



Post Selection Day Evaluation and Feedback Report

**031 Fee Paid Medical Member of the Mental Health
Review Tribunal (MHRT) for Wales**

May 2022

Purpose

The purpose of this report is to provide an evaluation of the selection days for **031 Fee Paid Medical member of the Mental Health Review Tribunal (MHRT) for Wales** 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.

Framework

At selection day the following selection tools were designed to assess the following competencies:

- Exercising Judgement
- Possessing and Building Knowledge
- Assimilating and Clarifying Information
- 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 of the Mental Health Review Tribunal (MHRT) is expected to have. This enabled us to assess candidates in a fair and consistent way.

Performance of candidates

26 candidates applied for this exercise. Following eligibility checks, 25 candidates were invited to selection day. 1 candidate subsequently withdrew their application before the selection days.

14 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.

10 candidates were assessed as 'not presently selectable'.

Selection day

Selection days were held remotely via MS Teams, between 24 May to 28 May 2021. All candidates were offered a one-to-one tutorial with a member of the JAC team to ensure they were comfortable with using MS Teams ahead of the selection day.

Situational questions

Development

The situational questions were drafted by a Judge and Medical member from the Mental Health Review Tribunal. 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 advantaged or disadvantaged by their professional background.

The materials developed for this exercise were reviewed internally by Operations, Policy, and Diversity and Engagement teams to quality and equality assure the material to ensure it was an effective tool to assess candidates. The teams also ensured that the materials did not unfairly advantage or disadvantage any potential candidates undertaking the selection days on the basis of their diversity characteristic or professional background.

Following this internal quality assurance, the material was then reviewed by the JAC Advisory Group. The Advisory Group is composed of members of the judiciary and representatives of the legal professions and chaired by a lay JAC Commissioner. It offers its advice and guidance on the development of selection material and looks at material in terms of quality and whether it would have any negative impacts on diverse groups.

The effectiveness of the situational questions was assessed by means of a dry run with volunteers from relevant candidate groups. This provided an opportunity to trial the test material and make any necessary amendments.

Structure of the situational questions

Candidates were asked to take on the role of Fee Paid Medical member of the Mental Health Review Tribunal (MHRT) for Wales and consider issues that are typical of those likely to arise in this post. There were 3 written scenarios with a series of questions on each scenario.

During their preparation time candidates were required to review the three scenarios and prepare their answers to the situational questions.

The scenario and questions were designed to test the competencies of Exercising Judgement, Possessing and Building Knowledge and Assimilating and Clarifying Information.

Advance preparation

Candidates invited to selection days were asked to familiarise themselves with Sections 72 and 73 of the Mental Health Act 1983 in order to prepare for the selection day. The reading materials were provided one week in advance of selection days.

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.

Scenario 1

Sufficient evidence included:

1. Identifying at least 2 key factors in the importance of pursuing observations and clarifying these issues.
2. Identifying whether to raise concerns about the information gained from the pre-hearing examination during the preliminary discussion.
3. Asking the Responsible Clinician (RC) whether the patient is suffering from a mental disorder and what the risk are.
4. Being proactive in expressing a view to colleagues about their understanding of the medical evidence and demonstrating awareness of their contribution to the decision-making process.

Strong evidence included:

1. Identifying and expanding on at least 3 key factors in the importance of pursuing observations and clarifying these issues.
2. Points covered in 'sufficient' and additionally identifying whether to ask questions during oral evidence; and seeking to explore the source of the patient's beliefs.
3. Expanding on the points raised in 'sufficient' to identify the nature and degree of any disorder, the need for compulsory detention and risks to the health and safety of the patient.
4. Points covered in 'sufficient' and additionally identifying who has recognition for medical evidence; showing willingness and ability to fully participate in the decision-making process.

Outstanding evidence included:

1. Identifying and expanding on at least 4 key factors in the importance of pursuing observations and clarifying these issues.
2. Points covered in 'sufficient' and 'strong' and additionally recognising whether issues raised at the PHE and not mentioned elsewhere can form part of the Tribunal's decision.
3. Identifying all points in 'sufficient' and 'strong' and questioning appropriate treatment.
4. Points covered in 'sufficient' and 'strong' and additionally recognising whether there is scope for recording a minority view or reference to disagreement amongst the panel.

Insufficient evidence included:

1. Identifying only 1 or none of the key factors in the importance of pursuing observations and clarifying these issues.
2. Incorrectly suggesting whether matters should be taken up with the clinical staff outside the hearing or at the hearing.
3. Failing to explore the mental disorder, its nature or degree and risks to treatment.
4. Failing to recognise a misunderstanding of medical evidence.

