except Doctors had 'a fairer system' as the top mention. For Doctors, a quicker procedure is the greatest priority

We explored the level of prior awareness of OHPA among respondents

- ⊕ Only 7% had previously heard of OHPA, rising as high as 10% amongst Doctors
- ⊕ Pharmacists (45%) were most likely to say that their profession were looking to separate routine governance from panel adjudication

- ⊕ Opinions were fairly evenly divided when it came to preferences between retaining control or using an independent adjudication service
- ⊕ Opticians were the most likely to want to maintain profession specific adjudication panels. Allied Health, Nurses and Pharmacists were most likely to be in favour of an independent body
- ⊕ Standardisation and a fairer system are seen as the main advantages of a single adjudication body, however, a third of Dentists and Doctors believe there would be no advantage
- ⊕ Lack of specified knowledge, mentioned by 58% of the total sample is seen as the main disadvantage of a single adjudication body

These perceptions and preferences are described in more detail in the detailed findings section in this report, and have been reported in full to OHPA

For OHPA and adjudication planners going forward, there are valuable insights on the level, frequency and source of information sought by HCP's.

Under an obligation to design a 'publication scheme' for disclosure of information, OHPA would be able to apply these insights from the research.

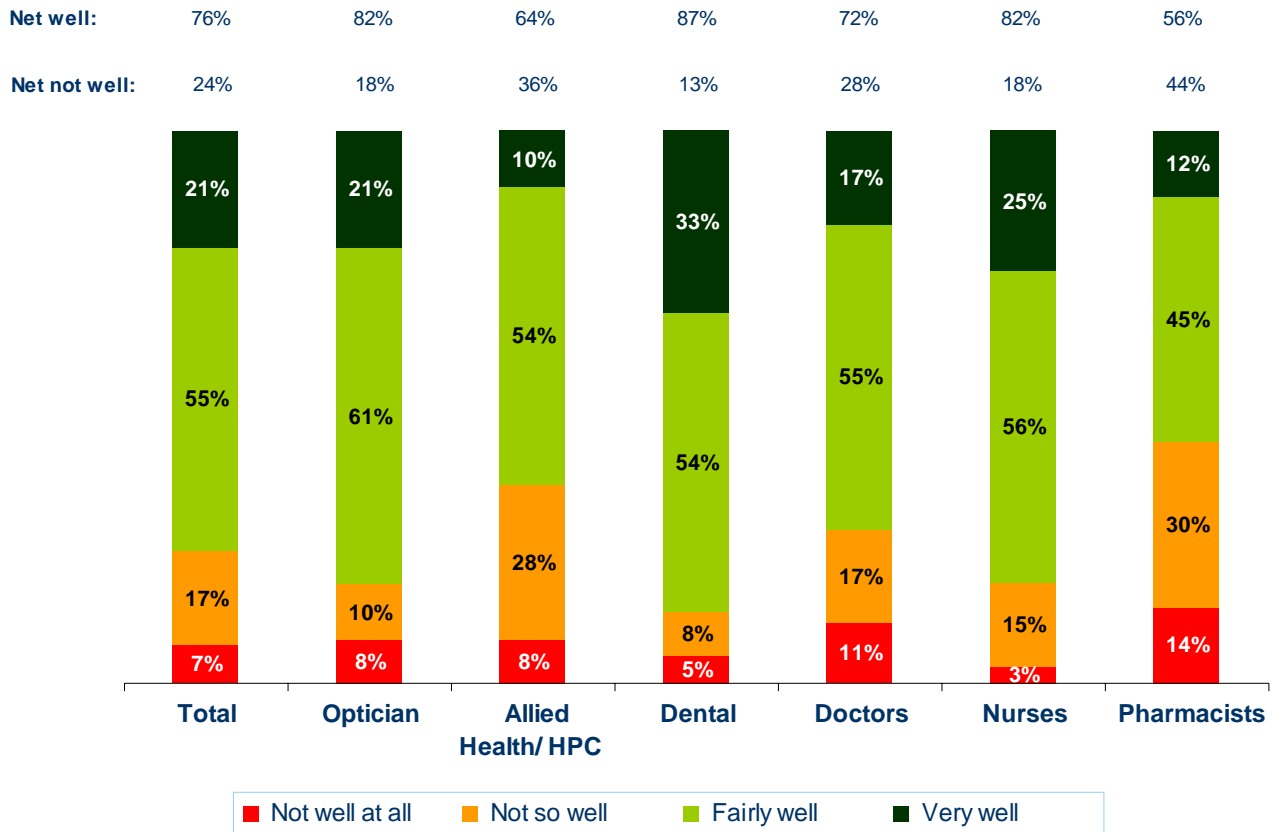
Information Needs Going Forward?

