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Groups of doctors
with higher rates
of complaints and
investigations

Summary

In this chapter we consider which groups of doctors had a higher rate of being complained about, having their complaints investigated and receiving sanctions or warnings.

In the five-year period from 2012 to 2016, only about one in ten doctors were complained about, and one in 100 received a sanction or a warning.

Even in groups with a higher rate of receiving a sanction or a warning from the GMC, the vast majority do not receive these. Therefore even in groups of doctors with double the rate of others, only a very small minority are subject to sanctions or warnings. Although the numbers are small, we still need to understand where the risk of a sanction or a warning is heightened to investigate further the causes of this and determine whether there is an intervention that could reduce the risks to patient safety.

The 2016 data we have added this year have not changed the broad conclusions we reached previously. In very broad terms:

- GPs are more complained about than other doctors – particularly by members of the public, which is not surprising given the number of patient interactions. But complaints about doctors not on the Specialist or GP Register and not in training are considerably more likely to reach the threshold for a GMC investigation and lead to a sanction or a warning. This means that double the proportion of these doctors ultimately receive a sanction or a warning compared with specialists, with GPs about halfway between the two.

- Male doctors tend to receive proportionately more sanctions or warnings than their female counterparts working in similar areas and the same is true of older doctors relative to those under 50 years old.
- Those who graduated outside the UK tend to receive proportionately more sanctions or warnings than UK graduates. Among UK graduates non-specialist doctors identifying as black and minority ethnic (BME) tend to receive proportionately more sanctions or warnings than those identifying as white, whereas for specialists the rate is similar.
- Among the larger specialty groups, those in obstetrics and gynaecology, surgery, and psychiatry receive proportionately more sanctions or warnings.

These factors of a doctor's characteristics and role in combination create some specific groups with higher rates of receiving a sanction or a warning and we have highlighted them in this chapter.

Some of the differences in the rates of complaints, investigations and sanctions or warnings between groups relate to the fact that some groups get more complaints about them

from particular sources compared to other groups, and that some groups have more concerns raised or complaints made about them relating to specific areas than other groups.

- About a quarter of concerns raised by employers or the police and via self-referrals in 2012 to 2016 have so far resulted in sanctions or warnings (a very small proportion of cases are still in progress).

The equivalent figure for complaints made by the public is one in a 100.

- Over half of cases concerned with a doctor's health, and over a third of cases involving probity or criminality, result in a sanction or a warning. This contrasts with cases involving only clinical competence, where only about one in 20 end in a sanction or a warning.

Complaints and investigations – the overall numbers

In this chapter we examine the type of doctors who are complained about, have the complaint investigated and receive sanctions or warnings, and the source of these complaints.

One in ten doctors complained about but less than one in a 100 doctors on the register received a sanction or a warning in the five-year period from 2012 to 2016

Over the five-year period from 2012 to 2016, 10% of doctors were complained about. This is equivalent to about 3% each year, including the small number complained about in more than one year.

In the same five-year period, 3.5% were investigated. Less than one in a 100 doctors (0.6%) received a sanction or a warning (see figure 37, page 94).

The need to pool data across years

Because the number of complaints, investigations and sanctions are so small each year, we have to pool several years of data to assess whether any group of doctors has a significantly higher prevalence than others.

The data in this chapter show the rate of a complaint, investigation, or a sanction or a warning for the five-year period from 2012 to 2016. The prevalence of being complained about increases the more years are added together.

