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**6b - Fitness to Practise Annual Statistics for 2008- Annex A**



# Fitness to Practise Annual Statistics 2008

General  
Medical  
Council

Regulating doctors  
Ensuring good medical practice

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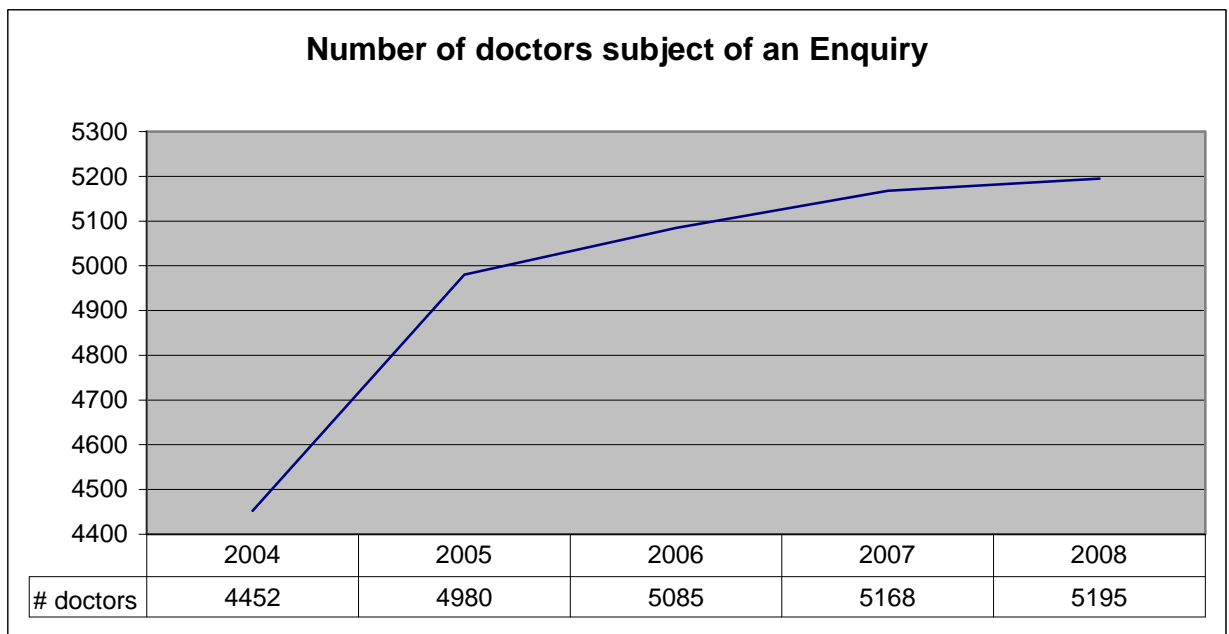
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## 1 FITNESS TO PRACTISE ACTIVITY

### 1.1 Incoming Enquiries

#### 1.1.1 Number of doctors subject of an Enquiry 2004 - 2008

The graph below shows the number of doctors who have been the subject of an Enquiry received over the last five years. An Enquiry is defined as information received (from a single source) that may raise concerns about one or more doctors' fitness to practise.



#### 1.1.2 Number of Enquiries received in 2007 and 2008 by source

The table below shows the source of Enquiries received in 2007 and 2008. The term 'person acting in a public capacity' (PAPC) denotes an individual acting on behalf of a public organisation. The majority of Enquiries from this source come from NHS Bodies or police forces.

Enquiry source	# Enquiry doctors 2008 (%) [# Enquiry doctors 2007 (%)]
<b>PAPC</b>	864 (16.6%) [862 (16.7%)]
<b>Member of public</b>	4331 (83.4%) [4306 (83.3%)]
<b>Total</b>	<b>5195 (100%)</b> <b>[5168 (100%)]</b>

### 1.1.3 Key points

The key points arising from the information overleaf are:

- a. The number of doctors who have been the subject of an Enquiry has risen only slightly (by 0.5% between 2007 and 2008). Whilst the numbers of Enquiries received continues to rise slowly, it is worth noting that they have risen by 32% since 2002.
- b. The proportion of Enquiries which were referrals from PAPC and members of the public remained virtually static in 2008 in comparison with 2007.
- c. However, the percentage of Enquiries received from members of the public has risen from 81% in 2005 to 83.4% in 2008.