- ⊕ More than six in ten said they would be interested in receiving information from OHPA about insights and learning, less than one in ten said they were not interested in receiving any OHPA information
- ⊕ Half (54%) said they would be interested in information about adjudications and case outcomes
- ⊕ Allied Health / HPC were most likely to want information about opportunities to engage with OHPA (57% mentioned)
- ⊕ Almost half of the total sample would prefer to receive information directly from OHPA, with Doctors most likely to have this preference. A quarter said they had no preference
- ⊕ Over three quarters have a preference for a transparent process where the public can also see how complaints are being handled
- ⊕ Two thirds (68%) would prefer news on adjudications to be channelled through their own professional bodies rather than OHPA

Where adjudication remains within the overall remit of a registration body, the information and communication needs are going to be different to those whose adjudication would be unified, under OHPA. In either model, there is scope for adjudication planners to improve and standardise the flow of information so that healthcare professionals see how this part of justice is done and how their registration fees are being well used.

4 DETAILED FINDINGS

An introductory question (across the large scale quantitative sample of 1,055) concerned 'how well' a respondent understood the adjudication process. The clear majority understand it well or fairly well, at 75% overall. This dips to 57% amongst Pharmacists, but represents an overall pattern of knowledgeable professionals.



Q.1 Thinking about the organisation in your profession which is responsible for assessing your fitness to practise, how well would you say you know the current set-up if a complaint is brought against you?
 Base: All respondents (1055)

Each regulator can determine how much of the practitioners' initial training should cover and emphasise adjudications, or how it would be refreshed over time.

In any year, far less than 1% would be participating in fitness to practise procedures at the regulatory council level, though all should be aware of the fundamental features and how it reflects line management or patient accountability.

By major grouping, the levels of understanding among respondents can be summarised.



Generally well informed and understand the process
Recognise the role of the GMC in investigation and adjudication
Show detailed understanding e.g. composition of panels

GPs/Doctors



Well informed at a local/employer level, but not at council level
Variable awareness & understanding of investigation and adjudication
Some confusion regarding what defines 'fitness to practise'

Nurses



Not particularly well informed, unless having experienced the process
Confusion arises between (retail) complaints and professional competency

Opticians



Fairly low levels of understanding regarding the process
Confusion arises between (retail) complaints and professional competency
Aware of the role of the council, but light on detail and accuracy

