Centre for Health and Disability Assessments™
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# Integrated Quality Audit Desk Aid for the Healthcare Professional

# MED-IDAHCP01

*Version: 10 (Final)*

23/08/2022

| Date | Document Version | Document Revision Description | Document Author |
|---|---|---|---|
| 23/08/22 | 10 (Final) | Reference documents updated; latest Quality Review form added. | Process Design Team |
| 26/01/22 | 9 (Final) | Reference documents updated; Quality Review form updated (Video Assessment Product Type added to dropdown) | Process Design Team |
| 13/08/21 | 8 (Final) | Reference documents updated; IPC Attribute List added. | Process Design Team |
| 28/01/21 | 7 (Final) | Reference documents updated; latest versions of Quality Review Forms added; other minor amendments. | Process Design Team |
| 27/07/20 | 6 (Final) | New guide template; reference documents updated; new Quality Review Form(s) referenced and added; local leadership teams referenced as a whole instead of just CSL/QALs; other minor amendments. | Process Design Team |
| 15/8/19 | 5 (Final) | Amendment following quality review. AQA section elaborated on. Terminology change: AQAL changed to QAL. | Process Design Team |
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| 7/11/17 | 3 (Final) | General review. | Process Design Team |
| 23/01/17 | 2 (Final) | Post re-org redefinition of roles/responsibilities; reference documents updated, Case Review referenced. | Process Design Team |
| 08/09/15 | 1 (Final) | Post transition to new contractor, renamed 'IQA Desk Aid (for the Healthcare Professional)'. New IQA form (including electronic version) and new AQA action info added.<br>***Previous superseded documents:***<br>*'IQA Desk Aid (for the HCP)-DWP Contract', Version 1*<br>*'IQA Desk Aid-DWP Contract', Version 5* | Process Design Team |

## *Confidential - Circulation restricted:*

This document is intended to be used by Centre for Health and Disability Assessments employees responsible for managing the contract with the Department for Work and Pensions.

All process and team guidance is produced and managed by the Process Design Team. All current versions of the guidance are available in the Knowledge Library on the CHDA Intranet.

Any comments in connection with this document should be directed to the Process Design Team.

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# Contents

# 1. Introduction

## 1.1 Purpose / Applicability

This document provides information to Centre for Health and Disability Assessments (CHDA) auditors regarding the Integrated Quality Audit System (IQAS) process when auditing work undertaken by Healthcare Professionals. Audit (i.e. IQAS) forms part of the quality system in place to manage the quality of assessment reports.

For a broader view of the IQAS process, see the '*Integrated Quality Audit System Process Guide' [MED-IQASPG01]*.

## 1.2 Applicability

This document is for the use of all Healthcare Professionals who are involved in the auditing process within the Health Assessment Advisory Service (HAAS) contract.

## 1.3 System Access Required

- MSRS
- MSD [for Clinical Standards Lead (CSL)/Mentor use]

**All abbreviations are defined in the** CHDA Glossary of Terms.

# 2. Summary Guidelines for Auditors

## 2.1 Areas

The four areas into which products are divided are:

- Presentation and Process
- Medical Examination
- Medical Reasoning
- Professional Issues

These are defined as follows:

**Presentation and Process:** This area relates to matters such as legibility, completeness, clarity and being procedurally correct.

**Medical Examination:** This embraces all aspects of the assessment, including history, statement-taking, formal clinical assessment and the expression of clinical findings.

**Medical Reasoning:** This concept includes all the step-by-step medical reasoning and deduction which ensues after the consideration of medical evidence, or performance of an assessment, and the advice which follows.

**Professional Issues:** This encompasses the general principles and ethics of medical good practice which underpin all professional work within Centre for Health and Disability Assessments.

## 2.2 Key Requirements

There are certain **key requirements** associated with each of these areas. They must be satisfied for the product to be acceptable.

The **key requirements** are:

| |
|---|
| *In respect of **Presentation and Process** the product must be:* |
| • Legible |
| • In plain English |
| • Procedurally correct |
| • Consistent |
| • Non-prescriptive |
| Also: |
| • All key questions must be addressed and |
| • All medical issues must be explained fully |
| *In respect of the **Medical Examination**:* |
| • There should be evidence of an appropriate medical examination |
| *In respect of **Medical Reasoning**:* |
| • All medical issues must be addressed |
| • Advice must be in keeping with the consensus of medical opinion |
| • Advice must be medically logical |
| • Advice must be fully justified |
| *In respect of **Professional Issues**:* |
| • Standards must be independent, impartial, ethical, honest, and fair |

## 2.3 Attributes

A product is defined by a specific list of 'Attributes', which describe the format and content in detail for each product:

Attributes refer to items of information which may be expected in a product, or areas of decision-making, procedure or advice. These items are defined by processes and procedures, updates to standard, and Continuing Medical Education (CME) modules. Core reference documents are listed before the Attribute tables for the different products. These are the quality standards CHDA have undertaken to deliver.

Some Attributes are merely desirable in that if they are absent, the key requirements are nevertheless uncompromised.

Other Attributes are essential, in that they underpin the key requirements:

Key attributes are the core determinants of quality in that they define the key requirements.

## 2.4 Grading

Products are graded as 'A', 'B' or 'C'.

These are defined as follows:

**'A'**: Key requirements are satisfied to the extent that the product fully conforms to Centre for Health and Disability Assessments Professional Standards.

**'B'**: Key requirements are adequately satisfied. However, the auditor can specify elements that would quantifiably enhance the value of the product.

**'C'**: Key requirements are not satisfied to the extent that the product fails to meet Centre for Health and Disability Assessments Professional Standards.

If any area of the product generates a 'B' or 'C' grade, the whole product is regarded as 'B' or 'C'.

## 2.5 Method

(It will be useful to view the Quality Review Form - see Appendix - whilst reading this section)

- Review the case as a whole, having regard to all the evidence on file and available on MSRS.
- Scrutinise the relevant report, with regard to the 14 key requirements. If all are satisfied, then the product meets Centre for Health and Disability Assessments Professional standards, and if you are unable to specify elements which would quantifiably improve the value of the report, the grading will be 'A'.