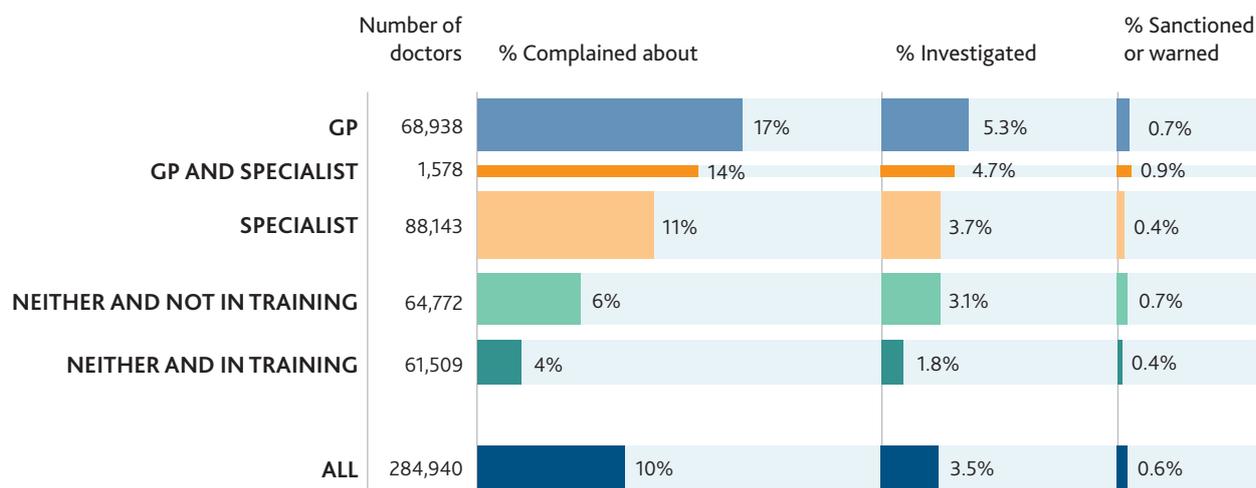
At the time of publication we have only partial data about complaints for 2017, so have not included that year in our analysis.

Complaints about doctors

In this chapter we analyse the rate of complaints and investigations by looking at the characteristics of the doctors who have received complaints against them. Some doctors were complained about more than once and in these cases the complaint with the most serious outcome is selected for analysis.

In the previous chapter we looked at the volume of complaints received by the GMC. In this chapter we look at the number of doctors complained about, which results in smaller numbers as doctors with multiple complaints are only counted once.

Figure 37: The proportion of doctors complained about, having a complaint investigated, and receiving a sanction or a warning, by register, from 2012 to 2016

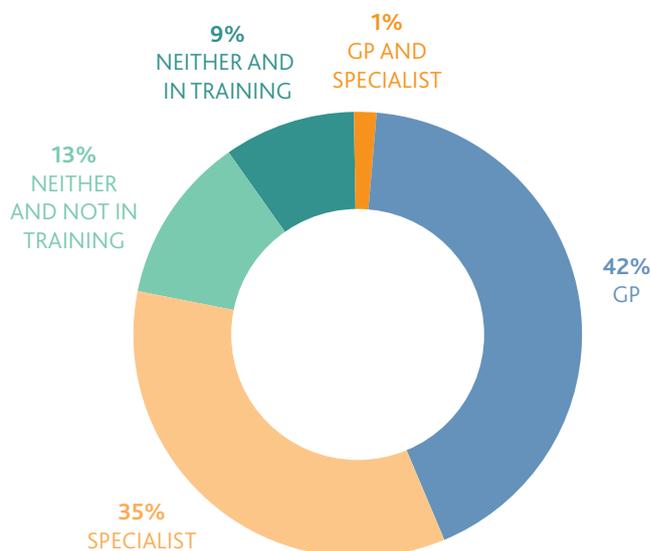


Doctors on neither the GP nor the Specialist Register and not in training have double the sanction/warning rate of specialists

The percentage of doctors complained about, having a complaint investigated, and receiving a sanction or a warning varies by register type. Almost one in five (17%) GPs were complained about compared with one in eight (11%) specialists and only one in 20 (5%) those on neither.

The complaints received about doctors on neither the GP nor the Specialist Register were, however, more likely to reach our threshold for investigation and receive a sanction or a warning than complaints about other doctors (see figure 39, page 96). As a result, despite a lower proportion being complained about, doctors on neither the Specialist nor GP Register who are not in training had the highest rate of receiving a sanction or a warning and double that of specialists: 0.7% compared with 0.4% for specialists.

Because GPs are more likely to be complained about than other doctors, they account for over

Figure 38: The proportion of all complaints received, by register type, from 2012 to 2016

two fifths of all complaints (42%), even though they make up only about a quarter of all doctors. Specialists account for a third of all complaints (35%) while doctors who are on neither the GP nor the Specialist Register receive about a fifth (22%) (see figure 38).

Most doctors complained about do not meet the threshold of a GMC investigation and most investigations did not result in a sanction or a warning

Being complained about does not necessarily result in an investigation. Nearly two thirds of complaints (63%) between 2012 and 2016 did not result in such an outcome.