## 1.2 Initial assessment of Enquiries (triage)

We assess all Enquiries within one week of receipt. This is commonly referred to as triage. The primary purpose of triage is to determine whether or not the information received raises a question about the doctor's fitness to practice.

If the information could never raise such a question, we will close the Enquiry.

However, if the information raises serious allegations which in themselves would call into question the doctor's fitness to practice, we will carry out a full investigation. This type of investigation is described as 'Stream 1'.

If the information received is in itself less serious but would be of concern if part of a wider pattern, we would make enquiries with the doctor's employers or contractors to establish if they have any wider concerns about their practice. Once this information has been obtained, we carry out a second assessment to decide whether further investigation is required or not. This process is described as 'Stream 2'.

### 1.2.1 Triage by outcome – 2007 and 2008

The following table shows triage outcomes for every doctor who is the subject of an Enquiry, irrespective of whether they are positively identified or not. The nature of the information received determines the lengths to which we go to identify the doctor. Enquiries where the doctor remains unidentified are likely to be less serious and therefore, closed.

<b>Triage outcome</b>	<b># Enquiries 2008 (%)</b> <b>[# Enquiries 2007 (%)]</b>
<b>Stream 1</b>	1465 (28.2%) [1388 (26.9%)]
<b>Stream 2</b>	1655 (31.9%) [1775 (34.3%)]
<b>Closed</b>	2022 (38.9%) [2005 (38.8%)]
<b>Total</b>	<b>5142<sup>1</sup> (99.0%)</b> <b>[5168 (100%)]</b>

<sup>1</sup> This total figure omits 53 doctors without a final triage outcome at the time of data extraction

### 1.2.2 Key points

The key points arising from the information overleaf are:

- a. Whilst the proportion of Enquiries closed at triage has remained constant between 2007 and 2008 (just below 39%) the proportion investigated under Stream 1 procedures has risen by 1.3%.
- b. Although we investigated 120 fewer cases under the Stream 2 procedures in 2008 (a drop of 2.4%), the number converted from Stream 2 to Stream 1 on second assessment has remained relatively stable (20 cases in 2007 and 16 cases in 2008).

### 1.3 Case Examiner decisions

The following table shows all Case Examiner decision outcomes in 2007 and 2008 for Stream 1 Cases.

#### 1.3.1 Case Examiner decisions by outcome – 2007 and 2008

<b>Decision outcome</b>	<b>Total 2008 (%) [Total 2007 (%)]</b>
<b>Refer to Hearing</b>	359 (27.7%) [196 (16.9%)]
<b>Undertakings</b>	110 (8.5%) [39 (3.4%)]
<b>Warning</b>	169 (13.0%) [158 (13.6%)]
<b>Conclude with Advice</b>	326 (25.1%) [321 (27.6%)]
<b>Conclude</b>	333 (25.7%) [449 (38.5%)]
<b>Total</b>	<b>1297 (100%) [1163 (100%)]</b>

#### 1.3.2 Key points

The key points arising from the information above are:

- a. The Case Examiners made 134 more decisions in 2008 compared to 2007 – a rise of 11.5%. However, the average number of Case Examiner decisions made per year between 2005 and 2008 is 1472 and there is a direct correlation in 2007 and 2008 with fewer decisions being made and a rising Stream 2 population where a Case Examiner decision is not required.
- b. The proportion of referrals to hearing in 2008 has increased by 10.8%. Analysis of the types of cases referred to the Case Examiners for a decision in 2008 tends to suggest that a larger proportion were those with a heightened prospect of establishing impairment of a doctor's fitness to practice. For example, there were proportionally more referrals from persons acting in a public capacity such as employers or the police.
- c. In addition to the 359 Case Examiner decisions to refer to a hearing there were also a further 38 Assistant Registrar decisions to refer to a hearing under Rule 5 (1) or 7 (6) of the Fitness to Practise Rules 2004 in 2008 compared to 48 in 2007.
- d. The proportion of decisions where no further action is taken (Conclude and Conclude with Advice) has decreased from 66.2% in 2007 to 50.8% in 2008.

