Post Selection Day Evaluation and Feedback Report

00228: Fee-Paid Medical Member of the First-tier Tribunal, Social Entitlement Chamber (Social Security and Child Support)

September and October 2025

Purpose

The purpose of this report is to provide an evaluation of the selection days for Fee-paid Medical Members of the First-tier Tribunal, Social Entitlement Chamber (Social Security and Child Support), 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

At selection day, the situational questions were designed to assess the following competencies:

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

The competency-based interview at selection day 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 Fee-Paid Medical Member of the First-tier Tribunal, Social Entitlement Chamber (Social Security and Child Support) is expected to have. This enabled us to assess candidates in a fair and consistent way.

Additional selection criteria

Candidates were required to have unconditional registration with the General Medical Council (GMC). 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.

Performance of candidates

289 candidates applied for this exercise. Following the eligibility sift, **268** candidates were invited to selection day. **126** 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 relevant character checks, and all evidence provided by the candidates at selection day, as well as the candidates' independent assessments.

Selection day

Selection days were held remotely via Microsoft Teams between 17 September and 20 October 2025. Candidates were provided with technical support as detailed on our website: Preparing for an online selection day - Judicial Appointments Commission

Situational questions

Development

The situational questions were drafted by the Chief Medical Member of the First-tier Tribunal, Social Entitlement Chamber. In common with all the selection tools developed for this exercise, the situational questions were designed to assess relevant transferable skills.

The JAC Advisory Group, which is composed of members of the judiciary and representatives from a range of backgrounds, 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 mock assessment with volunteers from the relevant candidate group. This provided an opportunity to trial the test material and make any necessary amendments.

Structure of the situational questions

The situational questions comprised of one written fictitious scenario with eight questions. Candidates were asked to assume that they were a newly appointed Fee-paid Medical Member of the First-tier Tribunal, Social Entitlement Chamber (Social Security and Child Support) considering an appeal against the Department for Work and Pensions' (DWP) decision to not award Universal Credit. The appellant had a variety of medical conditions. There were also issues with the assessments which had been undertaken on behalf of the DWP.

There was deliberately little in the way of medical evidence to replicate what might happen in a real tribunal setting. Candidates were expected to pick up the cues in their materials and extrapolate pertinent information about the appellant, advising the non-medical tribunal members what the main medical conditions were, and out of these, which were likely to have caused functional disability. Candidates were also expected to demonstrate fairness in their decision making and an awareness that the appellant was entitled to have a fair hearing.

Advance preparation

There was no pre-reading for candidates in advance of their selection days.

Selection day

Candidates were given by way of preparation:

- The fictitious scenario.
- Supporting fictitious documents:
  - The health care professional's report summary
  - A letter from the appellant's GP
  - An extract from the appellant's care plan
- The situational questions.

Candidates were allocated 25 minutes to familiarise themselves with the materials, consider the situational questions and formulate their responses. Once they had completed their preparation, they had up to 30 minutes to respond to the situational questions.

Assessment of candidates' responses to the situational questions

The evidence for each competency is assessed as either outstanding, strong, sufficient or insufficient.

Outstanding evidence included

- Comprehensively identifying all the appellant's potential wide-ranging conditions and symptoms, relating them to functional limitations.
- A clear, succinct and well-structured approach to clarify each medical issue to understand whether the limitations fitted the legal tests for the descriptors.
- Clear and structured oral questioning to clarify each condition and functional limitations. Awareness of multiple pieces of evidence to draw upon.
- Directing that there should not be an adjournment for a chest X-ray, giving comprehensive explanations and reasons for the decision.
- A succinct and structured explanation of the treatment of Subutex as an opioid medication (buprenorphine).
- A concise reference to an mTBI (mild traumatic brain injury), detailing what this was and the wide range of clinical symptoms it could cause.
- A fundamental understanding of the concept of natural justice in a well-structured and clearly articulated way.
- A comprehensive understanding that the Social Entitlement Chamber is an enabling tribunal. Demonstrating an independence of mind to make appropriate reasonable adjustments for the appellant, referencing the Equal Treatment Bench Book.