The percentage of complaints investigated varied by type of doctor, complaints about doctors not on the GP or Specialist Register were most likely to be investigated: 55% of those not in training and 46% of those in training compared with

34% of complaints about specialists and 32% of complaints about GPs.

Of the doctors investigated between 2012 and 2016, over four fifths (84%) did not end up with a sanction or a warning. Again, investigations about doctors not on the Specialist or GP Register were more likely to end with a sanction or a warning: 24% of those about doctors who were not in training and 23% of those in training, compared with 13% of investigations about GPs and 12% of investigations about specialists (see figure 39, page 96).

Specialists in occupational medicine and psychiatry are most complained about, and surgery has the most sanctions or warnings

Doctors on the Specialist Register have different rates of being complained about depending on their specialty group.

Complaints: Around one in five specialists qualified in the occupational medicine and psychiatry specialty groups were complained about in the five years from 2012, compared with about one in 20 of specialists in pathology, public health, anaesthetics, and intensive care medicine.

Investigations: Nearly half of complaints in obstetrics and gynaecology reached our thresholds for investigations, higher than in other areas. They were also the most investigated – 7.6% compared with 5.9% of those in surgery, 4.5% of those in occupational medicine and 3.9% of those in psychiatry. Of the larger specialist

groups, those in anaesthetics and intensive care medicine were the least investigated.

Sanctions or warnings: The rate of sanctions or warnings is broadly similar across specialty groups: it was slightly higher for doctors working in obstetrics and gynaecology, and in surgery, the second largest specialty. Over 0.6% of doctors working in these areas received a sanction or a warning, double the 0.3% of those with a specialty in medicine, the largest specialty (see figure 40, page 97).

Figure 39: Number of doctors complained about, investigated, and sanctioned or warned, by register type, from 2012 to 2016