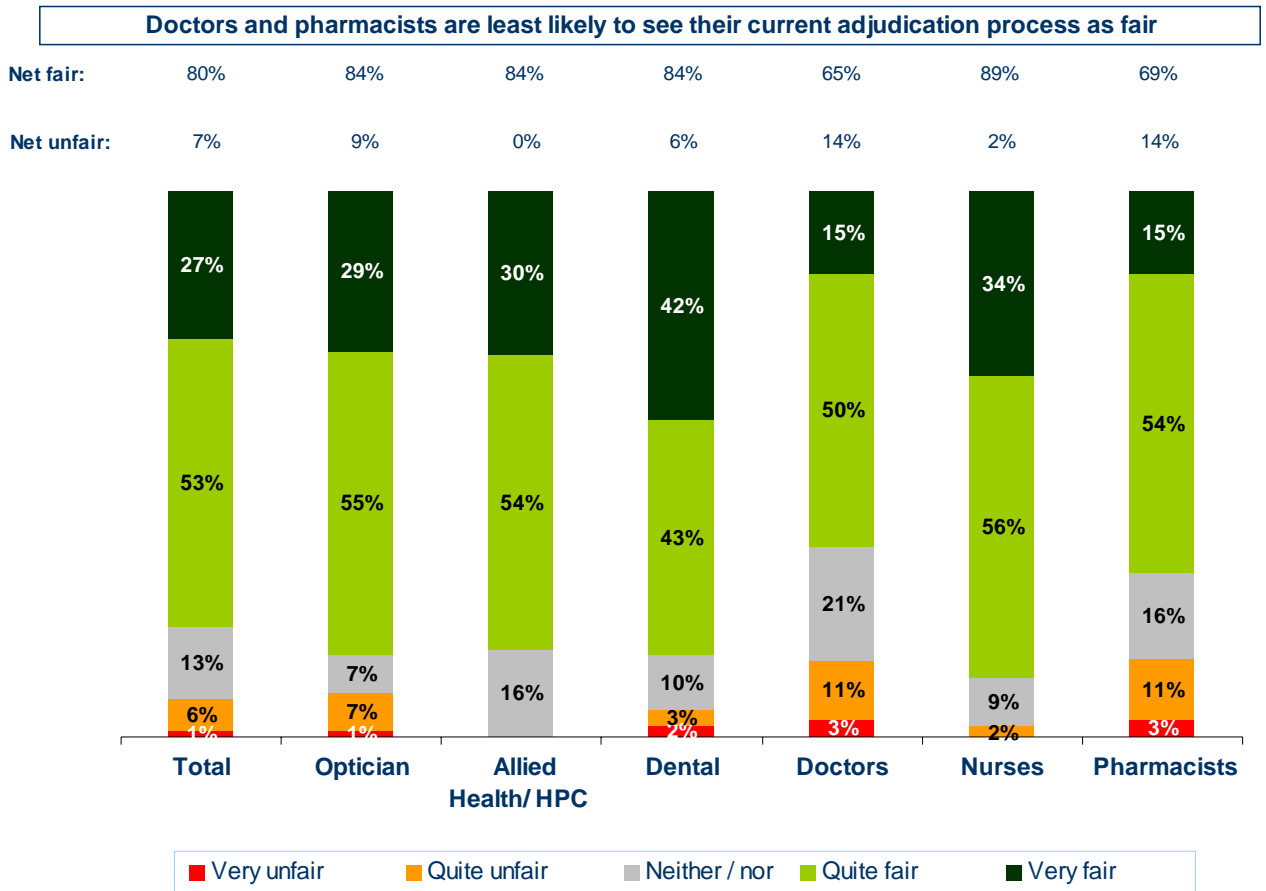
Health Professionals

Variable levels of understanding

This snap shot through the annual benchmark research provides OHPA and the regulators with valuable, cross category insights.

Whether frontline practitioners consider existing adjudications to be ‘fair’ or not opens up an area of concern; if at modest levels.

A majority consider adjudication to be very or quite fair. Conversely, over one in seven Doctors declares it to be unfair, from what they know or have heard.



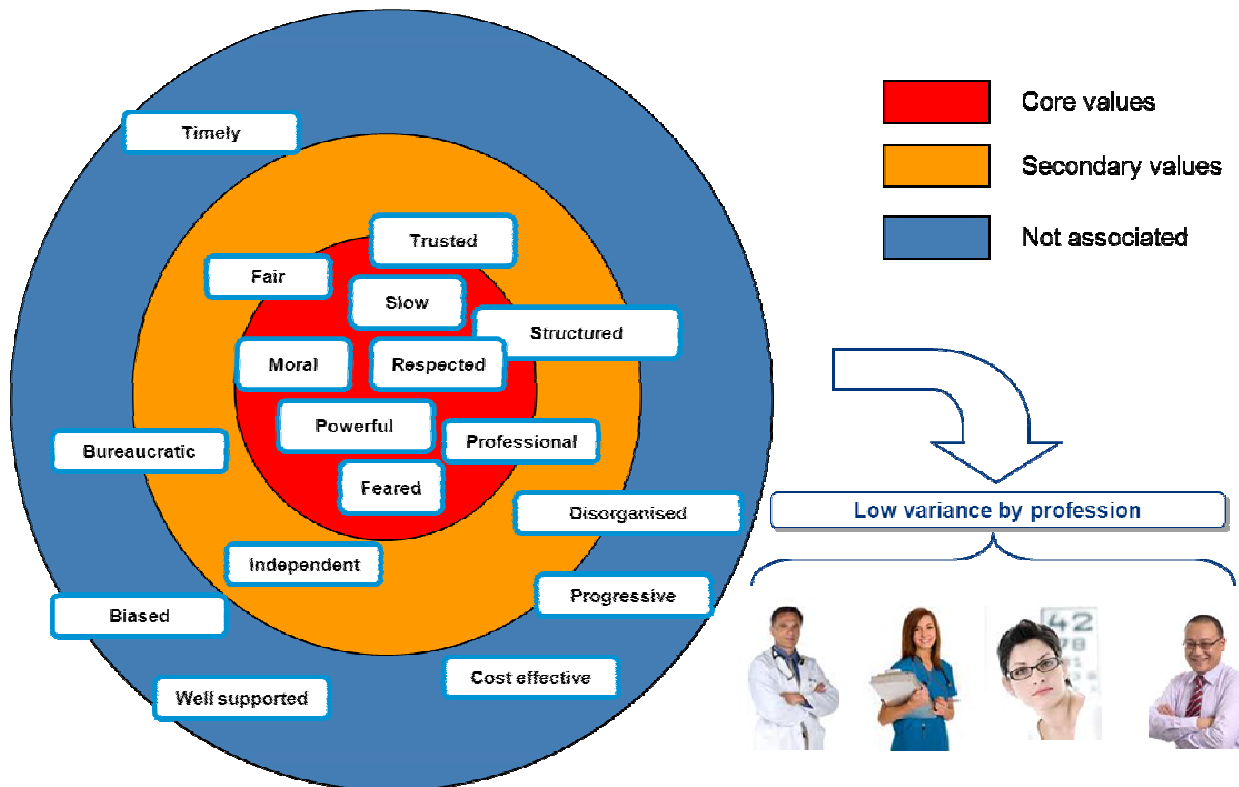
Q.6 From what you know or have heard, would you say that the current set-up in your profession when adjudicating a case about a person's fitness to practice is fair?
 Base: All respondents (1055)

For each regulator, the challenge must be to mitigate or eliminate feelings of unwarranted unfairness. Any participant in an investigation or adjudication might feel unfairly treated to an adverse outcome, but the regulators’ intention must be for participants to declare that the procedure was fair even if the outcome, in their opinions, was less so. The acid test it is to be seen as very fair, not simply ‘quite fair’.