Scenario 2

Outstanding evidence included:

1. Points covered in 'sufficient' and 'strong' and additionally being aware of the potential risks arising from failure of the patient to comply with the conditions of the conditional discharge.
2. Being aware of how to address patient relapse triggers and relapse indicators and through what means.
3. Demonstrating awareness of the existence of the Ministry of Justice power to recall to hospital.
4. Being aware that necessary arrangements are to be in place to avoid the deferral of the conditional discharge (CD).

Strong evidence included:

1. Points covered in 'sufficient' and additionally identifying whether the patient's risks are likely to relate to the content of the patient's delusions and/or auditory hallucinations.

2. Recognising that the patient's mental health at the time may have influenced the index offence.
3. Being aware of how to manage risks in the community relating to public protection.
4. Being aware of patient compliance in relation to the treatment plan and identifying suitable means to test compliance.

Sufficient evidence included:

1. Identifying the patient's mental state and recognising whether the patient is subject to a restriction order due to criminal activity.
2. Being aware of the patient's risk and how these risks are managed through the conditions of the CD and identifying what the CD should include.

Insufficient evidence included:

1. Failing to recognise that this is a mentally disordered offender.
2. Failing to recognise that the risks will be managed through the conditions of the CD.

Scenario 3

Outstanding evidence included:

1. Points covered in 'sufficient' and 'strong' and additionally identifying how the main points captured will be presented.
2. Giving consideration as to how hand-outs can be distributed to the participants.

Strong evidence included:

1. Points covered in 'sufficient' and additionally identifying information available on the government website GOV.UK
2. Making reference on how to access more detailed information and an "easy read" version.
3. Demonstrating knowledge or awareness of views from third sector mental health organisations.

Sufficient evidence included:

1. Demonstrating awareness and knowledge of any changes that have been made by the government and the Royal College of Psychiatrists.
2. Seeking guidance on unfamiliar areas from a colleague if required.
3. Being aware of various search engines to review materials in relation to the 'Review of the Mental Health Act'.

Insufficient evidence included:

1. Failing to mention or consider any sort of internet access in addressing the task.

Competency based interview

Each candidate had 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 Fee Paid Medical Member of the Mental Health Review Tribunal for Wales. The panel drew upon relevant evidence provided in the candidate's Statement of Eligibility to inform their questioning. When coming to their final assessment of the candidate, the panel considered evidence from their independent assessors. The competency-based interview assessed Working and Communicating with Others and Managing Work Efficiently. Evidence for the other competencies was sufficiently tested by the situational questions.

Working and Communicating with Others

Outstanding evidence included:

- No candidates gave outstanding evidence of this competency

Strong evidence included:

- Persuading others to obtain consensus
- Describing steps put in place to prevent failures with patient communication
- Adapting style and approach in dealing with vulnerable people

Sufficient evidence included:

- Demonstrating courtesy and authority where needed
- Dealing with a degree of conflict
- Considering needs of the individual

Insufficient evidence included:

- Providing generic responses rather than specific examples
- Failing to show awareness of diversity issues

Managing Work Efficiently

Outstanding evidence included:

- Demonstrating independence and resilience in responding calmly to challenges as they occur
- Showing ability to handle competing priorities and overcome conflicts
- Giving outstanding evidence of using technology to enhance their own efficiency and the efficiency of others

Strong evidence included:

- Showing resilience and ability to adapt to changing circumstances
- Demonstrating determination to resolve problems
- Demonstrating the use of utilising available resources to enhance own efficiency including the use of technology

Sufficient evidence included:

- Demonstrating resilience and ability to resolve problems
- Demonstrating an ability to adapt to changing circumstances
- Demonstrating sufficient ability to enhance productivity through the use of information technology

Insufficient evidence included:

- Little evidence of resilience or adapting to change circumstances

- Inability to demonstrate how they used technology to enhance efficiency
- Failed to effectively manage time during the situational questions

Feedback from Candidates

After the selection days, candidates were invited to complete an anonymous candidate survey. 16 candidates responded to the survey. Based on the results of the survey:

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

- 87.5% of candidates either agreed or strongly agreed
- 12.5% of candidates neither agreed nor disagreed

I understood what was expected on the selection day.

- 75 % of candidates either agreed or strongly agreed
- 19% of candidates neither agreed nor disagreed
- 6% of candidates disagreed

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

- 100% of candidates either agreed or strongly agreed

The situational questioning gave me a chance to display how I would react to various tribunal situations.

- 100% of candidates either agreed or strongly agreed

I am confident in the situational questioning as a JAC selection tool.

- 81 of candidates either agreed or strongly agreed
- 19% of candidates neither agreed nor disagreed

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

- 81% of candidates either agreed or strongly agreed
- 19% of candidates neither agreed nor disagreed

The panel behaved professionally and treated me with respect.

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

I am confident in the interview as a JAC selection tool.

- 69% of candidates either agreed or strongly agreed
- 31% of candidates neither agreed nor disagreed