- e. Whilst the proportion of decisions to give a warning has remained largely static (13.0% in 2008 as opposed to 13.6% in 2007), the number of decisions where undertakings have been offered have risen from 39 in 2007 to 110 in 2008. Whilst consensual disposal in conduct cases became available to the Case Examiners in late 2008, this accounts for only four decisions. Therefore, this increase is more likely to be reflective of the types of cases referred to the Case Examiners during 2008. For example, the 10.3% increase in referrals from employers and police forces means there are more cases which are more likely to involve either low level offending or performance issues. These can often be dealt with more effectively by agreeing undertakings.

#### 1.4 Investigation Committee (Oral) Hearings

It should be noted that there were no Investigation Committee (Paper Review) Hearings in 2008.

##### 1.4.1 Investigation Committee (Oral) Hearings by outcome – 2007 and 2008

Outcome	# outcomes 2008 (%) [# outcomes 2007 (%)]
Issue Warning	12 (54.5%) [13 (54.2%)]
No Further Action	10 (45.5%) [11 (45.8%)]
<b>Total</b>	<b>22 (100%)</b> <b>[24 (100%)]</b>

##### 1.4.2 Key points

The key points arising from the information above are:

- a. The low volumes of Investigation Committee (Oral) Hearings mean that meaningful trends regarding outcomes cannot be realistically derived. However, it should be noted that the number of referrals and outcomes has remained constant over the last year.
- b. Investigation Committee hearings represent a relatively small proportion (13.0% in 2008 and 15.2% in 2007) of the decisions where the Case Examiners offer a warning at the conclusion of the investigation stage and the doctor exercises their right to an oral hearing.

## 1.5 Fitness to Practise Panel Hearings

### 1.5.1 Fitness to Practise Panel Hearings by outcome – 2007 and 2008

Outcome	# outcomes 2008 (%) [# outcomes 2007 (%)]
<b>Erasure</b>	42 (20.6%) [60 (23.4%)]
<b>Suspension</b>	75 (36.8%) [79 (30.9%)]
<b>Conditions</b>	30 (14.7%) [55 (21.5%)]
<b>Undertakings</b>	3 (1.5%) [4 (1.6%)]
<b>Warning</b>	22 (10.8%) [8 (3.1%)]
<b>Reprimand</b>	0 (0.0%) [1 (0.4%)]
<b>Impairment (No Action)</b>	4 (2.0%) [13 (5.1%)]
<b>No Impairment</b>	28 (13.7%) [34 (13.3%)]
<b>VE Granted</b>	0 (0.0%) [2 (0.8%)]
<b>Total</b>	<b>204 (100%)</b> <b>[256 (100%)]</b>

### 1.5.2 Key points

The key points arising from the information above are:

- a. The number of FTP Panel Hearings fell from 256 in 2007 to 204 in 2008. This may be as a direct result of a reduction in Case Examiner decisions to refer to panel in 2007 (196 as opposed to 310 in 2005, 335 in 2006 and 359 in 2008).
- b. The proportion of doctors erased in 2008 is down when compared with that in 2007 (20.6% as opposed to 23.4%). However, the proportion of suspensions has increased from 30.9% in 2007 to 36.8% in 2008.
- c. The proportion of doctors found not impaired has remained static between 2007 and 2008.
- d. The proportion of Hearings resulting in a warning has risen by 7.7% over the same period.