Dentists set the pace with 42% declaring it ‘very fair’ and a benchmark target of 50%+ or a majority is a fair goal.

The Stage 2 Focus Group format provided the opportunity to explore in more detail the feelings amongst health care professionals about adjudication.

A selection of words was offered that could be used to describe how a respondent felt about their own adjudication process. These were grouped by each respondent as either core values or less associated with their profession.



Across the professions, a similar pattern emerged. The adjudication process generates mixed emotions or feelings. At the core, these can include a range of feelings about in house adjudication.

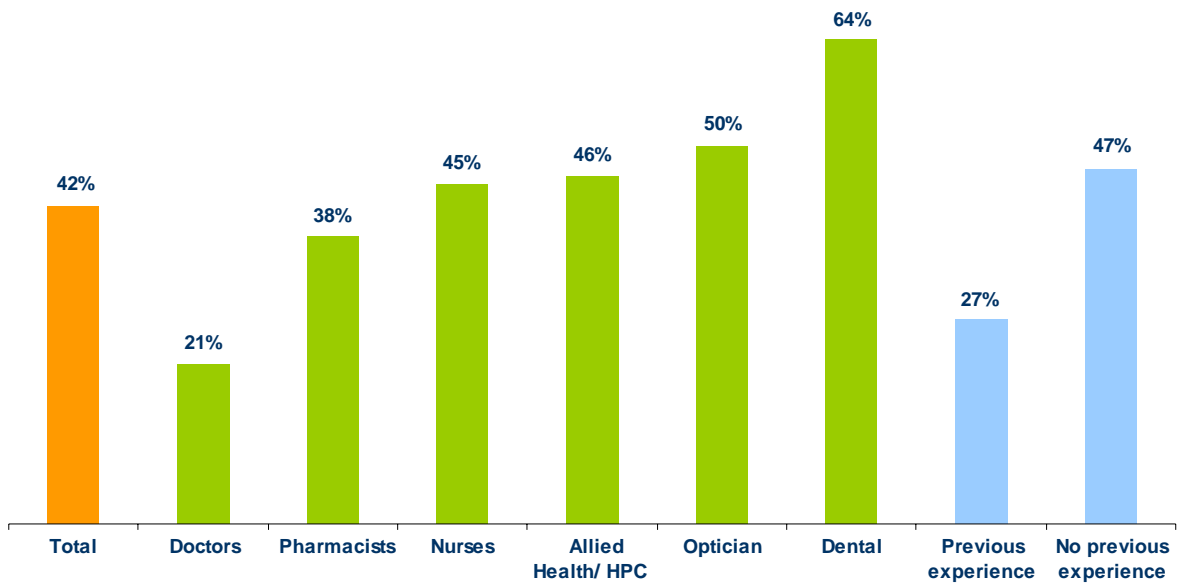
- ⊕ Respected
- ⊕ Powerful
- ⊕ Professional
- ⊕ Moral
- ⊕ Feared
- ⊕ and, Slow

Front line professionals do not attribute their own in house adjudication process as Progressive, Cost Effective, Timely or Well Supported

Returning to output in chart form from the main quantitative survey, the large sample enables a view with some confidence of differences by health care professions.

Overall, 42% could see 'no need to improve the current adjudication set up' and this is broadly similar across professions but with dental professionals least likely, at 12% to see no need for improvement.

Dental professionals were the most likely to say no improvements are needed to the current adjudication process, and doctors the least likely.
Those with previous experience of the process were significantly less likely to say no improvements were needed than those with no previous experience



Q.8 Based on your current understanding, what improvements, if any, do you think could be made to the current set-up in your profession when adjudicating a case about a person's fitness to practise?
Base: All respondents (1055)

Once again those with previous experience of fitness to practise adjudication are clearly the most likely to want to see improvements with over three in four declaring an improvement is possible, or 27% saying none is needed.