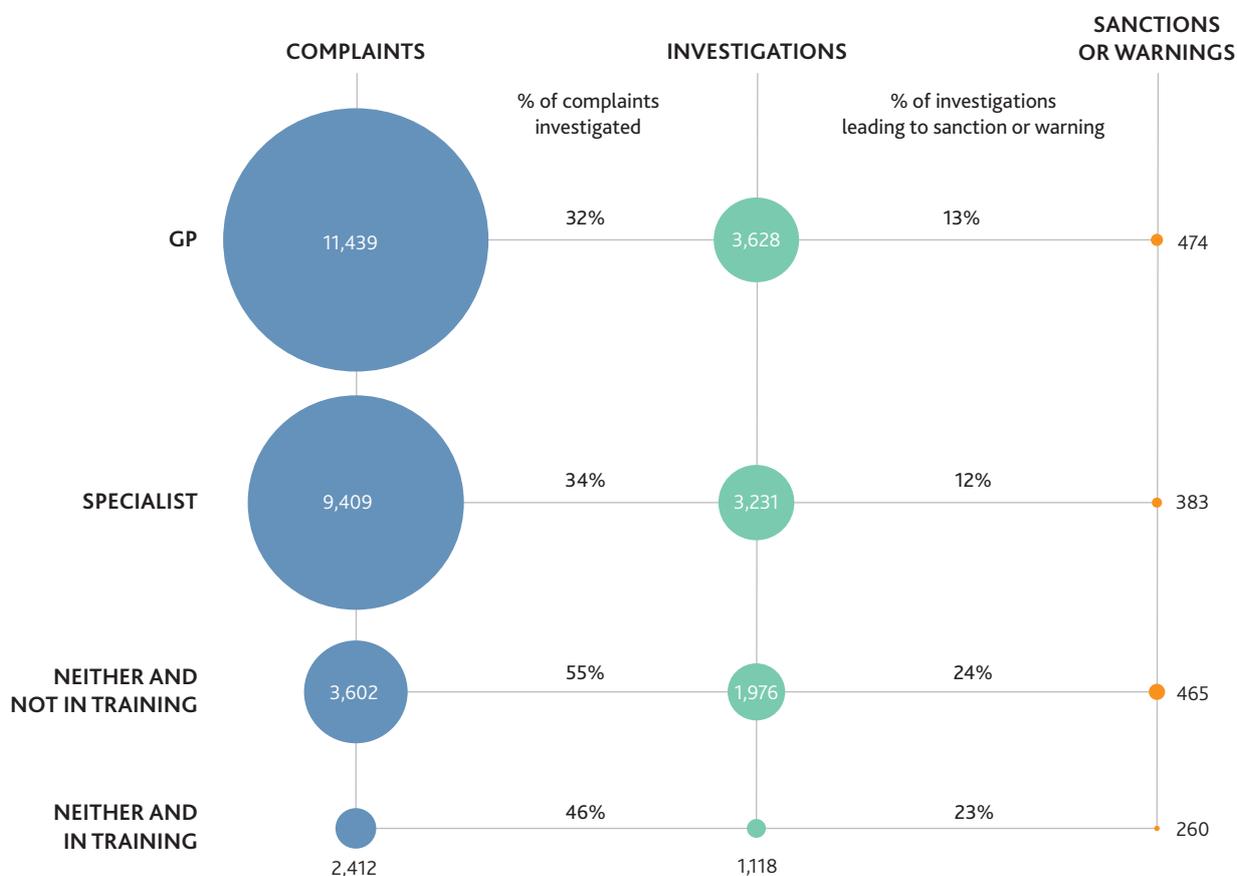
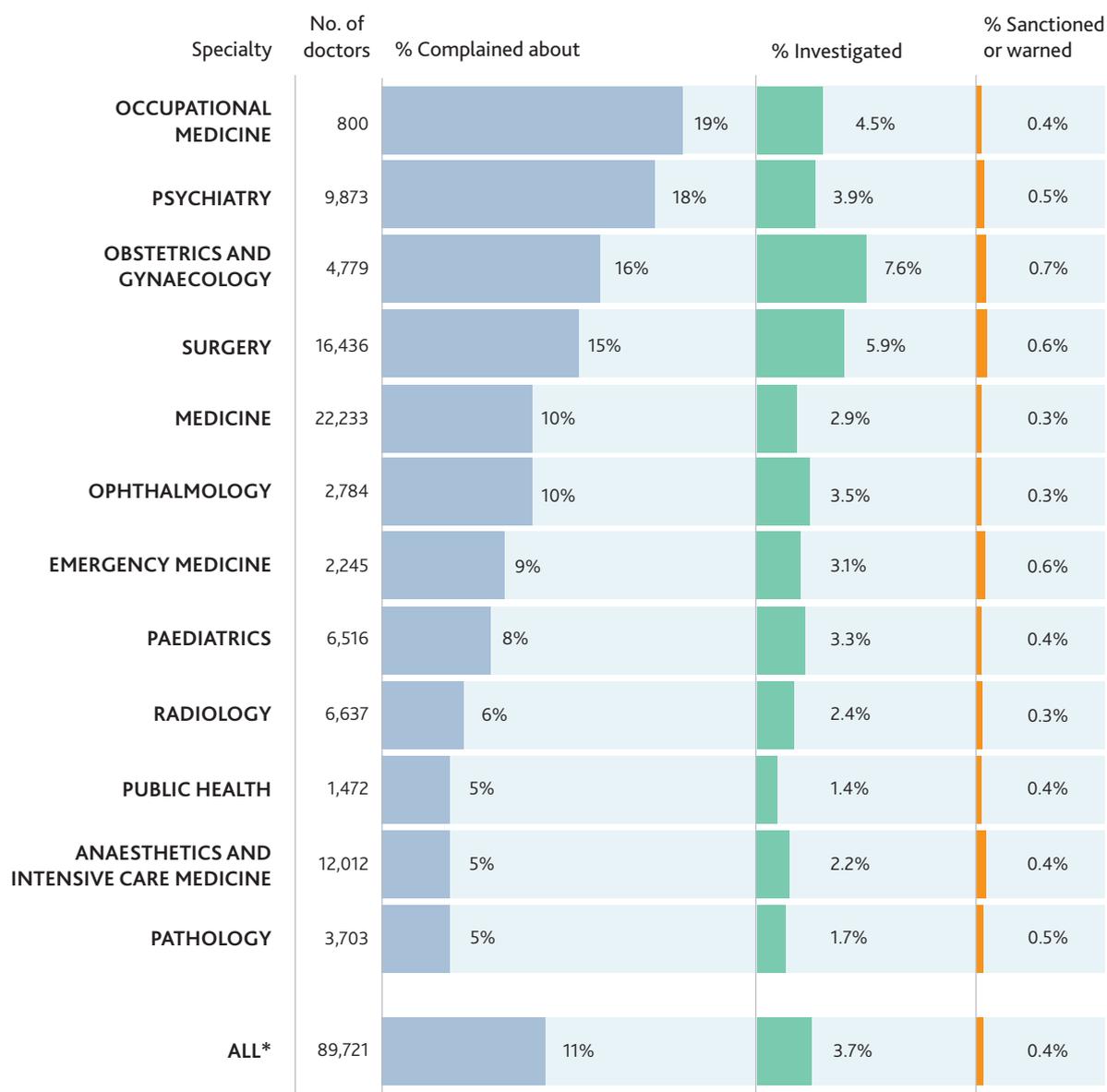