- If all key requirements are met, but in your opinion there are areas where worthwhile improvement could be achieved, the case is ‘B’. This grading is entered against the appropriate key requirement/s and the codes for the non-satisfied attributes are entered. Clarification should be provided in the Auditor’s Comments’ box.
- If any key requirement is not met, the product does not satisfy Centre for Health and Disability Assessments Professional standards and the grading is ‘C’. This is entered against the appropriate key requirement/s. Justification is provided by entering the non-satisfied attributes, and the ‘Auditor’s Comments’ box must be used to detail the required feedback and assist mentoring.
- A ‘C’ report is one which fails to satisfy the standards CHDA have defined. There is no description of ‘unfit for purpose’.
- The report should be assessed against the defined standards and not on whether a Decision Maker may or may not come to the ‘right’ conclusion. It is not the function of either the report writer or the auditor to decide on entitlement.
- Remember it is the product that determines the outcome, not personal knowledge or opinion about the writer.

## 2.6 Principles

There are certain guiding principles in this process:

- Do not use the attribute tables as check lists. Use the key requirements instead as an initial step in identifying and classifying any deficiencies, refining and justifying your conclusions later by quoting the non-satisfied attributes.
- Confine yourself to the main relevant non-satisfied attributes as justification for your decision. Avoid quoting a large number of attributes: instead, amplify your conclusions by a short summary in the ‘Auditor’s Comments’ box.
- Attributes are indicative only. If no attribute is found which exactly describes the issue, choose the nearest in meaning.
- Attributes should not be entered in ‘A’ cases. If there is a requirement for an attribute then the grading decision must be reconsidered.
- Attributes have a number of purposes: one is to enable an auditor to justify their grading of the product. Ensure that, if challenged, your grading is robustly supported by judicious choice of the main missing attributes.
- Use the ‘Auditor’s Comments’ box to enlarge upon any further issues which you think should be pointed out to the CSL/mentor to discuss at feedback.

Finally:

- In ‘A’ cases, only the ‘Body System’, ‘Time taken for Audit’, ‘Auditor’s Signature’ and ‘Date’ need to be completed. Parts 3 and 4 of the Quality Review Form can be left blank.
- In ‘B’ cases, also identify in Part 3 of the Quality Review Form any further action required. ‘Feedback Actions’ boxes in Part 4 should be completed once feedback has been undertaken.
- In ‘C’ cases, in addition to the above being completed, the ‘Amendment Action’ box in Part 4 should also be completed once this has been carried out. ‘Post AQA Action should be completed following amendment of AQA audit. Any photocopying of relevant documentation required will usually be carried out by the Audit Administrator or CSL/mentor, however you should familiarise yourself with the correct local practice on this.

Further information on the Quality Review Form process can be found in the ‘*Integrated Quality Audit System Process Guide’ [MED-IQASPG01]*.

## 3. Presentation and Process Attributes

| Key Requirements | Attribute | Attribute code |
|---|---|---|
| **Legible and clear** | Legible | G06 |
| | Clearly presented | G10 |
| **In Plain English** | Free from medical abbreviations | G12 |
| | Free from medical jargon | G13 |
| | In plain English | G15 |
| **Consistent** | Consistent | G03 |
| **Procedurally Correct** | In accordance with defined procedures and current advice | G04 |
| | In accordance with Legislation | G05 |
| | Appropriate response to incorrect documentation | G08 |
| | FME consideration recorded | G11 |
| **All Key Questions Addressed** | Complete answers to all questions raised | G02 |
| **Fully Justified** | Advice adequately justified | G16 |
| **Medical Issues Fully Explained** | Clear explanation of medical issues | G01 |
| | Appropriately detailed | G09 |
| | Full clarification of contradictions and/or conflicts | G14 |
| **Non-prescriptive** | Not compromising decision making | G07 |

**N.B. This area, and its supporting Key Requirements and Attributes, is common to all products.**

## 3.1 Notes on the Interpretation of Generic Attributes

| ATTRIBUTE | CODE |
|---|---|
| **'Legible.'** The evaluation of legibility is inevitably a subjective task. However, some measure of the ease with which a product may be read is necessary in our business. A passage may be regarded as legible if it can be read at not less than half the average speed of printed text, and no key words or phrases are indecipherable. | **G06** |
| **'Clearly presented.'** Good presentation is an important component of clarity. Faced with a lengthy passage of free text it is often difficult for the reader to efficiently identify its components and structure. Underlined headings and logical sectioning of text greatly aid communication between author and reader.<br>Significant spelling and grammatical errors also detract from the professionalism of a report and should be identified here. | **G10** |
| **'Free from medical abbreviations.'** Medical abbreviations should not be used. Although most decision makers may know certain shorthand medical terms lay readers and claimants will generally not. It is, therefore, good practice to avoid their use wherever there is any possibility of confusion. | **G12** |
| **'Free from medical jargon.'** The use of medical jargon, which includes medical abbreviations, can lead to misunderstandings. The term 'medical jargon' is distinguished from technical medical language (see 'Clear explanation of medical issues' G01). Examples of medical jargon would be 'Oedema º cyanosis º….' or 'Nodes neck ↑↑ R>L'. | **G13** |
| **'In plain English.'** The use of uncommon or long words where everyday, commonly used terms would be equally effective is not good practice. Sentences should be brief, clear and to the point. | **G15** |
| **'Consistent.'** A report should be consistent in that it must contain no internal contradictions. A fact or opinion given in one part of a document should be in accord with all other components of the product. | **G03** |
| **'In accordance with defined procedures and current advice.'** This attribute requires that a report must be procedurally correct. It should be prepared in accordance with current usage as defined in reference publications for healthcare professionals. | **G04** |
| **'In accordance with legislation.'** While the Healthcare Professional's role is wholly advisory and not statutory, the work is nevertheless | **G05** |