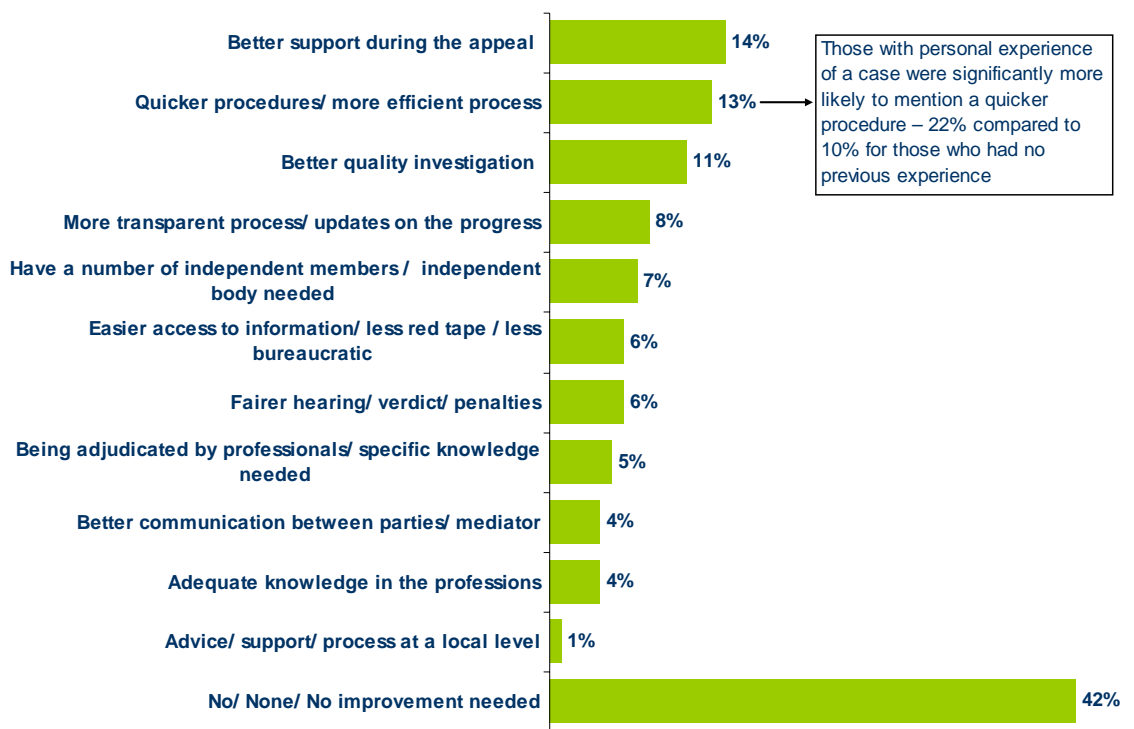
The types of improvement sought are captured in the full report, and overleaf.

When a regulator is looking to deliver improvements in FTP or Adjudication this survey now provides sector specific and cross sector comparisons.

The ranked list for potential improvements is:

- ⊕ Support driving the appeal
- ⊕ Quicker and more efficient process
- ⊕ Better quality of investigation

Over 4 in 10 did not see a need for improvement. But for specific improvements, better support, and a quicker more efficient process received the most mentions



Q.8 Based on your current understanding, what improvements, if any, do you think could be made to the current set-up in your profession when adjudicating a case about a person's fitness to practise?
 Base: All respondents (1055)

Once again, the regulators might focus on the views of recent participants in the FTP or Adjudication process as the views of overall registrants not directly affected can show a more tolerant or uninformed set of opinions.

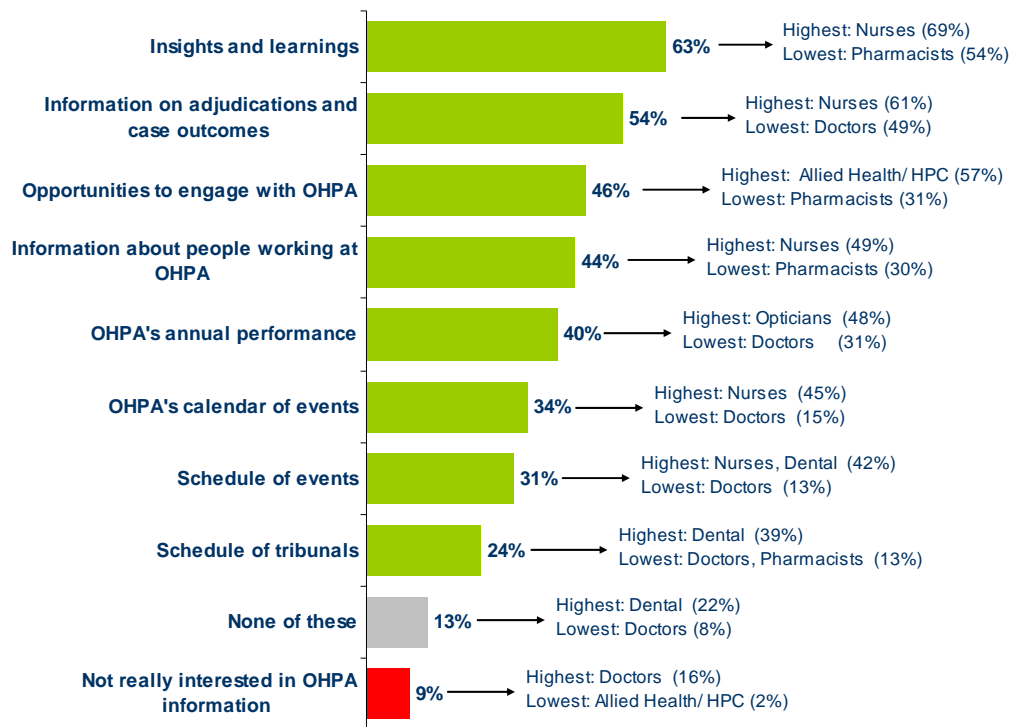
Justifying only improvements to Adjudication has of course to be acceptable to the registrants at large as all will be expected to fund the changes, or gain from the efficiency savings

