



QA of Registration Decisions

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General
Medical
Council

Regulating doctors
Ensuring good medical practice

CHRE Good Practice Seminar

The GMC has a programme of continuous improvement. It has improved its guidance to applicants resulting in a reduction in the amount of 'not right first time' applications. It also looks to improve the effectiveness of its registration decisions by having a three tier process of review: peer review, internal quality assurance and internal audit.

(Para 12.13 of CHRE Report)

Quality Audit and 'not right first time'

- Explain how and why it was developed
- why it was done in that way;
- the obstacles that were encountered;
- the benefits in carrying out the work.

Quality Assurance – Why was it done?

- QA programme introduced in response to a Council requirement to be assured of the quality of our work and decisions.
- Established in current format in 2006 after a full Governance review
- Updated and reviewed at least annually
- QA helps assure ourselves (and others) of the quality of our work – enables us to act on improvement opportunities that we identify

Quality Assurance – How was it done?

- Three assurance levels – peer review, internal independent quality assurance and internal audit
- No real obstacles
- Issues since going live in 2006 are:
 - Not all teams had QA processes running from the outset
 - Auditors/assurers require detailed guidance to ensure consistency
 - Ongoing review and updates needed for systematic gathering of data and analysis.
 - Ongoing support to avoid decay or loss of currency
 - One size does not fit all so judgement required

Three Levels of Assurance

- 'In process' checks and measurement – Peer and team review
- Internal independent Quality Assurance – Business Improvement Team
- Internal Audit – Current supplier – PKF

And at each stage we conduct reviews of the findings to identify improvement opportunities

Assurance and Review Core Principles

- Identify threats that may cause organisation to fail its function and purpose
- Identify the impact that the failure may have
- Identify the errors / mistakes and their link to activities and categorise / catalogue them

The above provides a basis for developing test questions and a scoring grid – method for measuring performance against our standards

Defining Error - 3 Levels

Level 1

‘A seriously detrimental effect on our main functions of keeping up-to-date (accurate) registers of qualified doctors.’

Level 2

‘inaccurate entries, omissions, failure to follow procedure and the issuing of incomplete or incorrect advice’

Level 3

‘minor procedural / admin digressions and less serious inaccuracies’

Our Approach – Risk Based Sampling

- Assessed all transactions/activities for risk and the opportunity these present for errors to occur (used previous year as sample)
- Transactions are sampled according to level of risk
 - Transactions which can only result in a level 2 error (or below) are subject to a lower sampling level. Transactions which may result in a level 1 error are subject to a higher level of sampling
 - The sampling regime has been designed using an NAO approved statistical sampling regime with appropriate confidence limits deployed