| | |
|---|---|
| carried out within the framework of current legislation. It is therefore a required attribute that advice is given in accordance with the law. | |
| **'Appropriate response to incorrect documentation.'** The Healthcare Professional should be able to recognise the fact that incorrect documentation has been provided. The Healthcare Professional's response will vary according to circumstances, but above all should not compound the error. It should reflect the needs of the business, the requirements of the Customer and fairness to the claimant. | **G08** |
| **'FME consideration recorded.'** It is important that the customer is made clearly aware of the evidence, which the Healthcare Professional has considered, in giving advice. Further evidence is of particular importance in this context. | **G11** |
| **'Complete answers to all questions raised.'** No area of a report should be left incomplete. If the customer raises specific questions they should all be addressed. This is particularly important in DLA/AA and VUK. | **G02** |
| **'Advice adequately justified.'** Advice that is not accompanied by justification is no more than a gratuitous opinion. This attribute requires that the author of a report gives a clear explanation of the reasons for giving certain advice and the underlying evidence by which they were guided. | **G16** |
| **'Clear explanation of medical issues.'** A report written solely in technical medical terms is valueless to the non-medical customer. This attribute does not require that such terms be completely avoided, merely that they and the underlying medical reasoning are clearly explained for the benefit of the non-medical reader. | **G01** |
| **'Appropriately detailed.'** Excessive detail compromises clarity. Equally, failure to provide adequate information may compromise decision-making. Skilled report writing avoids these extremes. | **G09** |
| **'Full clarification of contradictions and/or conflicts.'** Conflicts of evidence should be addressed. Even where the Healthcare Professional is unable to provide an explanation for such a conflict, he should demonstrate that the difficulty has been recognised. | **G14** |
| **'Not compromising decision-making'.** The Healthcare Professional's report should contain no allusion to entitlement to benefit, or express any view regarding the outcome of a case. | **G07** |

# 4. Centre for Health and Disability Assessments (CHDA) Professional Standards

## 4.1 Personal Conduct

- All work will be carried out in a manner consistent with the CHDA Equality and Diversity Policy, which recognises the right of everyone to be treated with respect whatever their gender, sexual orientation, race, religion, nationality, culture, age, health, (dis)ability, marital status and physical characteristics or appearance.
- In dealings with customers and claimants, CHDA employees, or their representatives, will be:
    - Accessible
    - Punctual
    - Reliable
    - Presentable
    - Approachable
    - Courteous
    - Friendly
- When carrying out an assessment of a claimant, to support the advice giving process, employees will:
    - Introduce themselves to the claimant and wear a name badge or offer other official identification
    - Make the claimant welcome and feel at ease
    - Be polite at all times
    - Encourage a person accompanying the claimant to be present during the assessment if so desired by the claimant
    - Explain the purpose of the assessment
    - Explain what the assessment entails
    - Allow the claimant time to give their history, asking questions in a non-adversarial manner and following the relevant guidance e.g. The Revised WCA Handbook.
    - Carry out a relevant assessment to provide the information necessary to give and justify medically reasonable advice
    - Carry out any assessment gently to avoid any unnecessary discomfort, where possible assessing active movement of limbs

- When giving Advice:
    - CHDA advice will be objective, independent, fair and impartial, ethical, and given in accordance with our contractual obligations.
    - It will conform to the consensus of medical opinion and the balance of probability.
    - It will be of an appropriate depth, scope and focus, and presented with a clarity that will permit the decision maker to give reasonable consideration to the medical issues.

These terms, concepts and definitions are clarified below:

| Term | Concepts and Definition |
|---|---|
| **Objective** | Based on evidence |
| **Independent** | Without the influence of carer responsibility, or involvement in any other aspect of the claim. |
| **Fair and Impartial** | • In accordance with the CHDA 'Equality and Diversity Policy'*<br>• With no personal interest, of any sort, in the outcome of the claim under consideration<br><br>*CHDA recognises that everyone has the right to work without fear of harassment. The company is committed to eliminating such behaviour and creating a productive working environment where everyone is treated with dignity and respect whatever their gender, sexual orientation, race, religion, nationality, culture, age, health, (dis)ability, marital status and physical characteristics or appearance. Every employee and person acting on behalf of the company has a duty to protect and respect this right.<br>(Harassment being a generic term which encompasses bullying and victimisation). |
| **Ethical** | Conforming to the code of Professional Ethics as laid down by the General Medical Council, the Nursing and Midwifery Council and the Health and Care Professions Council. |
| **Appropriate Depth** | Sufficient factual detail obtained to support the advice. |
| **Scope** | • Addressing all the questions asked.<br>• Covering all relevant issues, including details of an appropriate assessment when required.<br>• Without reference to entitlement.<br>• Answering questions posed by the customer without compromising any subsequent decision making process |
| **Focus** | • Relevant<br>• Medically logical |

| | |
|---|---|
| | • In accordance with contractual obligations<br>• Further Medical Evidence should be appropriate, and obtained by the most efficient method<br>• Given in good time, taking account of any targets or deadlines |
| **Clarity** | • Concise<br>• In terms understood by the customer<br>• Legible when written<br>• It will be clear in its account of Further Medical Evidence usage<br>• Free of contradictions or conflicts |

## 4.2 Professional Standards Reference documents

- Guidance on the Use of Personal Descriptions in Medical Reports. (MED/S2/CMEP~0010), v12, February 2022
- Improving the Claimant's Experience and Avoiding Complaints (Self-Directed Learning Pack) [MED-CMEP-CEAC~0063(a)], v16, October 2021
- The Equality Act 2010 (MED/S2/CMEP~0016), v12, Sept 2021

## 4.3 Professional issues Attributes

| Key Requirements | Professional Issues Attributes | Attribute code |
|---|---|---|
| **In Keeping With CHDA Professional Standards** | Standards independent, impartial, ethical, honest and fair | P01 |
| **Correct Professional Procedures** | Appropriate action taken on harmful, confidential, and embarrassing information | P02 |
| | Appropriate action taken on unexpected clinical findings | P03 |

N.B.: This area, and it's supporting Key Requirements and Attributes, is common to all products.