Figure 40: The proportion of specialists complained about, investigated, and sanctioned or warned, by specialty, from 2012 to 2016



* Total includes 231 doctors with multiple or other specialties.

Sources of complaints

The proportion of complaints leading to an investigation and to a sanction or a warning vary between the different sources of the complaint and between the different types of allegations contained in the complaint (see next section). In general between 2012 and 2016 complaints from the general public were far less likely to result in an investigation and in a sanction or a warning

(see figure 41). Only one in a 100 complaints from the public made between 2012 and 2016 have so far resulted in a sanction or a warning (a very small proportion are still in progress). In contrast the equivalent proportion for concerns raised by employers or the police was about one in four.

Figure 41: The proportion of complaints from each source leading to a sanction or a warning, from 2012 to 2016

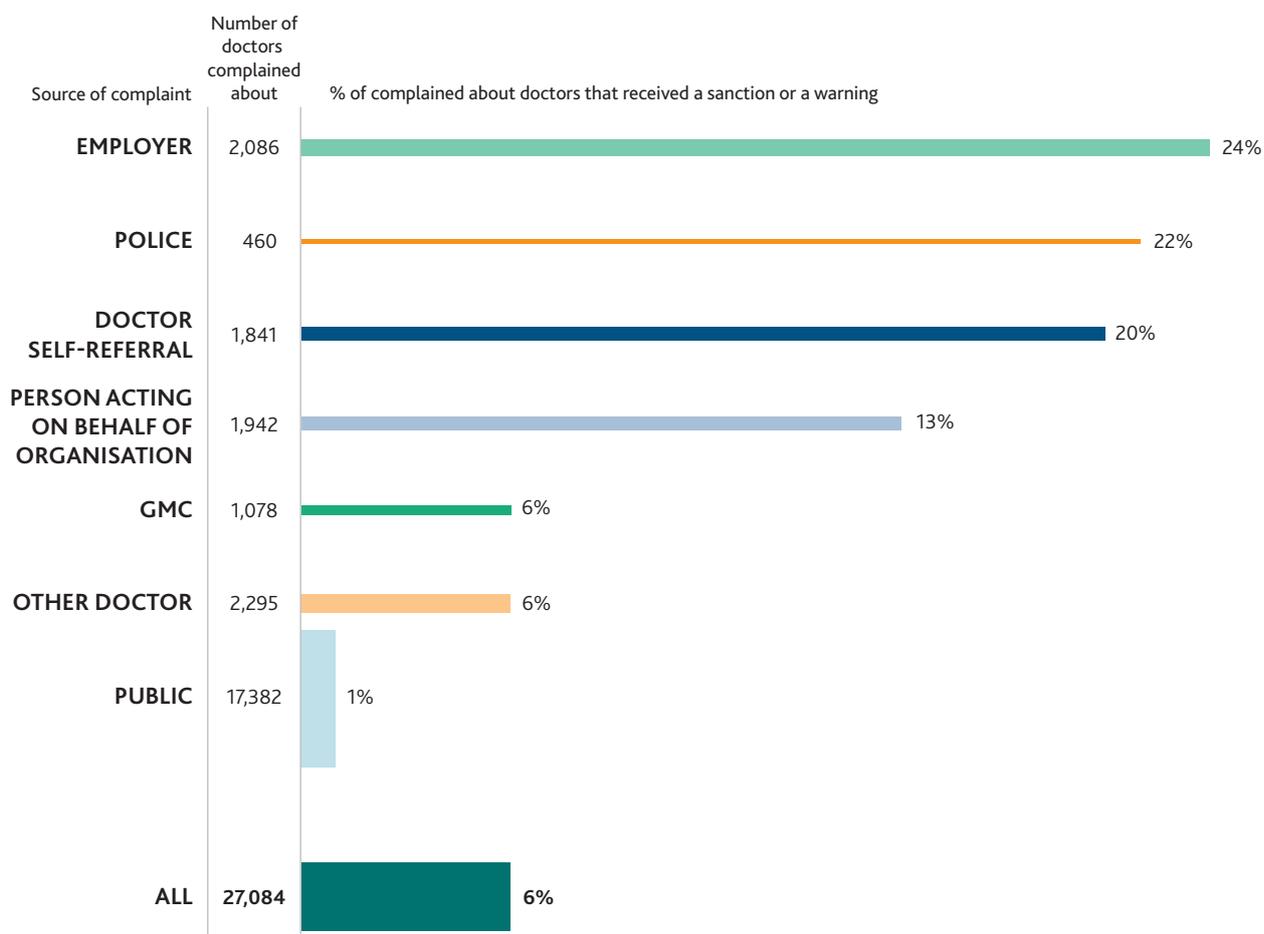
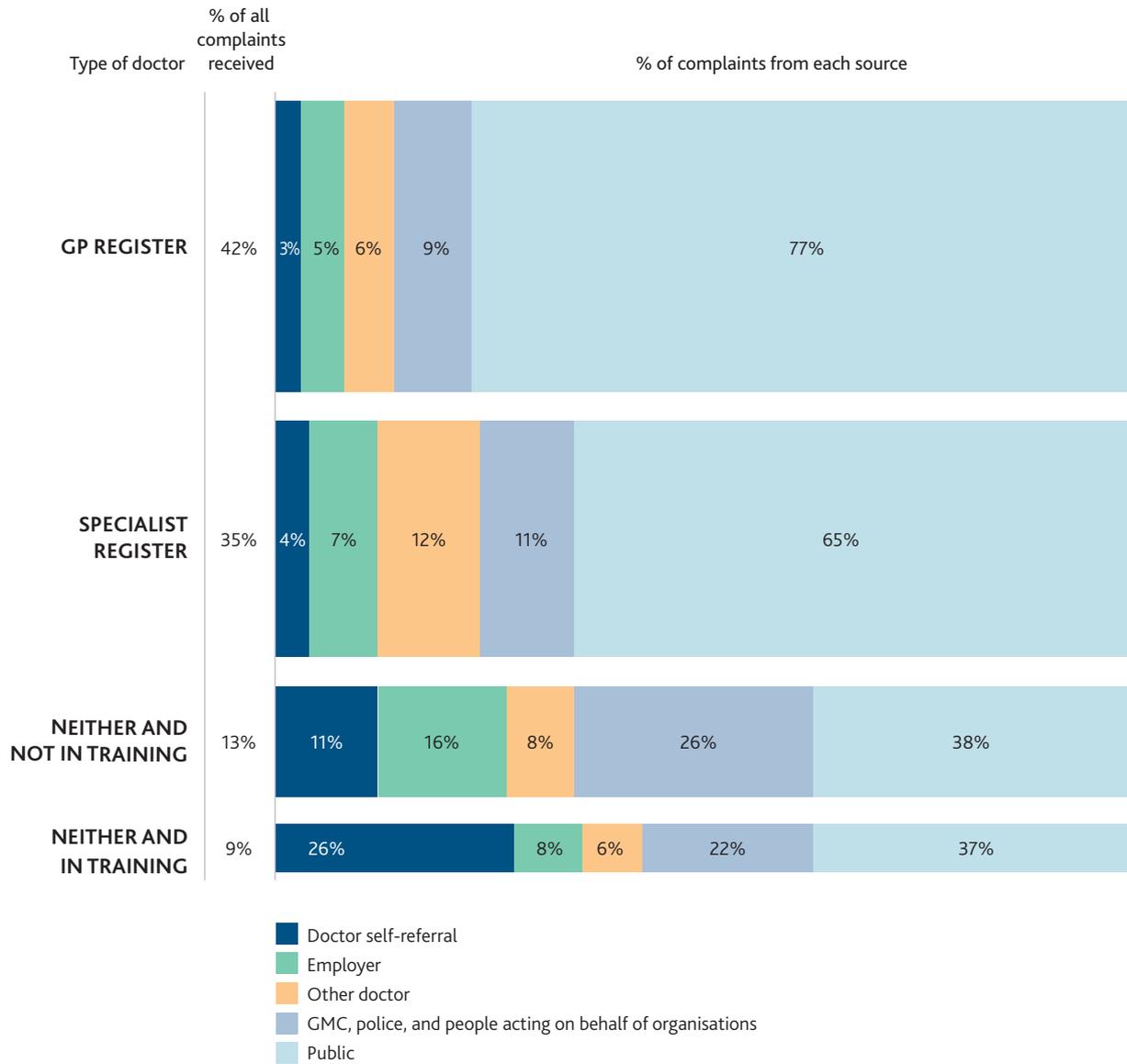


