

## **6b**

*To consider*

### **Fitness to Practise Annual Statistics 2009**

#### **Issue**

1. The Fitness to Practise Annual Statistics and fact sheets for 2009.

#### **Recommendations**

2.
  - a. To approve the publication of the Fitness to Practise Annual Statistics 2009 and fact sheets (paragraphs 9 and 10 and Annexes A and B).
  - b. To approve the proposed publication plan for the 2010 Annual Statistics and fact sheets (paragraphs 11-14).

#### **Further information**

3. If you require further information about this paper, please contact us by email: [gmc@gmc-uk.org](mailto:gmc@gmc-uk.org) or tel. 0161 923 6602

## **Background**

4. Providing statistics about our fitness to practise procedures is central to Strategic Aim Two of the 2010 Business Plan: to give all our key interest groups confidence that doctors are fit to practise.

5. This paper presents the Fitness to Practise Annual Statistics and fact sheets for 2009 and recommends changes to the future publication of these documents. The Fitness to Practise Annual Statistics 2009 are at Annex A and the fact sheets are at Annex B and were approved by the Fitness to Practise Reference Group on 4 May 2010.

6. At the December 2009 Fitness to Practise Reference Group meeting, it was agreed to update the format of the Fitness to Practise Annual Statistics and to accompany this document with fact sheets on ethnicity, place of primary medical qualification, gender, NHS region, doctor speciality, allegation type and time since qualification.

7. The Fitness to Practise Annual Statistics and fact sheets covering 2009 were produced in January 2010 based on the data held in our SIEBEL system. The annual statistics present data on the volumes and outcomes of fitness to practise cases at each stage of the process. These stages include:

- a. Enquiry volumes.
- b. Triage outcomes.
- c. Case examiner outcomes.
- d. Fitness to Practise Panel volumes and outcomes.
- e. Interim Order Panel volume and outcomes.
- f. Investigation Committee outcomes.

8. The fact sheets provide a series of high level volumetric and outcome based data on themes that are of interest to the GMC and key interest groups. The aim of these fact sheets is to inform the wider GMC research programme, support engagement with key interest groups and provide information for proactive work by the Education, Standards and Communication directorates.

## **Discussion**

### *Annual Statistics*

9. Annex A provides the Fitness to Practise Annual Statistics 2009. The headline findings relating to each key stage of the fitness to practise process are:

- a. The number of enquiries about doctors has risen (11%) in 2009 alongside a rise in the number of enquiries from persons acting in a public capacity (PAPC).
- b. The number of Stream 1 investigations has increased by 20% in 2009 compared to 2008.
- c. In 2009, most case examiner decisions (59%) recommended no further action or advice. At the same time, the number of decisions to refer cases to a fitness to practise panel decreased slightly compared to 2008.
- d. The number of Investigation Committee hearings has increased although levels of different outcomes have remained fairly consistent over the last four years.
- e. There has been an increase of 30% in the number of Interim Order Panel hearings in 2009 compared to 2008.
- f. The number of Fitness to Practise Panel hearings increased by 32% in 2009 compared to 2008.

#### *Fact sheets*

10. The fact sheets at Annex B present high level findings in relation to fitness to practise themes of interest to the GMC and interested groups. These fact sheets each set out:

- a. The volume of complaints against doctors linked to the particular theme as a proportion of doctors on the Register over the last three years.
- b. The decision outcomes in the last year linked to this theme at the case examiner and panel stages.

**Recommendation:** To approve the publication of the Fitness to Practise Annual Statistics 2009 and fact sheets.

#### *Communication of the Annual Statistics and fact sheets*

11. Following approval by Council, it is intended to proactively communicate the Annual Statistics and fact sheets to key interest groups. Some of the reports will also be posted on the GMC website to enable researchers and other interested groups to quickly access our information. The proactive communication of this information is intended to support engagement with interested groups on fitness to practise issues, reduce the number of externally generated requests for information and provide our Press Office with a single set of statistics to support press releases. To support this communications work, a media engagement strategy has been prepared.

## *Reporting proposals for the 2010 Annual Statistics and fact sheets*

12. We propose a new method of reporting to the Fitness to Practise Reference Group and Council which will enable us to increase the speed of publication of our Annual Statistics and fact sheets.

13. The Siebel system allows us to query and produce fitness to practise statistics in real time with little need for any manual processing. This enables our Annual Statistics and fact sheets to be made available for publication by the end of January/ early February each year. However, current requirements for these documents to be approved by the Fitness to Practise Reference Group and then by Council along with the corresponding timing of these meetings result in the Annual Statistics only being published at mid-year.

14. To increase the speed of publication and realise the benefits of the SIEBEL system it is proposed that the 2010 Annual Statistics are sent via email to the Fitness to Practise Reference Group for a short review at the end of January or early February 2011 followed by submission to Council in February/March 2011. This will allow the formal publication of the Annual Statistics by the end of the first quarter of the year.

**Recommendation:** To approve the proposed publication plan for the 2010 Annual Statistics and fact sheets.

### **Resource implications**

15. There are no resource implications arising out of this paper.

### **Equality**

16. There are no specific equality implications arising out of this paper. However it is important that as we develop this work we take full account of our commitments to promoting fairness and valuing diversity and equality.