## 1.6 Interim Orders Panel (IOP) Hearings

### 1.6.1 Case Examiner IOP decisions by outcome – 2007 and 2008

Outcome	# outcomes 2008 (%) [# outcomes 2007 (%)]
Refer	348 (81.3%) [355 (79.4%)]
Do Not Refer	80 (18.7%) [92 (20.6%)]
<b>Total</b>	<b>428 (100%)</b> <b>[447 (100%)]</b>

### 1.6.2 IOP Hearings by outcome – 2007 and 2008

Outcome	# outcomes 2008 (%) [# outcomes 2007 (%)]
Suspension	132 (40.1%) [152 (43.9%)]
Conditions	133 (40.4%) [130 (37.6%)]
No Order	64 (19.5%) [64 (18.5%)]
<b>Total</b>	<b>329 (100%)</b> <b>[346 (100%)]</b>

### 1.6.3 Key points

The key points arising from the information above are:

- a. Although Case Examiners were invited to make fewer decisions to refer a doctor to the IOP in 2008, proportionately more decisions were made to refer (81.3% in 2008 as opposed to 79.4% in 2007).
- b. The proportion of IOP outcomes where action is taken on a doctor's registration has remained relatively stable over the last two years. Where action is taken on a doctor's registration there has been a slight shift in favour of conditions over suspension (conditions up from 37.6% in 2007 to 40.4% in 2008).

## 2 FITNESS TO PRACTISE ACTIVITY BY PLACE OF PRIMARY MEDICAL QUALIFICATION (PMQ)

The following Section of this Report again considers volumes of Cases handled at each key stage in our procedures in 2008 – and the outcomes of the decisions made at those key stages, however the data is cut by reference to doctors' place of primary medical qualification (PMQ); UK Qualified (UKQ), International Medical Graduate (IMG), EU and Other Europe (Non EU European).

### 2.1 Enquiries by PMQ

#### 2.1.1 Enquiry doctors by PMQ Region – 2007 and 2008

The table below shows the number and percentage of positively identified doctors by place of PMQ who have been the subject of an Enquiry received in 2007 and 2008.

The total number of Enquiries included in the table below differs from the overall totals of Enquiries found in the tables in Section 1.1 above because those tables include Enquiries about unidentified doctors (for whom we cannot ascribe a place of PMQ). As stated previously, the lengths to which we go to positively identify doctors who are not immediately identifiable from the information contained in the Enquiry will depend on the nature of the allegations.

<b>PMQ Region Group</b>	<b># Enquiries 2008(%) [# Enquiries 2007(%)]</b>
<b>UKQ</b>	2674 (63.7%) [2563 (63.5%)]
<b>IMG</b>	1131 (26.9%) [1088 (27.0%)]
<b>EU</b>	368 (8.8%) [356 (8.8%) <sup>2</sup> ]
<b>Other Europe</b>	25 (0.6%) [29 (0.7%)]
<b>Total</b>	<b>4198 (100%) [4036 (100%)]</b>

<sup>2</sup> EU groupings for 2008 have been adjusted to include new member states

### 2.1.2 Enquiry doctors by PMQ Region and source – 2007 and 2008

The table below shows the percentage of Enquiries from each source type by each geographical category of PMQ.

PMQ Region Group	# Enquiries 2008(%) [# Enquiries 2007(%)]	
	Member of public	PAPC
UKQ	2313 (86.5%) [2197 (85.7%)]	361 (13.5%) [366 (14.3%)]
IMG	825 (72.9%) [790 (72.6%)]	306 (27.1%) [298 (27.4%)]
EU	275 (74.7%) [261 (73.3%)]	93 (25.3%) [95 (26.7%)]
Other Europe	16 (64.0%) [14 (48.3%)]	9 (36.0%) [15 (51.7%)]

### 2.1.3 Key points

The key points arising from the information above are:

- a. There has been little change in the proportions and numbers of Enquiries received in 2007 and 2008 by place of PMQ.
- b. Consequently, the volumes remain largely proportionate with the numbers of doctors currently on the Register when grouped by country of PMQ (UKQ 62.3%, IMG (including Other Europe) 28.5% and EU 9.2%). UKQs are slightly over represented in the procedures at 63.7% and IMGs (including Other Europe) slightly under represented at 27.5% (see Section 2.1.1).
- c. Whilst the overall proportion of Enquiries received from PAPC in 2008 was 16.6% (see Section 1.1.2), it varied quite considerably for the groups of doctors with different place of PMQ (see table 2.1.2 above). For UKQ doctors, 13.5% of Enquiries were from PAPC whilst, the proportion received about IMGs was slightly more than double that at 27.1%.