## 5. General Medical Reference Documents

- Evidence based protocols for the disability analyst (these are available in the 'Guides/Protocol' folder in the 'Clinical' Document Library of the CHDA division of the MAXIMUS intranet)
- The Assessment of Claimants with Drug or Alcohol Problems (MED/S2/CMEP~0036), v14, Nov 2021
- Effective report writing (MED/S2/CMEP~0018), v15, Oct 2021
- Critical Evaluation of evidence (MED/S2/CMEP~0037), v16, March 2022
- Dealing with Aggressive and Unacceptable Claimant Behaviour, Self-directed learning [MED CMEP DWAUCB 0062 (a)], v14, June 2022
- Training and Guidance in Statement Taking, Gathering, and Recording Information (MED/S2/CMEP~0048), v14, Dec 2021

## 5.1 Stage 3 Attribute Table

| Area | Key Requirements | Stage 3 Attributes | Attribute Code |
|---|---|---|---|
| **MEDICAL EXAMINATION** | **Appropriate Medical Examination** | Appropriate introduction to claimant | C20 |
| | | Appropriate factual information obtained on conditions. | C21 |
| | | Appropriate factual information obtained on hospital appointments, investigation and treatment. | C22 |
| | | Appropriate factual information obtained on medication. | C23 |
| | | Appropriate statement taken | C24 |
| | | Appropriate questioning technique | C25 |
| | | Appropriate listening technique | C26 |
| | | Relevant examination technique used | C27 |
| **MEDICAL REASONING** | **Medically Reasonable and Logical** | Pen picture clearly relates to claimant seen and is appropriately phrased | R177 |
| | | Conclusion or opinion based on environment are adequately explored and valid | R178 |
| | | Recorded observations appropriate and accurate | R179 |
| | | Appropriate explanation of examination | R180 |
| | | Appropriate level of undress | R181 |
| | | Claimant comfort ensured | R182 |
| | | Allows claimant time for questions/comments | R183 |
| | **All Medical Issues Addressed** | Evidence on file read prior to seeing claimant | R184 |
| | | Identifies relevant functional areas to be addressed | R185 |
| | | Aware of method to contact customer service desk | R186 |
| | **In keeping with the Consensus of Medical Opinion** | IQAS audit of report has no key missing attributes identified | R187 |

# 6. Work Capability Assessment (WCA)

## 6.1 Reference Documents

- Revised WCA Handbook (MED-ESAAR2011/2012HB-001), v17, May 2022
- WCA Filework Guidelines (MED-WCAFWG~001), v15, March 2022

## 6.2 WCA Attributes Lists

### 6.2.1 Filework Attributes (WCA Re-referral / Pre-Board Check / Special Rules cases)

| Area | Filework Attributes (for: WCA Re-referral / PBC / TI cases) | Attribute Code |
|---|---|---|
| **MEDICAL REASONING** | Medically reasonable and logical | R25 |
| | Additional FME appropriately sourced | R40 |
| | Advice based upon adequate medical evidence | R43 |
| | Any General Practitioner telephone contact appropriate & in accordance with Guidelines | R44 |
| | Advice correct and in keeping with protocols | R75 |
| | Prognosis advice consistent with evidence | R94 |
| | Any General Practitioner telephone contact properly documented | R113 |
| | Medical reasoning in specific areas in accord with Guidelines | R114 |
| | Appropriate Justification given | R161 |
| | Call for examination appropriate | R233 |
| | Support Group recommendation in accordance with guidelines | R234 |
| | Special Circumstances advice appropriate | R235 |
| | Further medical evidence request appropriate | R236 |
| | Appropriate LCW justification if required | R237 |
| | Appropriate LCWRA justification if required | R238 |

### 6.2.2 Filework Attributes (IBR Cases)

| Area | Filework Attributes (for: IBR cases) | Attribute Code |
|---|---|---|
| **MEDICAL REASONING** | Medically reasonable and logical | R25 |
| | Additional FME appropriately sourced | R40 |
| | Advice based upon adequate medical evidence | R43 |
| | Any General Practitioner telephone contact appropriate & in accordance with Guidelines | R44 |
| | Advice correct and in keeping with protocols | R75 |
| | Prognosis advice consistent with evidence | R94 |
| | Any General Practitioner telephone contact properly documented | R113 |
| | Medical reasoning in specific areas in accord with Guidelines | R114 |
| | Appropriate Justification given | R161 |
| | Call for examination appropriate | R233 |
| | Support Group recommendation in accordance with guidelines | R234 |
| | Special Circumstances advice appropriate | R235 |
| | Further medical evidence request appropriate | R236 |
| | Appropriate LCW justification if required | R237 |
| | Appropriate LCWRA justification if required | R238 |
| | Appropriate consideration of previous reports | R244 |
| | Appropriate consideration of submitted evidence | R245 |
| | Appropriate consideration of identified change | R246 |

### 6.2.3 Exam Attributes – WCA LCW / LCWRA Attributes

| Area | WCA LCW / LCWRA Attributes | Attribute Code |
|---|---|---|
| MEDICAL EXAMINATION | Clear record of a careful structured examination of all relevant areas | C01 |
| | Clinical findings expressed clearly and concisely | C03 |
| | Examination focussed on relevant areas | C05 |
| | Inappropriate signs clearly described | C06 |
| | Record of appropriate mental health assessment, if indicated | C08 |
| | Appropriate pen picture present | C10 |
| | Clinical tests appropriate to specific conditions applied and recorded | C13 |
| | Style of recording permits future comparison | C15 |
| | Account of average day activities present | C18 |
| | Account of average daily activities functionally focused and relevant | C19 |
| | Appropriate clinical and past history recorded | S10 |
| | Clients description of variability recorded | S13 |
| | Current symptoms described | S19 |
| | Current work situation described | S20 |
| | Hospital treatment and appointments recorded | S30 |
| | Medication recorded | S37 |
| | Occupational history recorded adequately | S40 |
| | Mental health treatment recorded | S65 |
| | Side effects recorded and explained | S66 |
| | Diagnoses recorded and explained if necessary | S67 |
| MEDICAL REASONING | Advice conforms to consensus of medical opinion and balance of probabilities | R01 |
| | Inconsistencies dealt with clearly | R20 |
| | Medically reasonable and logical | R25 |
| | Social/cultural issues addressed | R71 |
| | Exceptional circumstances (NFD) advice consistent with evidence | R93 |
| | Prognosis advice consistent with evidence | R94 |
| | Over view of claimant's mental health provides suitable information to further support MFA descriptor choices | R95 |
| | Appropriate choice of MFA descriptors | R96 |
| | Choice of physical and sensory descriptors appropriate and related to functional capacity normally required for tasks | R98 |
| | Decision on application of MFA consistent with evidence | R99 |
| | MFA descriptor choices adequately justified | R100 |
| | Summary of functional ability comments supports the physical and sensory descriptor choices | R102 |
| | Variability issues addressed | R103 |
| | Appropriate justification given for advice on prognosis | R104 |
| | Clear link between observations and claimed disability | R106 |
| | Clinical examination findings contribute to descriptor choice | R107 |
| | Support Group recommendation in accordance with guidelines | R234 |
| | Special Circumstances advice appropriate | R235 |
| | Appropriate LCW justification if required | R236 |
| | Appropriate LCWRA justification if required | R237 |
| | Appropriate record of WFHRA requested or declined in SG | R238 |
| | Claimant referred to by (title) Surname in summary | R239 |
| | Physical and sensory descriptor choices reflect typical day | R241 |
| | MFA descriptor choices reflect typical day | R242 |
| | Summary of functional ability comments supports the MFA descriptor choices | R243 |
| | All conditions addressed and functional impact explained in summary | R244 |
| | Relevant conditions and areas adequately justified in summary | R245 |