5 INFORMATION REQUIREMENTS

OHPA undertook, through this benchmark survey, the challenge to understand and improve the information flows concerning adjudication.

Despite many HCP feeling they understood adjudication, and that it might not be in need of improvement, many are keen on receiving relevant information.

High level of interest in receiving information about insights and learnings, while over half were interested in information about adjudications and case outcomes



Q.13 Which of the following types of information about OHPA would you be interested in obtaining? Base: All respondents (1055)

The professions demonstrate a healthy majority level interest in being better informed on adjudication ‘insights and learnings’.

Only a small minority, 9%, ranging from doctors at a high end of 18% to Allied Health/HPC at a low end of 2%, were ‘not really interested in OHPA/sourced information’.

6 SUMMARY OF OHPA ADVANTAGES OR DISADVANTAGES

In bringing together the outcomes of the four focus groups, for or against in house or independent adjudication, a clear pathway emerges.

Frontline Practitioner Views

In house adjudication	Independent adjudication
<ul style="list-style-type: none"> • Current procedures work well and are now objective and independent – why change it? • Know the profession, understand the issues, right level of expertise • Easier to manage and control – left arm and right arm are part of the same body • Can be more strategic and feed back into the profession to prevent future cases 	<ul style="list-style-type: none"> • Greater sense of independence, not medics judging medics • A chance to restore trust / reassure the public • A level playing field for all practitioners (once it reaches the stage of adjudication) • An opportunity to deliver best practice • Cost saving potential
<ul style="list-style-type: none"> • One organisation is judge, jury and executioner • Lack of public trust/faith in the system driven by high profile cases • Costly, slow and inefficient • Harder to maintain confidentiality 	<ul style="list-style-type: none"> • Lack of specific medical expertise would be a concern • Risk losing objectivity if the process is dominated by 'expert' adjudicators • Lacks credibility unless all councils come under its control • Could slow the process down, two organisations rather than one could result in a breakdown in communication

The positive attributes of the current in-house set up needs to be retained as independent adjudication emerges.

The potential negatives of independent adjudications to have to be mitigated.

Retain in-house values if becoming more Independent:

- ⊕ the appropriate peer group understanding of issues facing any one profession
- ⊕ integrity of control as the cycle from complaint to outcome under one system
- ⊕ apply learnings within each profession to avoid re-occurrences

Remove Independent Risks if moving from in-house control:

- ⊕ facility to apply specific medical expertise at specific points
- ⊕ better if all regulators adopted a common solution
- ⊕ tackle risk of worsening speed if separate organisation involved

Regulator Stakeholder Views

Using the insight from depth interviews among the ten regulators, some parallels and differences emerge.

In house adjudication	Independent adjudication
<ul style="list-style-type: none"> • Current procedures work well or are being improved as we are under obligation to invest in excellence • Working hard to gain balanced panels • Easier to manage and control – left arm and right arm are part of the same body, recognised by members • Councils gain from adjudication outcome insight fed back into professional development, keen not to lose 	<ul style="list-style-type: none"> • An asset to have an independent option if and when any one council faces rising volumes or spikes • Appreciation and admiration for the lead that OHPA is taking, and for past efforts to engage and inform • Occasional concern for not being on OHPA' roadmap, so their specific profile of work is not planned for • A sense that 'better if all are engaged' and considered
<ul style="list-style-type: none"> • Great polarity in scale across the councils so an expectation that OHPA will not easily adapt around all needs • Costly and cumbersome but dogged process, and not sure how and where OHPA could de-layer it • Impression that councils are not fully aware of the net, unit costs of adjudication, so any business case to justify OHPA convergence is fraught, and OHPA might risk catching unseen and unaddressed costs. 	<ul style="list-style-type: none"> • All but one have yet to start the process of formal internal consultation and progression to a consensus, due to wait and see GMC attitude, and the absence of any firm insights on what OHPA can do for them, and their members fees • Stakeholders are concerned about justifying any annual fees to members and will look for early reassurance on whether OHPA offers 'more for less'

The heads of FTP at the regulators will have a more advanced sense of what is working well or could be improved, whether in-house or more independently organised.