Figure 42: Source of complaints about different types of doctors, from 2012 to 2016



Box 7: Sources of complaints

We use the term 'complaints' to capture not only complaints from the public, who might be patients, or family or friends of patients, but also concerns raised by doctors' employers,

other doctors, self-referred doctors, the police, and people acting on behalf of organisations such as private healthcare groups, health defence organisations, solicitors, health regulators, court services, coroners and overseas regulators.

Box 8: Investigations

Being investigated can be very stressful for all concerned. Within the constraints of the law and without threatening public safety the GMC is endeavouring to reform the fitness to practise process to reduce the stress involved where possible and reduce the number of full investigations that lead to no sanction or warning (see box 4, page 83–84 for details of this reform programme).

This involves ensuring that wherever possible complaints and investigations are handled at local level, where learning can more easily take place. There are some early indicators of our Fitness to Practise reforms beginning to have an impact on the trends in complaints and investigations in recent years.

The types of allegations made against doctors

The possibility of an investigation resulting in a sanction or a warning not only varies by the source of the initial complaint but also varies depending on what the case is about. We have defined ten types of allegations (see box 5, chapter 3 on page 85) that have different rates of leading to a sanction or a warning as shown in figure 43, page 102.

Allegations about a doctor's health are most likely to lead to conditions or undertakings

In the period 2012 to 2016 the percentage of full investigations resulting in a sanction or a warning was highest for allegations about a doctor's health (50%) and probity-criminality (31%). These two types of allegations accounted for one in five investigations.

Of the allegations about a doctor's health leading to sanction or warning, 81% were given conditions or undertakings.

Investigations about clinical competence only, or clinical competence and communication or respect issues, accounted for 27% of investigations, but fewer than 5% of these investigations led to a sanction or a warning.

Professional performance concerns made up nearly a quarter of all investigations and 12% of these led to a sanction or a warning.

Different sources of complaints are associated with different allegations

Health concerns are most often raised by employers or self-referrals. Between 2012 and 2016 nearly one in five (19%) of doctor self-referrals and nearly one in six (15%) of employer referrals related to health (see figure 44, page 103).

Over half of the allegations made by the police or self-referrals related to **probity** or **criminality** (53% and 52% respectively). In contrast only about one in 50 investigations stemming from public complaints related to these.

The public tend to complain more about **professional performance** and **clinical competence**. Between 2012 and 2016 over three quarters (77%) of investigations stemming from complaints from the public referred to a doctor's professional performance or clinical competence. These allegations accounted for about half (47%) of investigations from employer complaints and only about one in seven from complaints made by the police and or self-referrals (15% each).

Figure 43: Proportion of investigations leading to a sanction or a warning, from 2012 to 2016