# 7. Industrial Injuries Benefit (IIB)

## 7.1 Reference Documents

- Industrial Injuries Benefit Handbook 1 for Healthcare Professionals, The Principles of Assessment (MED/S2IIDBHB~001(a)), v13, March 2021
- Industrial Injuries Benefit Handbook 2 for Healthcare Professionals, The Prescribed Diseases (MED-IIDBHB~002), v12 September 2018
- IIB Report Writing and Justification (MED CMEP 0056), v13, Jan 2022
- Providing Assistance to the Decision Maker at the Accident Consideration Stage – A Guide for Healthcare Professionals (MED S2 CMEP 0036), v12, June 2021
- Asthma (Self Directed Learning) (MED CMEP 214), v1, March 2021

## 7.2 IIB Attributes List

IIB Attributes List

# 8. Veterans UK (VUK)

## 8.1 Reference Documents

- War Pensions Guidance for Examining Healthcare Professionals (MED/S2/CMEP~0041), v5, July 2017
- Guidance for Completion of Specialist Medical Reports - Veterans UK (MED-GCSMRSPVA01 MED-CMEP~137) v4, May 2017

## 8.2 Veterans UK Attributes Lists

### 8.2.1 VUK EMP Report

| Area | Key Requirements | VUK EMP Report - Attributes | Attribute Code |
|---|---|---|---|
| **MEDICAL EXAMINATION** | **Appropriate Medical Examination** | All accepted disablements addressed | S89 |
| | | Functional limitations due to accepted disablements recorded | S90 |
| | | All claimed conditions addressed | S91 |
| | | Functional limitations due to claimed conditions recorded | S92 |
| | | Only accepted and claimed conditions addressed | S93 |
| | | Account given of current and previous treatment | S01 |
| | | Smoking history correctly addressed | R208 |
| | | Date and mode of development of symptoms recorded adequately | C17 |
| | | Appropriate clinical and past history recorded | S10 |
| | | Concise and relevant past history recorded | S15 |
| | | Current Medical treatment described | S18 |
| | | Current symptoms described | S19 |
| | | Current work situation described | S20 |
| | | Full record of symptoms with date of onset and claimed relationship to service | S27 |
| | | Occupational history and sickness record given | S39 |
| | | Relevant social and family history noted | S51 |
| | | Clear record of a careful structured examination of all relevant areas | C01 |
| | | Clinical findings expressed clearly and concisely | C03 |
| | | Examination covers all known conditions | C04 |
| | | Inappropriate signs clearly described | C06 |
| | | Record of appropriate mental health assessment, if indicated | C08 |
| | | Appropriate examples of observed behaviour recorded | C12 |
| | | Clinical tests appropriate to specific conditions applied and recorded | C13 |
| | | Measurements recorded properly and appropriately | C14 |
| | | Style of recording permits future comparison | C15 |
| | | Current symptoms described | C16 |
| **MEDICAL REASONING** | **Medically Reasonable and Logical** | Advice on impact of current clinical conditions on physical or mental functioning consistent with the medical evidence | R144 |
| | | Diagnosis is fully supported by clinical findings | R15 |
| | | Future prognosis advice consistent with evidence and medically reasonable | R167 |
| | | Medically reasonable and logical | R25 |
| | **All Medical Issues Addressed** | If differential diagnosis is given, the relative weight apportioned to each possibility is provided | R19 |
| | | Inconsistencies dealt with clearly | R20 |
| | | All conditions identified appropriately | R03 |
| | | All disabling conditions addressed | S08 |
| | **Consensus of Medical Opinion** | Advice conforms to consensus of medical opinion | R162 |
| | | Opinion on functional limitations clear, appropriate and in keeping with clinical findings | R34 |
| | | FME clarified and interpreted when required | R63 |

### 8.2.2 Veterans UK (including Reg Cons Report)

| Area | Key Requirements | VUK (inc Reg Cons Report) - Attributes | Attribute code |
|---|---|---|---|
| **MEDICAL EXAMINATION** | **Appropriate Medical Examination** | Full record of symptoms with date of onset and claimed relationship to service | S27 |
| | | Current symptoms described | S19 |
| | | Account given of current and previous treatment | S01 |
| | | Appropriate clinical and past medical history recorded | S10 |
| | | Current work situation described | S20 |
| | | Occupational history and sickness record given | S39 |
| | | Appropriate pen picture present | C10 |
| | | Clear record of a careful structured examination of all relevant areas | C01 |
| | | Clinical findings expressed clearly and concisely | C03 |
| | | Inappropriate signs clearly described | C06 |
| | | Record of appropriate mental health assessment, if indicated | C08 |
| | | Appropriate examples of observed behaviour recorded | C12 |
| | | Clinical tests appropriate to specific conditions applied and recorded | C13 |
| | | Measurements recorded properly and appropriately | C14 |
| | | Style of recording permits future comparison | C15 |
| | | Report signed and dated, including specialist status and registered specialist qualifications | C20 |
| **MEDICAL REASONING** | **Medically Reasonable and Logical** | Diagnosis is fully supported by clinical findings | R15 |
| | | If differential diagnosis is given, the relative weight apportioned to each possibility is provided | R19 |
| | | Medically reasonable and logical | R25 |
| | **All Medical Issues Addressed** | FME clarified and interpreted when required | R63 |
| | | Inconsistencies dealt with clearly | R20 |
| | **In Keeping With Consensus of Medical Opinion** | Advice conforms to consensus of medical opinion | R162 |

NB: For Veterans UK audit only, with the exception of C15, all these attributes should be treated as Key Attributes.