Strong evidence included

- Identifying most of the potential disabling conditions, relating them to functional limitations.
- Effectively clarifying most medical issues to understand whether the limitations fitted the legal tests for the descriptors.
- Effective oral questioning to clarify most conditions and functional limitations. Awareness that there was evidence to draw upon.
- Recognising that the hearing should not be adjourned for a chest X-ray, providing reasons for the decision.
- A clear explanation that Subutex is used to treat drug addiction but does not mention that it is buprenorphine.
- A clearly explained reference to an mTBI and its potential clinical symptoms.
- A clear understanding of the concept of natural justice.
- Advising that reasonable adjustments should be made to accommodate the appellant's post-traumatic stress disorder, enabling their engagement in the hearing.

Sufficient evidence included

- Identifying only some of the appellant's initial potential disabling conditions, relating them to functional limitations.
- Clarifying some medical issues to make findings of fact, including PTSD and alcohol dependency.
- Oral questions which focused on medical issues, functional limitations and whether these limitations fitted the legal tests.
- Stating there should be no adjournment for the appellant's chest X-ray results but not explaining why.
- Stating that Subutex is an opioid drug but gives no other details as to its use.
- Mention of a mTBI but there is no detail about what this is or the symptoms it can cause.
- An understanding of the concept of natural justice.

- Stating that reasonable adjustments should be allowed for the appellant to engage in the tribunal hearing, but no detail, explanation or information was provided.

<u>Insufficient evidence included</u>

- Failing to identify the appellant's likely disabling conditions or making incorrect statements about them.
- Failing to clarify any conditions.
- Incorrectly advising that a GP should clarify conditions or that the medical member should examine the appellant.
- Failing to explain the impact of rib fractures and deciding to adjourn for the chest X-ray results, without giving reasons.
- Failing to explain the purpose of Subutex or making incorrect statements about it.
- Failing to explain a mTBI or making incorrect statements about it.
- Failing to understand or recognise the concept of natural justice.
- Agreeing with some or all of the comments and actions of the clerk and the judge.
- Failing to recognise the need for reasonable adjustments or insisting that the hearing should be held formally, without them.

Competency-based interview

Following the situational questions, each candidate then had a competency-based interview. Here the panel was seeking further evidence and examples of the required competencies and in the context of the role of a Fee-paid Medical Member of the First-tier Tribunal, Social Entitlement Chamber (Social Security and Child Support).

Working and Communicating with Others

<u>Outstanding evidence included:</u>

- A skilful handling of a sensitive issue, accommodating conflicting cultural and religious factors within the team in a challenging and volatile situation.
- Working collaboratively nationally and internationally to support research. Arranging staff exchanges to build a mutual understanding of the different cultural and operational approaches.
- A highly sensitive approach in dealing with a vulnerable patient in a volatile situation, evidencing empathy in exploring and developing understanding of their complex history.
- Innovatively adapting communication style for an individual with special learning needs to understand a diagnosis and feel assured, resulting in the creation of pamphlets for future patients to explain how their needs would be met.

<u>Strong evidence included:</u>

- Resolving a general practice dispute regarding the prioritisation of vulnerable patient groups by devising a prioritisation policy to reduce confusion and achieve equitable patient care.
- Impactful collaboration with colleagues which resulted in the development and improvement of effective working relationships when reviewing processes to optimise patient care.
- Treating a vulnerable patient with respect and sensitivity, deploying visual aids to explain upcoming surgery, ensuring that the patient felt safe and in control.

- Tailoring communication to a parent of a terminally ill child by deploying simple, non-clinical language to convey the illness and prognosis in an appropriate setting, before following up in writing to consolidate understanding.

Sufficient evidence included:

- Identifying and securing support for a patient based on their religious needs, taking time to fully explain the medical implications of the patient's choices.
- Working effectively with stakeholders to network with appropriate charities to connect a patient with the support they required.
- Resolving an issue of patient care with a colleague constructively and sensitively, establishing trust before raising concerns.
- Adapting their style of writing to take a sensitive and jargon-free approach in dealing with a complaint from a vulnerable individual, working with a trusted contact of the complainant to support understanding.