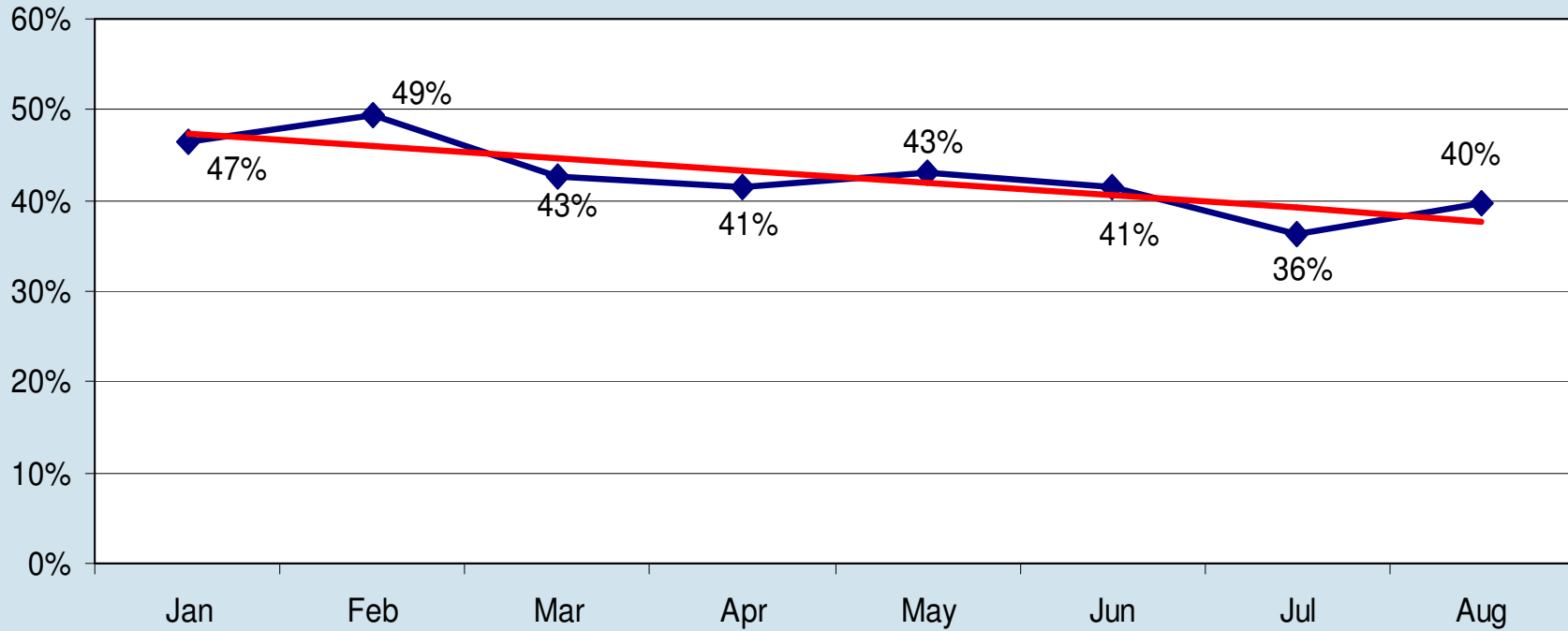
Continuous Improvement – ‘Not right first time’

- To increase the economy, effectiveness and efficiency of the organisation – a published key aim
- To eliminate waste
 - Proven quality management principle. One standard measure of waste or defect is ‘Not Right First Time’ (NRFT).
 - Any product or service that is produced NRFT requires re-work, delays, reputation damage, extra cost etc.

NRFT - Obstacles Overcome

- Senior management commitment.
- Not a quick fix and someone needs to be made responsible and accountable for delivering the programme
- Get your measures right (takes analysis and an understanding of customer requirements)
- Get to the root cause not the first symptom you find....Differential diagnosis?