# 9. Disability Living Allowance / Attendance Allowance (DLA/AA)

## 9.1 Reference Documents

- Guidance for HCPs undertaking DLA/AA Assessments Handbook (MED/S2/HCPDLAAAAHB~0010), v17, February 2019
- Assessing Mobility in the Younger Child (MED/S2/CMEP~0027), v12, Dec 2021
- Providing Filework Advice - AA TI/SR Distance Learning (For those already approved in WCA Assessments) MED-FWAAATISR~001, v1, Feb 2017

## 9.2 DLA/AA Attribute List

### 9.2.1 Special Rules Attributes

| Key Requirements | Special Rules Attributes | Attribute code |
|---|---|---|
| **Medically Reasonable and Logical** | Advice based upon adequate medical evidence | R43 |
| | Additional FME appropriately sourced | R40 |
| | Medically reasonable and logical | R25 |
| | Advice correct and in keeping with protocols | R75 |
| | Date of meeting criteria correct, and justified where necessary | R76 |
| | Mobility advice appropriate and justified | R77 |
| | Advice re mobility dates in keeping with the evidence and justified if necessary | R78 |
| **All Medical Issues Addressed** | FME clarified and interpreted when required | R63 |
| | Further advice obtained if appropriate | R232 |
| **In Keeping with Consensus of Medical opinion** | Advice conforms to consensus of medical opinion and balance of probabilities | R01 |

### 9.2.2 Normal Rules Attributes

| Key Requirements | Normal Rules Attributes | Attribute code |
|---|---|---|
| **Medically Reasonable and Logical** | Advice based upon adequate medical evidence | R43 |
| | Appropriate use of medical evidence | R47 |
| | Additional FME appropriately sourced | R40 |
| | Medically reasonable and logical | R25 |
| | Advice supported by adequately detailed justification | R14 |
| **All Medical Issues Addressed** | FME clarified and interpreted when required | R63 |
| | Further advice obtained if appropriate | R232 |
| **In Keeping with Consensus of Medical Opinion** | Advice conforms to consensus of medical opinion and balance of probabilities | R01 |

### 9.2.3 EMP Reports

| Key Requirements | EMP Attributes | Attribute Code |
|---|---|---|
| **Appropriate Medical Examination** | Diagnosis recorded and explained if necessary | S67 |
| | Hospital treatment and appointments recorded | S30 |
| | Date and mode of development of symptoms recorded adequately | C17 |
| | Appropriate clinical and past history recorded | S10 |
| | Current symptoms described | S19 |
| | Medication recorded | S37 |
| | Side effects recorded and explained | S66 |
| | Current medical treatment described | S18 |
| | Clear record of customer's reported impairments and restrictions | C28 |
| | Account of average day activities present | C18 |
| | Account of average daily activities functionally focused and relevant | C19 |
| | Social/cultural issues Addressed | R71 |
| | Client's description of variability recorded | S13 |
| | Appropriate pen picture present | C10 |
| | Record of appropriate mental health assessment, if indicated | C08 |
| | Clinical tests appropriate to specific conditions applied and recorded | C13 |
| | Clear record of a careful structured examination of all relevant areas | C01 |
| | Clinical findings expressed clearly and concisely | C03 |
| | Examination covers all known conditions | C04 |
| | Inappropriate signs clearly described | C06 |
| | Measurements recorded properly and appropriately | C14 |
| | Style of recording permits future comparison | C15 |
| | Appropriate examples of observed behaviour recorded | C12 |
| | Epilepsy questionnaire completed if required | C29 |
| **Medically Reasonable and Logical** | Medically reasonable and logical | R25 |
| | Mobility opinion consistent with clinical findings | R26 |
| | Opinion on safe mobility supported and consistent with clinical findings/observed behaviour/anecdotal evidence | R35 |
| | Day supervision: expressed needs medically justifiable | R11 |
| | Main meal opinion: Opinion justified and consistent with clinical findings | R67 |
| | Day attention needs are medically justified and consistent with clinical findings | R79 |
| | Night attention: needs are medically justified and consistent with clinical findings | R27 |
| | Night supervision: expressed needs medically justifiable | R28 |
| | Opinions based on clinical findings and observation and not on clients claimed needs | R33 |
| **All medical issues addressed** | Variability issues addressed | R103 |
| | Clear link between observations and claimed disability | R106 |
| | Inconsistencies dealt with clearly | R20 |
| | Attention opinion checklist; all tick boxes justified if help needed | R48 |
| | Clear categorisation (attention vs supervision) of help required in maintaining personal hygiene | R49 |
| | Appropriate justification given for advice on prognosis | R104 |
| | FME clarified and interpreted when required | R63 |
| | Summary of functional ability appropriately reflects other information obtained | S88 |
| **In keeping with consensus of medical opinion** | Advice conforms to consensus of medical opinion and balance of probabilities | R01 |

# 10. Compensation Recovery Unit (CRU)

## 10.1 CRU Attributes List

| Area | Key Requirements | Compensation Recovery Unit Report Attributes | Attribute Code |
|---|---|---|---|
| **MEDICAL EXAMINATION** | **Appropriate Medical Examination** | Record of appropriate mental health assessment, if indicated | C08 |
| | | Appropriate pen picture present | C10 |
| | | Any associated conditions clearly evaluated | C11 |
| | | Appropriate examples of observed behaviour recorded | C12 |
| | | Clinical tests appropriate to specific conditions applied and recorded | C13 |
| | | Account given of current and previous treatment with dates | S02 |
| | | Appropriate clinical and past history recorded | S10 |
| | | Current symptoms described | S19 |
| | | Full record of symptoms with date of onset and claimed relationship to accident | S26 |
| **MEDICAL REASONING** | **All medical issues addressed** | Advice supported by adequately detailed justification | R14 |
| | | Medically reasonable and logical | R25 |
| | | Inconsistencies dealt with clearly | R20 |
| | | Medical opinion clear, unequivocal and consistent with evidence presented | R258 |
| | | Pre-existing conditions addressed as requested | R259 |
| | **In keeping with consensus of medical opinion** | Advice conforms to consensus of medical opinion and balance of probabilities | R01 |