#### NOTE:

Further research commissioned by the GMC, working with the Economic and Social Research Council (ESRC) will consider issues around incoming Enquiries and the differences in the make up of the sets of Enquiries about doctors with different places of PMQ and different ethnicity. ESRC will report to Council later in 2009.

## 2.2 Triage by PMQ

The following table shows the proportions of triage outcomes for each geographical category of PMQ. As with Section 2.1 above, this analysis excludes any doctors that remain unidentified. Therefore, comparison of the percentages below with those in the table at 1.2.1 is not meaningful.

As referred to in 1.2.1, 53 Enquiries received in 2008 are yet to be triaged. Of these, 29 have been identified as UKQs; 12 as IMGs, 3 EU and 1 Other Europe with the remaining eight unidentified.

### 2.2.1 Triage by outcome and PMQ Region – 2007 and 2008

PMQ Region Group	# doctors by triage outcome 2008(%)			Total
	Stream 1	Stream 2	Closed	
<b>UKQ</b>	775 (29.0%) [672 (26.2%)]	1016 (38.0%) [1043 (40.7%)]	854 (31.9%) [824 (32.1%)]	<b>2674 (100%)</b> <b>[2563 (100%)]</b>
<b>IMG</b>	498 (44.0%) [464 (42.6%)]	362 (32.0%) [375 (34.5%)]	259 (22.9%) [242 (22.2%)]	<b>1131 (100%)</b> <b>[1088 (100%)]</b>
<b>EU</b>	146 (39.7%) [147 (41.3%)]	114 (31.0%) [108 (30.3%)]	105 (28.5%) [99 (27.8%)]	<b>368 (100%)</b> <b>[356 (100%)]</b>
<b>Other Europe</b>	15 (60.0%) [16 (55.2%)]	6 (24.0%) [6 (20.7%)]	3 (12.0%) [7 (24.1%)]	<b>25 (100%)</b> <b>[29 (100%)]</b>

### 2.2.2 Key points

The key points arising from the information above are:

- For UKQs and IMGs, fewer Enquiries were closed at triage in 2008 when compared with 2007 whilst the proportions for EU qualified doctors are up slightly from the previous year.
- The proportion of Enquiries investigated further under our Stream 1 procedures rose by 2.8% for UKQs and 1.4% for IMGs. In turn, this meant that the proportion of Enquiries investigated further under our Stream 2 procedures fell for both UKQs and IMGs (by 2.7% for UKQs and 2.5% for IMGs).
- The small number of Enquiries received regarding doctors with 'Other Europe' PMQ mean that no clear conclusions can be drawn.

#### NOTE:

The majority of Enquiries from PAPC are treated as Stream 1 Cases (these being mainly referrals from Police Forces about doctors convicted/under investigation or referrals from NHS Bodies). This may explain some statistical difference in outcomes for IMGs (as opposed to UKQs) at triage (where there is a higher percentage of Enquiries about IMGs put into Stream 1), given that there is a higher proportion of Enquiries about IMG doctors who are from PAPC (see table at 2.1.2 above). As mentioned above, further research has been commissioned by the GMC, to explore other factors which may impact on our decisions at this stage.