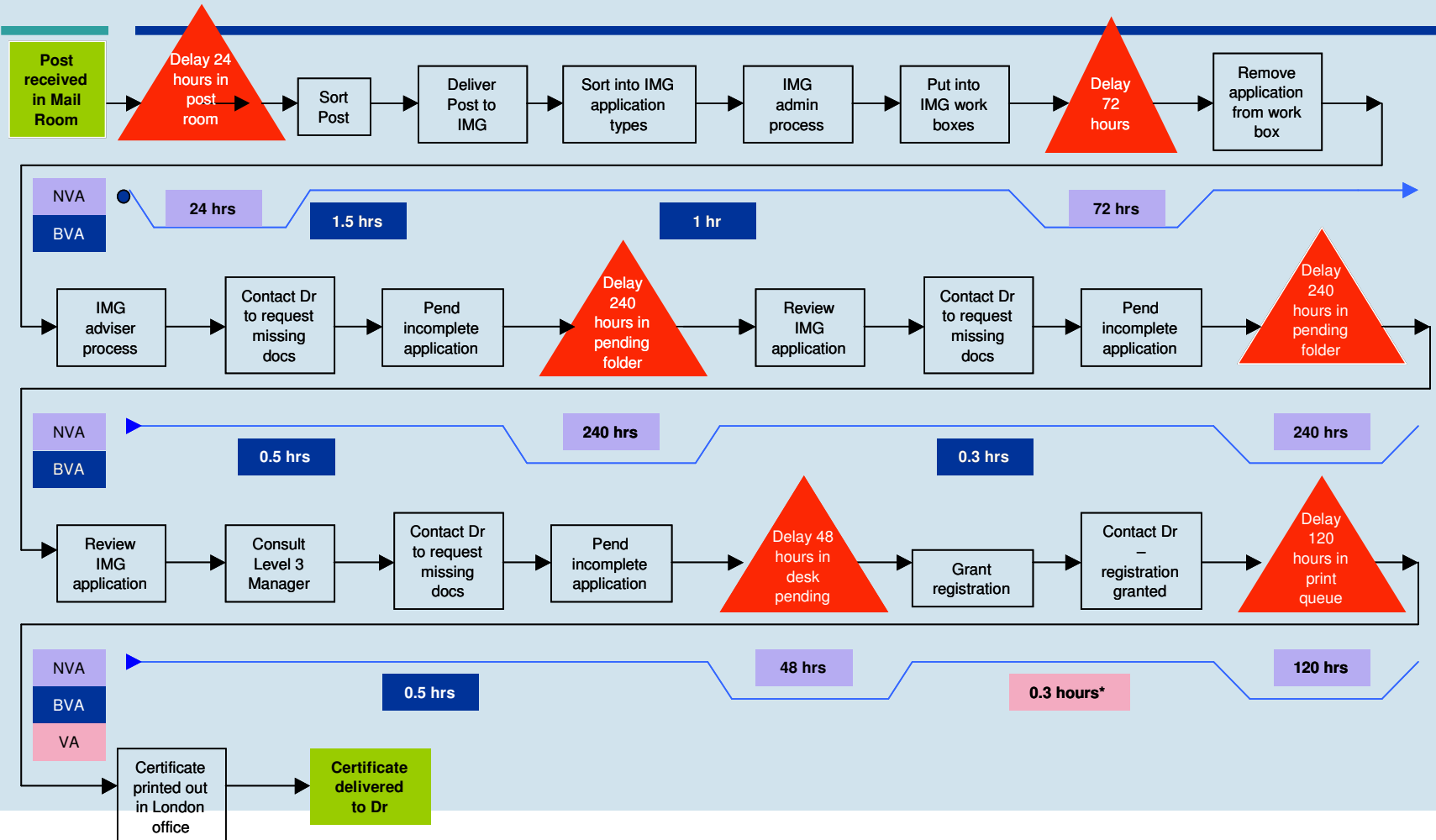
EEA/IMG NRFT Combined



◆ EEA / IMG

— NRFT Trend

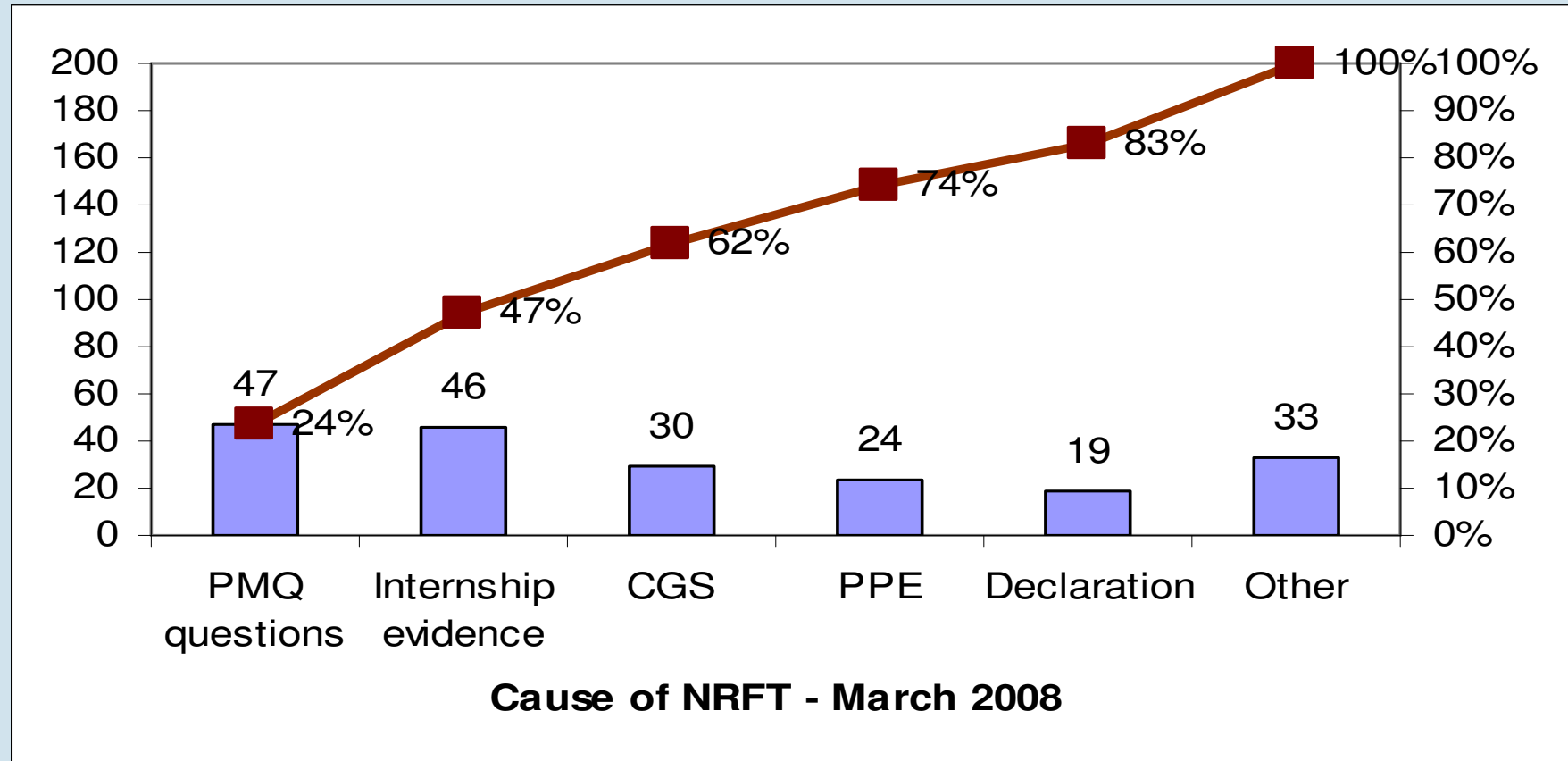
Value Stream Map – IMG Initial Application PLAB Route



