

Post Selection Day Evaluation and Feedback Report

**00114 Medical Member of the First-tier Tribunal,
Health, Education and Social Care Chamber (Mental
Health)**

March 2023

Purpose

The purpose of this report is to provide an evaluation of the selection days for 00114 Medical Member of the First-tier Tribunal, Health, Education and Social Care Chamber (Mental Health), as well as capture general feedback on candidate performance. The report describes how selection days were undertaken by both panels and candidates; including what characterised stronger and weaker demonstrations of the competencies needed to fulfil the requirements of this role.

Competency Framework

The selection day was divided into two parts. The first part was situational questioning, which was designed to assess the following competencies:

- Exercising Judgement
- Possessing and Building Knowledge
- Assimilating and Clarifying Information

The second part was a competency-based interview, which was designed to assess the following competencies:

- Working and Communicating with Others
- Managing Work Efficiently

The assessment criteria were developed so that candidates could demonstrate the proficiency and capability transferable to the role from other contexts. The specific behavioural indicators under each competency were designed to reflect the aptitude and faculty that an effective Medical Member is expected to have. This enabled us to assess candidates in a fair and consistent way.

Eligibility

Candidates were required to be unconditionally registered with the General Medical Council (GMC) in the UK before applying for this selection exercise. Conditional registration is where a doctor has either been issued with a warning or has been referred to a Fitness to Practice Panel or has any restrictions upon their registration with the GMC.

Candidates were also required to have held a full-time or part-time appointment as a consultant psychiatrist for at least three years, one of which would normally be within the last five years. Candidates were required to have membership of the Royal College of Psychiatrists at any of the following levels:

- Member
- Fellow
- Specialist associate

SAS doctors (specialist, associate specialist and specialty doctors) or Associate Specialist doctors were not eligible to apply.

Performance of candidates

86 candidates applied for this exercise. Following the shortlisting against the statutory and non-statutory eligibility criteria, 82 candidates were invited to selection day. 3 candidates subsequently withdrew their applications. 51 candidates were recommended by the Judicial Appointments Commission to the Senior President of Tribunals for appointment. In making this decision the Commission took into account all evidence provided by the candidates at selection day, independent assessments and all relevant character checks.

Selection day

Selection days were held remotely via Microsoft Teams between 6 March 2023 and 16 March 2023. Candidates were provided with technical support to prepare for their selection day.

Situational questions

Development

The situational questions were drafted by two tribunal judges from the jurisdiction. In common with all the selection tools developed for this exercise, the situational questions were designed to assess relevant transferable skills and to minimise the extent to which candidates might be unfairly advantaged or disadvantaged by their professional background. The JAC Advisory Group, which is composed of members of the judiciary and representatives of the legal professions and chaired by a lay JAC Commissioner, offered advice and guidance during their development.

The effectiveness of the situational questions was assessed by means of a dry run with mock candidates, which provided an opportunity to trial the test material and make any necessary amendments.

Structure of the situational questions

The situational questions were designed to assess how candidates would deal with scenarios that are likely to arise in the role of a Medical Member of the First-tier Tribunal, Health, Education and Social Care Chamber.

At selection day, candidates were advised to consider themselves as the Medical Member of the Health, Education and Social Care Chamber (Mental Health), not the Responsible Clinician, and were asked to assume that they were part of a tribunal panel, at a pre-hearing discussion. They were provided with a medical report and a nursing report concerning a fictitious patient who was detained in hospital under Section 2 of the Mental Health Act. In their answers to the questions posed, candidates were expected to use their medical expertise in psychiatry to describe the patient's relevant mental disorder, the assessment and the risk if the patient was discharged by the Tribunal.

Advance preparation

A week in advance of selection days, candidates were provided with the Senior President's Practice Direction for the First-tier Tribunal Health Education and Social Care Chamber, with which they were asked to familiarise themselves.

At selection day, candidates were presented with the patient's medical report and their social circumstances report. They were allocated 30 minutes to familiarise themselves with the patient's reports and to review the practice direction in readiness for the questions they would be presented with during the situational questioning.

Assessment of candidates' responses to the situational questions

The evidence for each competency is assessed as either outstanding, strong, sufficient, or insufficient. The panels then make a final overall assessment of candidates as either outstanding, strong, selectable, or not presently selectable. The following evidence was gathered from the drafting judges' marking guide which helped the panels differentiate between selectable, and presently not selectable candidates:

Outstanding evidence included:

- Explanation of the International Classification of Diseases (ICD) and the pertinent diagnosis codes. A clear and considered manner of presentation which was easily understood, without the use of prompting and without the use of acronyms
- Detailed explanation of the differences between an Early Onset in Psychosis team and a Community Mental Health Team in a clear and understandable way without the use of acronyms and without prompting
- Detailed explanation of all the differences between the medical and social circumstances reports without prompt, and how these were relevant to the patient's detention
- Explanation of the patient's diagnosis and history in a clear and non-challenging way, including previous history, length of current illness and consideration of depressive psychosis and/or schizophrenia. Recognition that the tribunal panel did not need to make a firm decision over the diagnosis, but that the patient was suffering from mental disorder
- Keeping an open mind on proceeding with the tribunal hearing in the absence of the nursing report, whilst offering suggestions, including information that the nurse could orally provide
- Full exploration and explanation of the requirement to detain the patient in hospital, referring to the patient's own insight into his behaviours
- An unprompted discussion about the risk to the patient's health, safety and the protection of others as defined by the Mental Health Act Section 3, referencing the Senior President's Practice Direction
- Full consideration and various suggestions made as to the arrangements for the patient to have a fair hearing and fully participate in the proceedings. All suggestions were explained in a clear and considered manner