Insufficient evidence included:

- Failure to provide specific examples.
- Examples which resulted in unsuccessful or negative outcomes.
- Failure to demonstrate an understanding of diversity and/or sensitive needs.
- Answers which relied upon general commentary and/or assertion-based comments.
- Answers which were poorly explained, requiring regular and consistent panel intervention for further information and/or clarity.

Managing Work Efficiently

Outstanding evidence included:

- Managing competing priorities across multiple professional roles, regularly assessing these against available resources and delegating less urgent tasks to others where possible.
- Involving extended members of the team and effectively deploying technology to streamline and improve process.
- Independently resolving a complex clinical problem, agreeing next steps and making effective use of available resources.
- Maintaining personal and professional resilience in dealing with a long-term clinical issue, remaining focussed and empathetically supporting colleagues by drawing on their own experiences.

Strong evidence included:

- Applying a structured and organised approach to enable the completion of a high-level, time-sensitive report whilst managing an unprecedented and pressurised workload.
- Coping with a full surgery of patients when electronic systems were down. Working under speed and pressure and prioritising effectively. A protocol was devised as a result in the event of a reoccurrence.
- Effective problem solving, taking the opportunity to ask for advice in practice meetings and to seek advice from specialists when dealing with an unknown condition.
- Maintaining professional resilience when dealing with resistance from senior colleagues by seeking an alternative approach and conducting further research in support, to ensure a successful outcome.

<u>Sufficient evidence included:</u>

- Applying a focussed and practical approach to completing own workload at speed and under pressure.
- Enhancing the efficiency of the surgery's practices by introducing new templates for staff.
- Seeking independent advice in an unknown field to aid the timely completion of a research project.
- Maintaining professional resilience at a busy surgery by multitasking and keeping lines of communication open across the team, maximising the use of available resources.

<u>Insufficient evidence included:</u>

- Ineffective strategies to manage workload.
- Ineffectual approach to maintaining professional and/or personal resilience.
- Failing to understand the question asked.
- Failing to provide any detail of what they did.
- Answers which included general commentary or assertion-based comments.

Feedback from Candidates

After the selection days, candidates were invited to complete an anonymous candidate survey. 124 candidates responded to the survey. Based on the results of the survey:

<u>The instructions provided beforehand enabled me to prepare for the selection day.</u>
- 84% of candidates either agreed or strongly agreed.
- 8% of candidates neither agreed nor disagreed.
- 8% of candidates disagreed.

<u>I understood what was expected on the selection day.</u>
- 86% of candidates either agreed or strongly agreed.
- 10% of candidates neither agreed nor disagreed.
- 4% of candidates disagreed.

<u>I was confident I knew how to use Microsoft Teams before selection day.</u>
- 96% of candidates either agreed or strongly agreed.
- 3% of candidates neither agreed nor disagreed.
- 1% of candidates disagreed.

<u>The situations discussed in the situational questioning were realistic and relevant to the role.</u>
- 86% of candidates either agreed or strongly agreed.
- 13% of candidates neither agreed nor disagreed.
- 1% of candidates disagreed.

<u>The situational questioning gave me a chance to display how I would react to various situations.</u>
- 81% of candidates either agreed or strongly agreed.
- 12% of candidates neither agreed nor disagreed.
- 7% of candidates disagreed.

<u>I am confident in the situational questioning as a JAC selection tool.</u>
- 75% of candidates either agreed or strongly agreed.

- 19% of candidates neither agreed nor disagreed.
- 6% of candidates disagreed.

<u>The interview questions gave me the opportunity to demonstrate my skills, abilities and competence for this role.</u>
- 62% of candidates either agreed or strongly agreed.
- 15% of candidates neither agreed nor disagreed.
- 23% of candidates disagreed.

<u>I am confident in the interview as a JAC selection tool.</u>
- 69% of candidates either agreed or strongly agreed.
- 18% of candidates neither agreed nor disagreed.
- 13% of candidates disagreed.

<u>The panel behaved professionally and treated me with respect.</u>
- 98% of candidates either agreed or strongly agreed.
- 2% of candidates neither agreed nor disagreed.