# 11. DWP Occupational Health (OH) Reports

## 11.1 DWP OH Reports Attributes List

| Key Requirements | DWP OH Reports | Attribute Code |
|---|---|---|
| **Appropriate Medical Examination(s)** | Clear record of a careful structured examination of all relevant areas | C01 |
| | Examination focussed on relevant areas | C05 |
| | Record of appropriate mental health assessment, if indicated | C08 |
| | Clinical tests appropriate to specific conditions applied and recorded | C13 |
| | Account of average daily activities functionally focused and relevant | C19 |
| | Appropriate clinical and past history recorded | S10 |
| | Current medical treatment described | S18 |
| | Current symptoms described | S19 |
| | Current work situation described | S20 |
| | Medication recorded | S37 |
| | Side effects recorded and explained | S66 |
| | Diagnosis recorded and explained if necessary | S67 |
| **All Medical Issues Addressed** | Advice that the client is capable of doing work as described, consistent with evidence | R02 |
| | Advice that the client is incapable of doing work as described, consistent with evidence | R04 |
| | Advice supported by adequately detailed justification | R14 |
| | Opinion on functional limitations clear, appropriate and in keeping with clinical findings | R34 |
| | Additional FME appropriately sourced | R40 |
| | Clear indication given of prognosis, consistent with the evidence | R58 |
| | Decision on further evidence appropriate | R92 |
| | Work related health issues, which might pose a problem for the worker, adequately described | R123 |
| | Advice on workplace adjustments reasonable | R124 |
| | Variability of clinical condition detailed | R127 |
| | Current treatment, its effects, and impact on function described | R128 |
| | Aids and appliances appropriately identified | R129 |
| | Details of clients health and work related perceptions, explained | R131 |
| | Advice on workplace adjustments clear, appropriate and in keeping with the clinical findings | R139 |
| | Relevance of DDA adequately addressed | R142 |
| | Secondary conditions correctly identified | R168 |
| | Appropriate category of any additional FME | R199 |
| **In Keeping With Consensus of Medical Reports** | Advice conforms to consensus of medical opinion and balance of probabilities | R01 |

# 12. Child Trust Fund (CTF) Reports

## 12.1 CTF Attributes List

| Key Requirements | CTF Report Attributes | Attribute Code |
|---|---|---|
| **Medically reasonable and logical** | Medically reasonable and logical | R25 |
| | Additional FME appropriately sourced | R40 |
| | Advice based upon adequate medical evidence | R43 |
| | Advice correct and in keeping with protocols | R75 |
| | Date of meeting criteria correct, and justified where necessary | R76 |
| **All medical issues addressed** | FME clarified and interpreted when required | R63 |
| **In keeping with consensus of medical opinion** | Advice conforms to consensus of medical opinion and balance of probabilities | R01 |

# 13. Financial Assistance Scheme (FAS) Reports

## 13.1 FAS Attributes List

| Key Requirements | FAS Report Attributes | Attribute Code |
|---|---|---|
| **Medically reasonable and logical** | Medically reasonable and logical | R25 |
| | Additional FME appropriately sourced | R40 |
| | Advice based upon adequate medical evidence | R43 |
| | Advice correct and in keeping with protocols | R75 |
| | Date of meeting criteria correct, and justified where necessary | R76 |
| **All medical issues addressed** | FME clarified and interpreted when required | R63 |
| **In keeping with consensus of medical opinion** | Advice conforms to consensus of medical opinion and balance of probabilities | R01 |

# 14. International Pension Centre (IPC)

## 14.1 IPC Attributes List (on MSD)

| Area | WCA LCW / LCWRA Attributes | Attribute Code |
|---|---|---|
| **MEDICAL EXAMINATION** | Clear record of a careful structured examination of all relevant areas | C01 |
| | Clinical findings expressed clearly and concisely | C03 |
| | Inappropriate signs clearly described | C06 |
| | Record of appropriate mental health assessment, if indicated | C08 |
| | Clinical tests appropriate to specific conditions applied and recorded | C13 |
| | Measurements recorded properly and appropriately | C14 |
| | Account of average daily activities functionally focused and relevant | C19 |
| | Appropriate clinical and past history recorded | S10 |
| | Current medical treatment described | S18 |
| | Current symptoms described | S19 |
| | Current work situation described | S20 |
| | Medication recorded | S37 |
| | Occupational history and sickness record given | S39 |
| | Side effects recorded and explained | S66 |
| | Diagnoses recorded and explained if necessary | S67 |
| **MEDICAL REASONING** | Advice conforms to consensus of medical opinion and balance of probabilities | R01 |
| | Advice that the client is capable of doing work as described, consistent with evidence | R02 |
| | Advice that the client is incapable of doing work as described, consistent with evidence | R04 |
| | Advice supported by adequately detailed justification | R14 |
| | Opinion on functional limitations clear, appropriate and in keeping with clinical findings | R34 |
| | Clear indication given of prognosis, consistent with the evidence | R58 |
| | Work related health issues, which might pose a problem for the worker, adequately described | R123 |
| | Advice on workplace adjustments reasonable | R124 |
| | Variability of clinical condition detailed | R127 |
| | Current treatment, its effects, and impact on function described | R128 |
| | Secondary conditions correctly identified | R168 |

# 15. Managing Quality Information

## 15.1 The Quality Review Form

The Quality Review Form is used to record all audit outcomes, giving a record of actions requested and taken. This form is usually completed digitally but can be completed on a clerical form if necessary (see Appendix for both forms). The information on this form will be entered onto the Medical Skills Database (MSD) by the Audit Administrator.