Strong evidence included:

- Demonstrated a knowledge of the pertinent ICD codes and how they were relevant. The word prognosis was not used. Any use of acronyms was clarified without being asked
- Explanation of the differences between an Early Onset in Psychosis team and a Community Mental Health Team. Information was presented in a clear understandable way with the minimal use of acronyms and with minimal prompting
- Identification of the key differences between the medical and the social circumstances reports. Most of the differences that were relevant to the patient's detention were highlighted
- Clear explanation of the reason for the patient's diagnosis and other differentials but without full details
- Assertion that the nursing report was required for the hearing and how it would assist the tribunal panel. Enquired if in the alternative whether a nurse could attend to provide a verbal update. Stated that continuing in absence of the report was a tribunal panel decision

- Some exploration of the degree of symptoms and improvements following treatment when considering the patient's detention in hospital, but did not explore the patient's own insight into his behaviours
- Discussed risk using the statutory criteria but not in full and missed some key information
- Some suggestions made as to the arrangements to enable the patient to have a fair hearing and fully participate in the proceedings

Sufficient evidence included:

- Assertion that ICD codes were used to classify disorder. Describing code F23.3 as referring to a psychotic disorder which was not schizophrenia. Awareness of the introduction of ICD-11. Acronyms were used but not explained, requiring prompting by the panel
- Some explanation of the differences between an Early Onset in Psychosis team and a Community Mental Health Team was provided. Acronyms were used but not explained, which resulted in prompting by the panel
- Some explanation of the differences between the medical and social circumstances reports. The differences in patient history (relevant to the patient's detention) were highlighted
- Agreement that the patient had a psychotic disorder. Some of the symptoms were described in recognition of the patient's history
- Asserted a nursing report was expected for the hearing but there was no mention of a nurse attending instead to provide an oral update. Indicated that the decision to proceed in the absence of the report was a panel-led decision
- Recognised residual symptoms when considering the patient's detention in hospital but these were not explored or expanded upon. Mentioned the patient's insight but this was not explored
- Discussed risk in a structured way with mention of risk to health, safety, and others. Mentioned risks that were evident before admission to hospital
- Suggested hearing the patient's evidence first, allowing breaks, or suggested the panel met the patient's representative first, for the patient to have a fair hearing and fully participate in the proceedings

Insufficient evidence included:

- Inability to explain ICD-10 and to say that the code referred to a disorder. No knowledge of ICD-11
- Inability to explain what an Early Onset Psychosis team was. Inability to provide any differences between the two teams. Alternatively, an explanation of the differences was provided but in a way that was difficult to understand
- Failure to notice any differences between the medical and social circumstances reports
- Asserted the patient had a mental disorder without mention of any of the symptoms
- Asserted a definite opinion on proceeding or adjourning the hearing in the absence of a nursing report. Unwilling to compromise or leave the decision to other tribunal panel members
- Inability to describe the degree of the disorder in a structured way because they were unaware of the statutory criteria regarding the detention of the patient
- The categories of risk to health, safety or protection of others are not referred to therefore the discussion on risk was not structured
- Made no suggestion for the arrangements to assist the patient in fully participating in proceedings and to have a fair hearing

Competency- based interview

Each candidate then participated in a competency-based interview. Here the panel was seeking further evidence and examples from the candidate of the required competencies and in the context of the role of Medical Member. The following evidence was gathered from a range of candidates' responses which helped the panels differentiate between selectable, and presently not-selectable candidates:

Working and Communicating with Others

Outstanding evidence included:

- Applying initiative and taking the lead when working in collaboration with stakeholders and/ or families to resolve a problem
- Highly effective resolution of conflict between parties and/ or stakeholders by enabling constructive conversations to take place, resulting in the optimum outcome to suit all parties. Demonstrating a finely balanced decision of when to interject the discussion and when to let the discussion to continue
- Evidencing a sensitive, impartial and flexible approach to maintain communication in highly charged and challenging circumstances, demonstrating an awareness of diversity and inclusion
- Taking the lead in challenging and investigating inappropriate behaviour, exposing the situation and overseeing the implementation of a new structure to prevent further occurrence
- Demonstrating compassion and empathy to resolve conflict of a sensitive nature with an individual. Diffusing tension by validating the views of the individual whilst effectively applying their area of expertise

Strong evidence included:

- Demonstrating a tailoring of communication style to get a point across, building a rapport to aid effective communication and enable collaborative working
- Evidencing a sensitive and impartial approach to resolve conflict, listening attentively to ascertain the issues and resolve them without apportioning blame
- Demonstrating an understanding of diversity and cultural needs, resulting in an escalation to a more senior level, contributing towards the design and production of new materials and/or contributing to new ideas to support initiatives
- Identifying new ways to enable effective collaborative working in challenging circumstances and implementing new methodology to achieve this
- Demonstrating a proactive commitment and fairness to diversity
- Evidencing the diffusing of tension and keeping emotions under control, effective listening and calmly presenting their own case to resolve conflict

Sufficient evidence included:

- A demonstration of routine and generic examples
- Evidencing an understanding of culturally diverse needs within their professional environment
- Demonstrating a basic level of reasoning in answers, providing context and narrative rather than focussing on the questions asked

- Provided sufficient answers but with the use of some medical jargon and acronyms with which the panel were unfamiliar
- A demonstration of sensitivity, empathy and effective communication but the answers were not developed enough to achieve a higher grade
- Effectively resolved conflict by providing clear evidence to support their views

Insufficient evidence included:

- Answers were irrelevant or did not address the questions asked
- Examples which were underdeveloped and were lacking in detail and depth
- Answers which were unstructured, ineffective, circuitous, and lacked focus despite prompts from the panel
- Failure to demonstrate an understanding of diversity and/ or cultural needs
- Demonstrating a lack of clarity when providing answers and relying on the use of medical jargon without explanation

Managing Work Efficiently

Outstanding evidence included:

- Compelling evidence of information technology innovation and effective resource utilisation
- Providing a cogent explanation of a complex task, conveying collaboration with colleagues to overcome challenges, persuading them to adopt a new way of digital working to create long term efficiencies to meet their needs and service requirements
- Evidencing exemplary capacity for personal resilience, persistence, influencing skills and problem solving in overcoming resistance and delivering an effective solution
- Demonstrating a methodology to set their own boundaries of emotional involvement when dealing with highly charged and traumatic work events

Strong evidence included:

- Demonstrating a proactive use of technology in creating efficiencies and/or improve results, regularly monitoring new methods to gauge improvements. In order to achieve an outstanding grade, evidencing greater innovation or sharing best practice was required
- Evidencing leadership skills to empower others whilst maintaining a quality of work during a period of acute staff shortage. A more detailed and complex example would be required for this to be an outstanding grade
- Demonstrating the ability to resolve problems independently whilst under pressure, overcoming barriers and challenging obstacles
- Demonstrating resilience when evidencing the ability to calmly organise workload and delegate tasks to others in response to unforeseen and challenging circumstances

Sufficient evidence included:

- Provided evidence on the prioritisation of workload and the practical steps taken to manage time in order to build resilience. The range of examples lacked clarity and depth to demonstrate a strong level of resilience
- Demonstration of resilience but the examples did not evidence complexity or challenge

- Demonstration of personal resilience and coping mechanisms which required further development to achieve a strong grading
- Demonstrated an innovative use of IT however the examples were low key, and lacked depth and/ or proactivity
- A generic and/ or routine demonstration of effectively using information technology

Insufficient evidence included:

- An example of resilience that had potential but lacked an explanation of why the situation required resilience and how the candidate coped
- The evidence provided did not identify how the candidate demonstrated resilience, which needed to be more focused and specific for the candidate to achieve a higher grade
- Failure to explain how the use of IT aided efficiency
- The evidence was basic and needed further development and a demonstration of commitment to IT.
- Answers were irrelevant or did not address the questions asked

Feedback from Candidates

After the selection days, candidates were invited to complete an anonymous candidate survey. 41% of candidates responded to the survey. Based on the results of the survey:

The instructions provided beforehand enabled candidates to prepare for the selection day.

- 91% of candidates either agreed or strongly agreed
- 3% of candidates disagreed
- 6% of candidates neither agreed nor disagreed

Candidates understood what was expected on the selection day.

- 81% of candidates either agreed or strongly agreed
- 3% of candidates disagreed
- 16% of candidates neither agreed nor disagreed

The situational questions discussed in the situational questioning were realistic and relevant to the role.

- 94% of candidates either agreed or strongly agreed
- 6% of candidates neither agreed nor disagreed

The situational questioning gave candidates a chance to display how they would react to various situations.

- 81% of candidates either agreed or strongly agreed
- 3% of candidates disagreed
- 16% of candidates neither agreed nor disagreed

Candidates are confident in the situational questioning as a JAC selection tool.

- 75% of candidates either agreed or strongly agreed
- 22% of candidates neither agreed nor disagreed
- 3% of candidates disagreed

The interview questions gave me the opportunity to demonstrate my skills, abilities and competence for this role.

- 75% of candidates either agreed or strongly agreed
- 16% of candidates neither agreed nor disagreed
- 9% of candidates disagreed

The panel behaved professionally and treated candidates with respect.

- 100% of candidates either agreed or strongly agreed

Candidates are confident in the interview as a JAC selection tool.

- 78% of candidates either agreed or strongly agreed
- 22% of candidates neither agreed nor disagreed