As with the HCP practitioner views, for independent adjudication to thrive, it will need to retain the advantages of the in-house process and mitigate the risk of arm's length operations.

Specific insights to address in any reformation of the adjudication process would include these priorities:

- ⊕ Regulatory councils lack a common language or cost base for the stage of investigation and adjudication which inhibits comparable improvements in fairness and efficacy
- ⊕ Appreciable concern that adjudication is not the end of a case but the continuation of professional development.

7 DEPTH INTERVIEWS AMONG REGULATOR STAKEHOLDERS

7.1 ENGAGEMENT IN THE OHPA PROCESS (1 OF 2)

From the list of regulators shown in the table above and the list below, a representative selection of verbatim comments are displayed below, unattributed, but vital in OHPA terms for designing a healthcare wide service is and when needed.

General Medical Council (GMC)
General Optical Council (GOC)
The Council for Healthcare Regulatory Excellence (CHRE)
General Chiropractic Council (GCC) Chiropractors
General Dental Council (GDC)
General Osteopathic Council (GosC)
Health Professions Council (HPC)
Nursing and Midwifery Council (NMC)
The General Social Care Council (GSCC)
The Pharmaceutical Society of Northern Ireland (PSNI)

Examples of Regulatory Councils comments during OHPA soundings April to June 2010

- “OHPA have given good signals that, beyond GMC, they are really trying to do things differently”.
- “OHPA had useful symposia where they spoke of inclusivity, but met by frosty response due to organisational self-preservation”
- “From the top down, OHPA has a good grasp of the potential efficiencies and hence economies.”
- “Public perception would improve as the public should not be able to say OHPA is in any profession pocket”
- “Opportunity for ‘consensual disposal’ is in the legislation, so fewer cases going forward and No Fault Compensation has been seen to work (New Zealand example)”
- “The process of GPs having to switch to OHPA but other professions being given the option to choose is very unsatisfactory and sends out the wrong message.”
- “If OHPA is meant to deliver the Gold Standard in terms of adjudication why aren’t all councils being forced to make the transition?”
- “To just shift the GPs over dilutes the message and looks like a PR managed move merely to show that something is being done.”

Most stakeholders interviewed have a 'good understanding' of OHPA as an organisation.

However they claim to have heard very little from them, and have not really been engaged by them as an organisation. They currently feel very distant.

At the moment they have no idea, they talked about OHPA a while ago when the creation of the organisation was first raised and there was some concern about a loss of specific professional input, but since then it's not really been discussed.

- "The OHPA profile is very low key and not something that we have thought too closely about"
- "There has been a general lack of communication from OHPA. We want more information from OHPA, particularly regarding what would be required to make a switch, the costs involved and whether OHPA has the capacity to handle a switch"
- "If OHPA want buy in they need to be more proactive in keeping councils updated about what they are doing and their progress."
- "They also need to give reassurances that they are not going to be latest victim of cost cutting by the new government. Why would a council want to invest time and money in switching to an organisation that may not be able to handle or even accept their application?"

Key information requested by the councils:

- reassurance on the issue of longevity
- reassurance on capacity and capability
- timelines for OHPA hearing their first case
- procedures & details for switching (including funding)
- timelines for any potential switchers

7.2 PROCESS DIFFERENCES AND CONCERNS (OR AMBITIONS FOR OHPA)

- "Our people became hugely involved in the OHPA discussion on rules and attending the OHPA board, so you can get concerned for how much time is being asked for, to help get OHPA established".
- "We are a small regulator but have set up an arm length process for a continuing education contract – so we do use shared services and are we mindful of costs – will OHPA provide insight for our continuous professional development CPD obligations"
- "Does OHPA intend to just 'cut and paste' FTP from GMC and everywhere, or create a new process."
- "Our Investigating Committee has a low threshold, so any Case to Answer gets progressed".
- "Can OHPA deliver consensual agreement process for those regulators that need it?"
- "We are unhappy that there should be a scale of sanctions available and that is not possible within the legislative framework we are operating within"

7.3 ROLE AND AMBITION FOR OHPA ?

Most regulators are seeing their workload increasing annually anywhere between 4% to 8%

- “OHPA will need to be good at scheduling hearings and getting panels established quickly”
- “All regulators have similar problems with proceeding lengths, the adversarial nature, the lack of enforceable case directions, and lateness of the case bundles, so can OHPA address these?”
- “We are aware that patients are routinely troubled by the court settings, so good if this could be eased.”
- “Our process is quite different to GMC in notable ways”. All written complaints go to our Investigatory Committee – we get to handle raw concerns. At GMC, first level decision can be made by a Case Manager”
- “If an anonymous case, myself or the Registrar will ask for permission to see the notes. We accept nothing at face value, and go back to raw source”
- “Being honest it will be a government minister that makes the decision’ (about OHPA convergence)”
- “It hasn’t been discussed at length within our organisation as, up until recently, it was theoretical”
- “We’d want to be in influencing how it is set up as there are practical regional difficulties here”
- “I remain to be convinced about the OHPA proposition”
- “Will costs get better or just shared around!”
- “If it is the same panels, same jobs, same venues, than what is different to GMC who are already good at that?”