NVA		NVA Total = 912. hours
BVA	0.1 hrs*	BVA Total = 4 hours
VA		* VA Total = 0.4 hours

NVA = 99.4%
BVA = 0.5%
VA = 0.1%

Sample of applications - NRFT

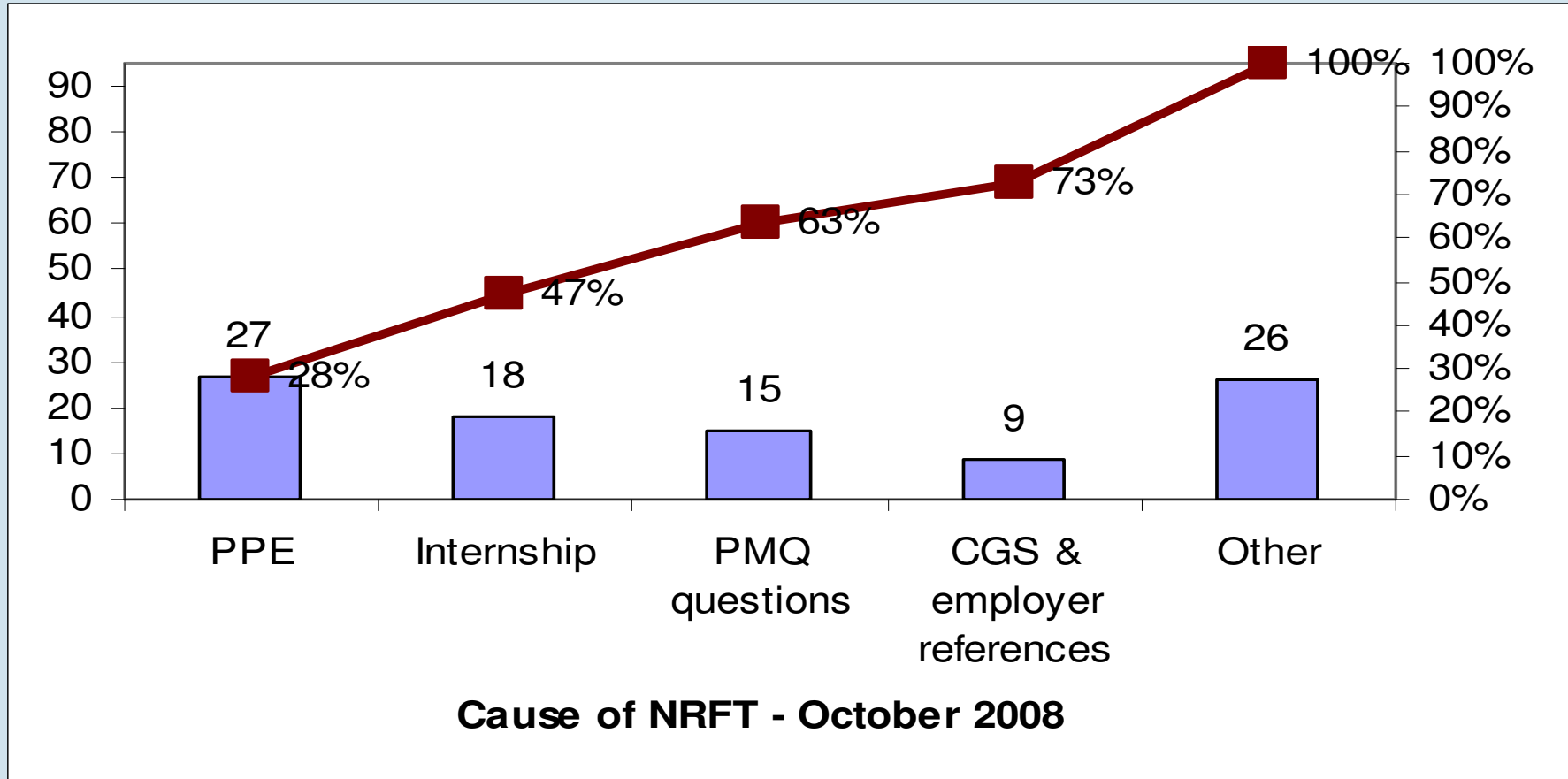


Actions

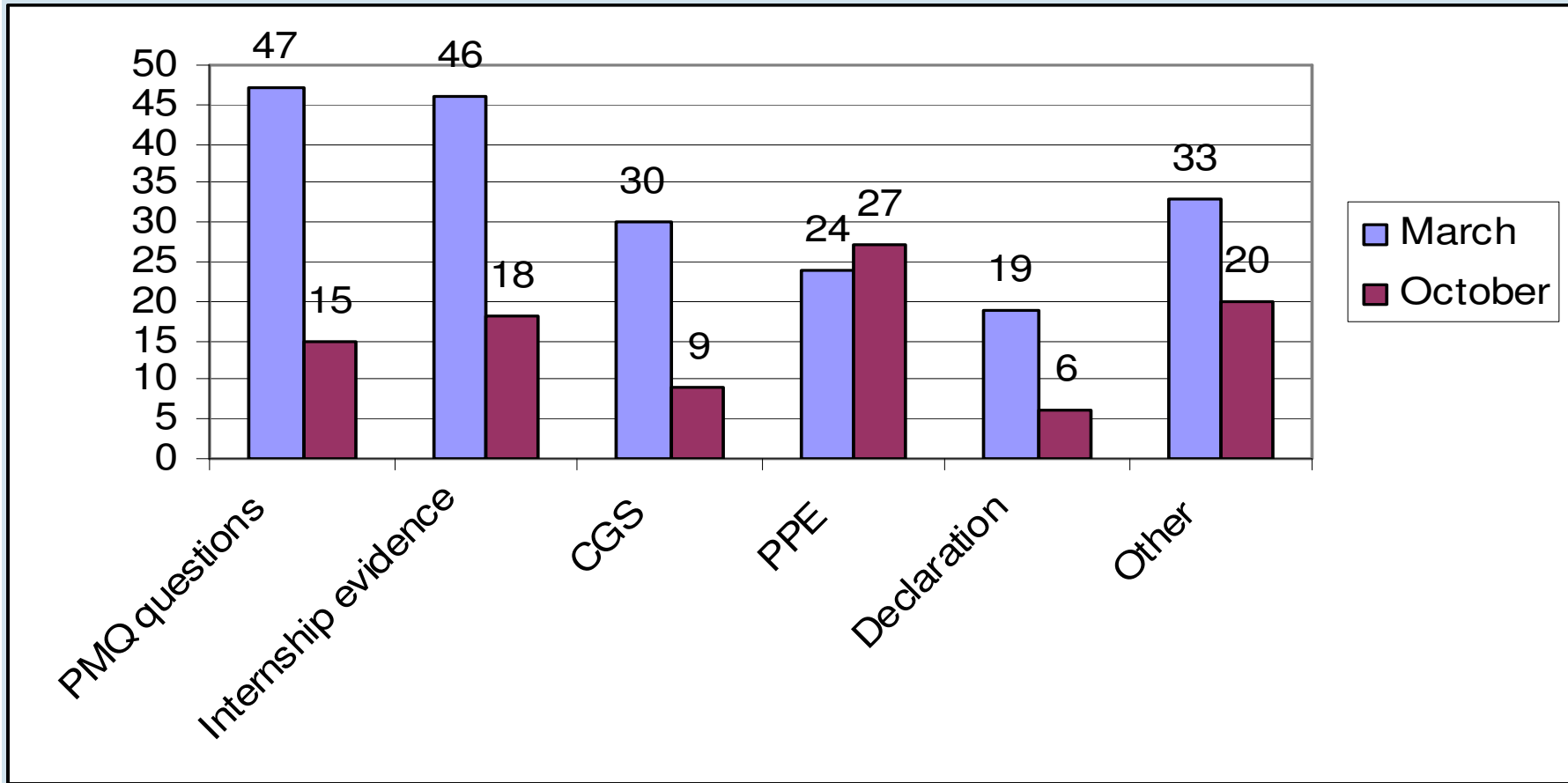
- **PMQ** – Start and end date missing from hard copy applications
- **Internship** – website, PLAB, on-line application, email templates – all improved/ambiguity removed
- **CGS** – website, email templates, procedures enhanced
- **PPE** – online application reduced opportunities for error