## 15.2 Output from Audit

The result of auditing action may be an A, B or C grading, which are processed as follows:

**'A' cases:** These require no further action (no need to complete Parts 3 and 4), notwithstanding routine positive feedback. Digital Quality Review Forms are saved to the 'Completed Audit Cases' folder on the shared drive before the Audit Administrator prints them. The Audit Administrator inputs the results from the Quality Review Forms onto MSD, before adding the form to the audited Healthcare Professional's Quality File.

**'B' cases:** For 'B' grades, a 'Next Action' option in Part 3 of the Quality Review Form will be marked by the auditor/CSL. For clerical (i.e. handwritten) cases, the auditor may also request that the relevant documents are photocopied for feedback purposes, so as not to hold up the progress of the live file.

**'C' cases:** For 'C' grades, the live file is progressed for 'Feedback and amendment of product' action (indicated in Part 3 of the Quality Review Form) – this action has to be checked and confirmed by an auditor/CSL (and signed/dated under 'Amendment Action' in Part 4 of the Quality Review Form) before release of the live file or report to the Customer. The auditor need not request photocopies for feedback purposes with respect to clerical cases as this will be addressed by the CSL during the review of the live file.

For the digital Quality Review Form, if feedback/review action is completed promptly, the form is saved to the 'Completed Audit Cases' folder on the shared drive. If feedback is not given until the subsequent day, then the form is saved to the 'Awaiting Feedback/Reconsideration' folder on the shared drive.

The auditor's task is now complete.

Further information on the Quality Review Form process can be found in the '*Integrated Quality Audit System Process Guide' [MED-IQASPG01].*

## 15.3 Feedback action

If feedback is given - which will be scaled according to the nature of the case - the feedback type, the time taken, the name of the Healthcare Professional providing the feedback and the date that this is completed is entered under 'Feedback Actions' in Part 4 of the Quality Review Form.

The 'Feedback Type' can take any of the following forms:

- A short face-to-face talk
- A telephone call
- A letter/memo or email

Once all feedback action is concluded, the Audit Administrator enters all relevant data onto MSD. The printed Quality Review Forms are kept in the HCP's Quality File for the relevant period of time (with respect to the data retention policy) as a record of the overall process.

## 15.4 Post Feedback Action

Apart from the mandatory action to have a 'C' report amended, further action is at the discretion of the local leadership team.

With regard to Stage 4 Approval Audit, feedback/further action here will be taken as part of the on-going approval process/grading requirement.

With regard to other 'one-off' audit, e.g. Opportunistic Audit, the local leadership team has recourse to several courses of action following audit:

- 'Wait and see': the fault may be a minor one in a 'B' grade product which may only need to be left in the Quality File to await further examples. The CSL returns the documents to the Audit Administrator to be placed in the Quality File.
- Further Quality Reviews (i.e. Case Reviews) – the amount will be determined by the HCP's Support Level rating (these ratings set by local leadership team with recourse to Line-by-Line outcomes and reviews)
- Targeted auditing may be requested by the CSL. The Audit Administrator arranges this on the Siebel application and 'B/Fs' the audit documents to prompt continuing action. Target Audit will be recommended as part of a formal performance improvement plan.
- Alternatively, a retraining session may be required. The CSL or the Audit Administrator can arrange this and will contact the HCP involved to identify a date and time convenient to him/her and the CSL.
- Further information on these further actions can be found in the *Integrated Quality Audit System Process Guide (MED-IQASPG01)*.

## 15.5 Audit Quality Assurance (AQA) action

AQA ensures that all CHDA auditors' audit work is itself regularly audited.

The DWP carry out their own AQA, independent of CHDA, at Tresco House.

For CHDA, AQA is carried out internally on National non-WCA audit work (except for minority benefits). This discretional Random AQA National Audit process requires that a random sample of non-WCA cases that have been audited internally for National Audit have further audit action (i.e. AQA action). The National non-WCA Quality Lead will set and review this sample size (the current sample size requirement is 10%).

AQA will also be carried out internally at the discretion of the local leadership team with respect to Approval, Target, Case Review and Opportunistic Audit work. This AQA will in turn be subject to 'AQA/AQA' at the discretion of the Clinical Quality Lead or the National non-WCA Quality Lead.

For WCA, AQA can be carried out internally by a Quality Assurance Lead (QAL), or by a qualified/experienced HCP nominated by the QAL.

For non-WCA, AQA can be carried out by either a QAL (if they are a doctor), a Non-WCA Lead or by a qualified/experienced HCP nominated by the QAL.

With regard to the Quality Review Form, the AQA audit is recorded in Part 1 of the form, as follows:

- 'AQA' (or 'AQA/AQA') is indicated against 'Quality Review Type', and the appropriate 'AQA Type' chosen from the options in the Quality Review Form
- The original auditor's name is entered against 'Reviewed HCP'
- The QAL's name is entered against 'Reviewer' unless a designated champion is undertaking this audit.

The normal range of 'Next Action' options are available in Part 3 of the Quality Review Form and will be directed by the QAL and recorded in Part 4 of the form.

Further information on the AQA process can be found in the *Integrated Quality Audit System Process Guide (MED-IQASPG01)*.

## 15.6 Recommendations

To ensure continuity each unit should have a system in which each Healthcare Professional (Employed or Self-employed) should have an individual nominated CSL. The CSLs should take overall responsibility for providing regular feedback and identifying any training needs.

Every Healthcare Professional should have regular feedback on their quality (both positive or directed), which is achievable through the Quality Review process.

# 16. Owner and References

## 16.1 Owner and controller

The Centre for Health and Disability Assessments Process Design Team control this document on behalf of the Department for Work and Pensions, who is the owner and final approver of this document.

## 16.2 Contributors

Contributions to this guide have been made by:

- Clinical Quality Lead
- Head of Medical Standards and Non-WCA Quality

## 16.3 References

- Integrated Quality Audit System Process Guide (MED-IQASPG01)
- The Rework Referrals Process Guide (MED-RRPG01)
- LiMA Rework Procedures (MED-LRP01)

# APPENDIX: Quality Review Forms

## Quality Review Form

Quality Review Form.docx

## Quality Review Form (Clerical)

Quality Review Form(Clerical) v01-22