## 2.3 Case Examiner decisions by PMQ

### 2.3.1 Case Examiner decisions by outcome and PMQ Region – 2007 and 2008

PMQ Region Group	# by decision outcome 2008 (%) [# by decision outcome 2007 (%)]				
	Refer to hearing	Undertakings	Warning	Conclude with advice	Conclude
UKQ	169 (24.2%) [86 (13.0%)]	60 (8.5%) [26 (3.9%)]	83 (11.9%) [81 (12.3%)]	170 (24.3%) [172 (26.1%)]	217 (31.0%) [295 (44.7%)]
IMG	147 (31.8%) [84 (21.2%)]	32 (6.9%) [8 (2.0%)]	66 (14.3%) [66 (16.6%)]	119 (25.8%) [128 (32.2%)]	98 (21.2%) [111 (28.0%)]
EU	42 (33.1%) [24 (24.5%)]	17 (13.4%) [5 (5.1%)]	18 (14.2%) [10 (10.2%)]	33 (26.0%) [19 (19.4%)]	17 (13.4%) [40 (40.8%)]
Other Europe	1 (11.1%) [2 (22.2%)]	1 (11.1%) [0 (0%)]	2 (22.2%) [1 (11.1%)]	4 (44.4%) [2 (22.2%)]	1 (11.1%) [4 (44.4%)]

### 2.3.2 Key points

The key points arising from the information above are:

- The proportion of UK, IMG and EU qualified doctors referred to panel by the Case Examiners in 2008 is up, by 11.2% for UKQs, 10.6% for IMGs and 8.6% for EU qualified.
- Accordingly, the proportion of decisions resulting in either no further action being taken or advice being given for UK, IMG and EU qualified doctors has fallen (down by 15.5% for UKQs, 13.2% for IMGs and 20.8% for EU qualified).
- Proportionately, there are no large variances in the warnings issued by PMQ group in 2007 and 2008. However, there has been a rise for all PMQ groups in the proportion of undertakings agreed with doctors (up by 4.6% for UKQs, 4.9% for IMGs and 8.3% for EU qualifiers). For the reasons outlined at the note below and 1.3.2 e this phenomenon is not entirely unexpected.
- The percentages for doctors with 'Other Europe' PMQ represent only nine decisions in total and therefore, no clear conclusions should be drawn.

#### NOTE:

The fact that there are proportionally more Cases about IMGs (as opposed to UK qualifiers) which are brought to our attention by PAPC (see table at 2.1.1 above) again comes into play here. As the Policy Studies Institute (PSI) and York Health Economics Consortium (YHEC)<sup>3</sup> have both concluded in the past, this fact explains some, if not all, of the seeming disparity in outcomes for these two groups of doctors at the interim stage. The further research commissioned by the GMC, and mentioned above, will explore other factors which may impact on our decisions at this stage.

<sup>3</sup> The PSI reported their research on our fitness to practise procedures in 1996, 2000 and 2003; the YHEC reported in 2007 on data relating to fitness to practise activity in 2004 and 2005.

## 2.4 Investigation Committee (Oral) Hearings by PMQ

### 2.4.1 Investigation Committee (Oral) Hearings by outcome and PMQ Region – 2007 and 2008

PMQ Region	# By Hearing outcome 2008 (%) [# By Hearing outcome 2007 (%)]		
	Issue Warning	No Further Action	Total
<b>UK</b>	6 (50.0%) [4 (40.0%)]	6 (50.0%) [6 (60.0%)]	<b>12 (100%)</b> <b>[10 (100%)]</b>
<b>International</b>	5 (83.3%) [7 (70.0%)]	1 (16.7%) [3 (30.0%)]	<b>6 (100%)</b> <b>[10 (100%)]</b>
<b>EU</b>	1 (33.3%) [1 (33.3%)]	2 (66.7%) [2 (66.7%)]	<b>3 (100%)</b> <b>[3 (100%)]</b>
<b>Other Europe</b>	0 (0.0%) [1 (100%)]	1 (100.0%) [0 (0%)]	<b>1 (100%)</b> <b>[1 (100%)]</b>

### 2.4.2 Key points

The key points arising from the information above are:

- a. Low volumes of Investigation Committee hearings means that meaningful trends cannot be realistically derived.
- b. Bearing this in mind, 50.0% of UK qualifiers received a Warning compared to 83.3% of IMGs.
- c. Twice as many UKQs than IMGs exercised their right to an oral hearing in 2007 (12 as opposed to six respectively). This is slightly disproportionate given that 83 UKQs were offered a warning by the Case Examiners in 2008 as opposed to 66 IMGs.