7.4 COSTS AND ACCOMODATION

- “Cost will be a factor along the line, who pays for what, will it be too costly for us to stay as we are”
- “We used to have our hearings outside but that became costly – so now to save cost we squeeze all in here”
- “We are struggling here to be self-sufficient in Accommodation, and we use our own and third party locations, and steal rooms. We avoid the private sector locations and costs”.
- “If OHPA is setting up the Fee Structure, we want to be at the table as often as possible for that”.

7.5 EXISTING (CHERISHED) BENEFITS OF THEIR CURRENT PROCESS

- “Benefits of current system? – if it ain’t broke don’t fix it, can’t see a real need for a switch”
- “The society as a body may feel that they want to have total and autonomous control over fitness to practise proceedings”
- “I might feel as Registrar that there could be strengths in being part of a larger entity which has specialisms, so the answer is probably somewhere between the two”.

- Benefits of OUR current internal process?
 - **intimacy of knowing the profession**
 - **knowing their members**
 - **knowing what the public need**
 - **a better sense of what is expected of the profession by the profession**

- Downsides of OUR current internal process?
 - **you can become isolated**
 - **professions are widening and borders are becoming more blurred with multiple roles**
 - **so who should manage them in a regulatory capacity**
 - **there could be a need for a more central system that is able to encompass and manage all professions.**

8 GOING FORWARD - BENCHMARK TRACKING SUGGESTIONS

OHPA has discharged an important duty for a startup public sector organisation; to produce an objective benchmark of how things were perceived or conducted before the new organisation commenced, so that the outcomes can be measured over time to assess the value delivered for the efforts and investment made.

Not until OHPA is operating might the more usual operational benchmarks of quality of service and customer satisfaction be possible, and these would follow from next year once OHPA began operations.

Research benchmarks are therefore available for a good cross section of the Regulators activities for investigatory and adjudication information, and should be revisited each April.

Quadrant Consultants

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August 2010

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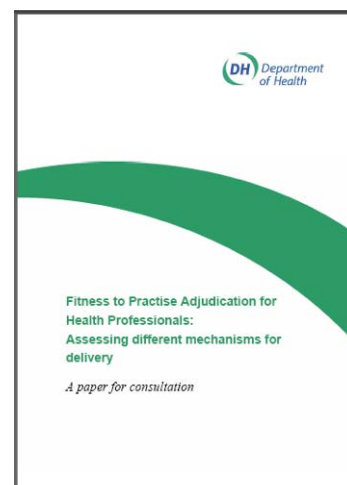
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9 APPENDIX – DEPARTMENT OF HEALTH CONSULTATION ON OHPA

The Department of Health has commenced a consultation on assessing the different mechanisms for delivery of fitness to practise adjudication, which includes a consideration of the future of OHPA.

The consultation was launched on 9 August and closes on 11 October 2011. The consultation is located at:
http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_118460

The OHPA project has generated valuable ideas about how the process of adjudication could be delivered differently. However, it is considered that these innovations could also be replicated and delivered through refinements to the GMC's processes. The types of changes and the benefits derivable are discussed in detail in the impact assessment that accompanies this consultation paper.



Professional health regulation is designed to protect the public by ensuring good standards of practice among those who are registered with one of the statutory health regulators. Currently each regulator has powers, and follows set procedures, to investigate any concerns about the fitness to practise of any of the professionals it regulates.

Each health regulator investigates complaints, decides which cases should go to a hearing, prepares cases for the hearing, prosecutes, and arranges for the adjudication of those cases. Adjudication involves assessing the evidence, making findings of fact and, if appropriate, imposing sanctions.

The previous Administration took forward legislation to create a new body, the Office of the Health Professions Adjudicator, which would be separate from the health regulators and adjudicate separately on fitness to practise matters. Initially these changes would affect doctors as registrants of the General Medical Council before then being applied to those professions regulated by the General Optical Council, and with a view to applying the same approach for other health professionals if appropriate.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065946

The Government has reviewed the progress towards implementation of OHPA and is consulting on whether delivery of adjudication can be delivered more proportionately through other means.

Response to the Consultation

Replies to the consultation should be received no later than **11 October 2010**.