- **Miscellaneous** – on-line applications

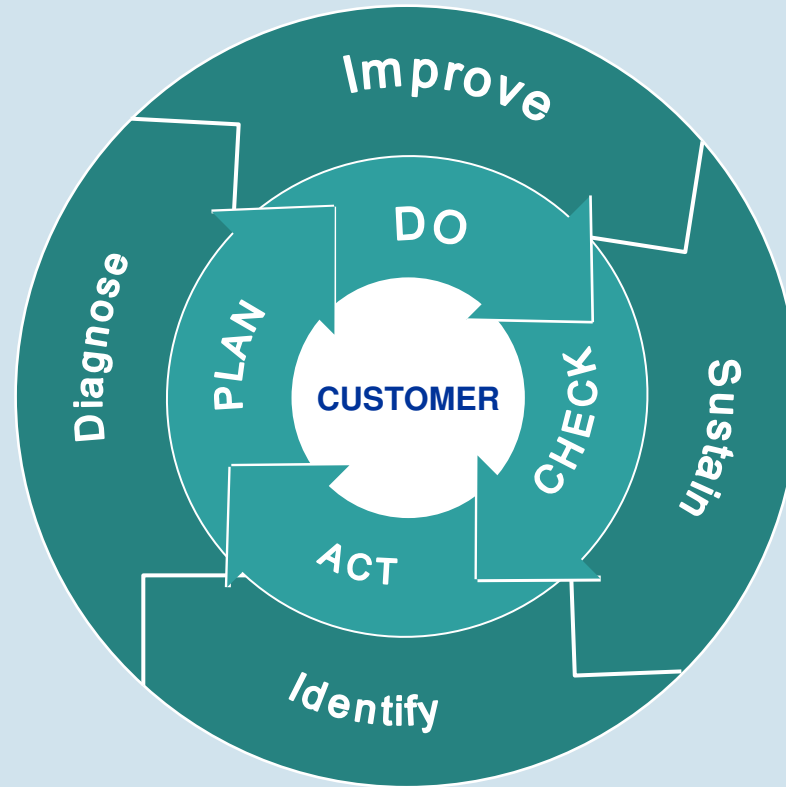
Sample of applications - NRFT



Comparison March – October 2008



Approach to Business Improvement



Registration Excellence

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