## 2.5 Fitness to Practise Panel Hearings by PMQ

### 2.5.1 Fitness to Practise Panel Hearings by outcome and PMQ Region – 2007 and 2008

PMQ Region	# By Hearing outcome 2008 (%)									
	# By Hearing outcome 2007 (%)									
	Erasure	Suspension	Conditions	Undertakings	Warning	Reprimand	Impairment (no action)	No impairment	VE Granted	Total
<b>UK</b>	11 (13.1%) [22 (17.7%)]	31 (36.9%) [38 (30.7%)]	12 (14.3%) [29 (23.4%)]	2 (2.4%) [2 (1.6%)]	11 (13.1%) [4 (3.2%)]	0 (0.0%) [1 (0.8%)]	1 (1.2%) [7 (5.7%)]	16 (19.0%) [20 (16.1%)]	0 (0.0%) [0 (0.0%)]	<b>84 (100%)</b> <b>[124 (100%)]</b>
<b>International</b>	23 (27.1%) [31 (31.6%)]	29 (34.1%) [26 (26.5%)]	12 (14.1%) [19 (19.4%)]	1 (1.2%) [0(0.0%)]	8 (9.4%) [4 (4.1%)]	0 (0.0%) [0 (0.0%)]	2 (2.4%) [5 (5.1%)]	10 (11.8%) [13 (13.3%)]	0 (0.0%) [0 (0.0%)]	<b>85 (100%)</b> <b>[98 (100%)]</b>
<b>EU</b>	7 (21.2%) [7 (20.6%)]	14 (42.4%) [15 (44.1%)]	6 (18.2%) [7 (20.6%)]	0 (0.0%) [2(5.9%)]	3 (9.1%) [0 (0.0%)]	0 (0.0%) [0 (0.0%)]	1 (3.0%) [1 (2.9%)]	2 (6.1%) [1 (2.9%)]	0 (0.0%) [1 (2.9%)]	<b>33 (100%)</b> <b>[34 (100%)]</b>
<b>Other Europe</b>	1 (50.0%) [0 (0%)]	1 (50.0%) [0 (0.0%)]	0 (0.0%) [0 (0%)]	0 (0.0%) [0 (0%)]	0 (0.0%) [0 (0.0%)]	0 (0.0%) [0 (0.0%)]	0 (0.0%) [0 (0.0%)]	0 (0%) [0 (0.0%)]	0 (0%) [0 (0%)]	<b>2 (100%)</b> <b>[0 (0.0%)]</b>
<b>Total</b>	<b>42 (20.6%)</b> <b>[60 (23.4%)]</b>	<b>75 (36.8%)</b> <b>[79 (30.8%)]</b>	<b>30 (14.7%)</b> <b>[55 (21.5%)]</b>	<b>3 (1.5%)</b> <b>[4 (1.6%)]</b>	<b>22 (10.8%)</b> <b>[8 (3.1%)]</b>	<b>0 (0.0%)</b> <b>[1 (0.4%)]</b>	<b>4 (2.0%)</b> <b>[13 (5.1%)]</b>	<b>28 (13.7%)</b> <b>[34 (13.3%)]</b>	<b>0 (0.0%)</b> <b>[2 (0.8%)]</b>	<b>204 (100%)</b> <b>[256 (100%)]</b>

## 2.5.2 Key points

The key points arising from the information overleaf are:

- a. The proportion of UKQs and IMGs found to be impaired in 2008 (67.9% and 78.2% respectively) is down from 2007 (78.8% UKQs and 82.6% IMGs). However, there has also been a rise in the number of warnings issued by Fitness to Practise Panels in 2008 – up by 9.9% for UKQs and 5.3% for IMGs.
- b. A greater proportion of IMGs were erased in 2008 than UK qualifiers (27.7% as opposed to 13.8%). This repeats the pattern for 2007 (31.6% for IMGs as opposed to 17.7% for UKQs).
- c. When grouped together, the outcomes where a finding of impairment was made and restrictions, short of erasure, subsequently placed on a doctor's registration (suspension, conditions or undertakings) the composite proportions are broadly comparable (53.6% UKQs and 49.4% IMGs).
- d. Given the relatively small numbers of EU and Other Europe qualified doctors who appeared before a Fitness to Practise Panel in 2008 (33 and two respectively) no clear conclusions should be drawn.

### **NOTE:**

The research commissioned by the GMC, and mentioned above, will consider issues around Hearing outcomes for doctors with different demographics.

## 2.6 Interim Orders Panel Hearings by PMQ

### 2.6.1 Case Examiner IOP Decisions by outcome and PMQ Region – 2007 and 2008

PMQ Region	# by decision outcome 2008 (%) [# by decision outcome 2007 (%)]		
	Refer	Do Not Refer	Total
UKQ	147 (79.5%) [130 (79.3%)]	38 (20.5%) [34 (20.7%)]	<b>185 (100%)</b> <b>[164 (100%)]</b>
IMG	145 (83.8%) [162 (78.6%)]	28 (16.2%) [44 (21.4%)]	<b>173 (100%)</b> <b>[206 (100%)]</b>
EU	51 (78.5%) [58 (81.7%)]	14 (21.5%) [13 (18.3%)]	<b>65 (100%)</b> <b>[71 (100%)]</b>
Other Europe	5 (100.0%) [5 (83.3%)]	0 (0.0%) [1 (16.7%)]	<b>5 (100%)</b> <b>[6 (100%)]</b>

### 2.6.2 IOP Hearings by outcome and PMQ Region - 2007 and 2008

PMQ Region	# by Hearing outcome 2008 (%) [# by Hearing outcome 2007 (%)]			
	Suspension	Conditions	No Order	Total
UKQ	56 (40.3%) [54 (42.5%)]	54 (38.8%) [48 (37.8%)]	29 (20.9%) [25 (19.7%)]	<b>139 (100%)</b> <b>[127 (100%)]</b>
IMG	55 (40.1%) [70 (45.1%)]	56 (40.9%) [57 (36.8%)]	26 (19.0%) [28 (18.1%)]	<b>137 (100%)</b> <b>[155 (100%)]</b>
EU	20 (40.8%) [26 (44.0%)]	22 (44.9%) [24 (40.7%)]	7 (14.3%) [9 (15.3%)]	<b>49 (100%)</b> <b>[59 (100%)]</b>
Other Europe	1 (25.0%) [2 (40.0%)]	1 (25.0%) [1 (20.0%)]	2 (50.0%) [2 (40.0%)]	<b>4 (100%)</b> <b>[5 (100%)]</b>

### 2.6.3 Key points

The key points arising from the information above are:

- a. In 2008, a higher proportion of decisions to refer to IOP related to UKQs (43.2% compared to 36.7% in 2007). In contrast, a lower proportion related to IMGs (40.4%) in 2008 compared to 2007 (46.1%).
- b. The proportion of UKQs referred to IOP remains broadly comparable with that in 2007 (79.5% compared with 79.3%). The proportion for IMGs has risen by 5.2% during the same period.
- c. At IOP, action was taken on doctors' registration in 80.5% of cases in 2008 as opposed to 81.5% in 2007. Of these, 79.1% of UKQs and 81.0% of IMGs had action taken on their registration, up slightly from 2007 where 80.3% of UKQs and 81.9% of IMGs had restrictions placed on their registration.
- d. The numbers of EU and Other Europe qualifiers is so small that no meaningful conclusions can be drawn from the data.