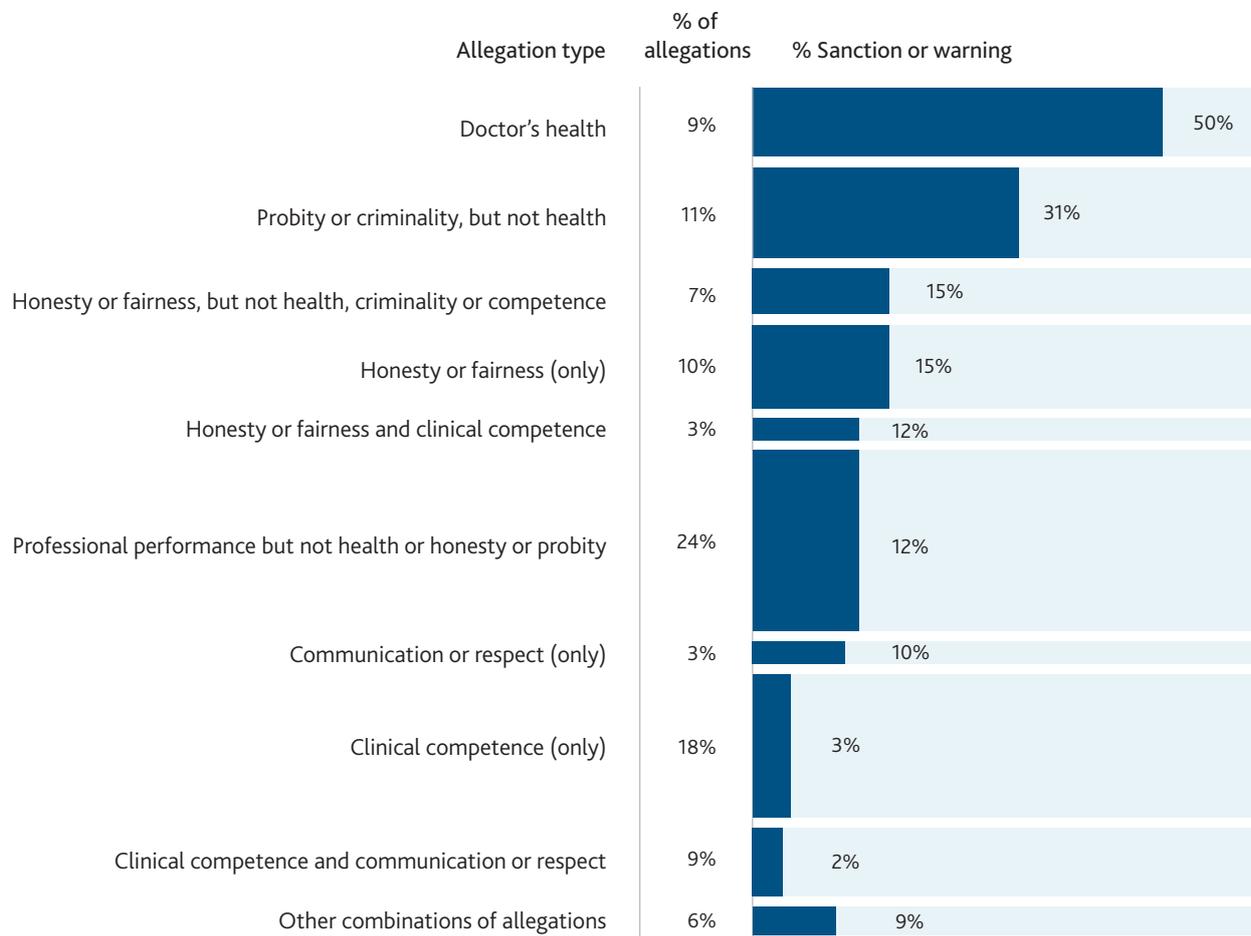


Figure 44: Types of allegations made between 2012 and 2016 by source of complaint*

Allegation type	PERSON ACTING ON BEHALF OF ORGANISATIONS						
	PUBLIC	EMPLOYER	OTHER DOCTOR	DOCTOR SELF-REFERRAL	GMC	PERSON ACTING ON BEHALF OF ORGANISATIONS	POLICE
Doctor's health	2%	15%	12%	19%	7%	10%	11%
Probity or criminality, but not health	2%	7%	4%	52%	15%	7%	53%
Honesty or fairness, but not health, criminality or competence	4%	10%	11%	2%	7%	11%	3%
Honesty or fairness (only)	6%	12%	14%	6%	16%	21%	9%
Honesty or fairness and clinical competence	3%	3%	4%	0%	2%	4%	1%
Professional performance but not health or honesty or probity	24%	34%	31%	6%	25%	26%	6%
Communication or respect (only)	4%	3%	2%	0%	1%	2%	2%
Clinical competence (only)	31%	8%	11%	8%	19%	11%	6%
Clinical competence and communication or respect	18%	2%	5%	1%	4%	3%	1%
All other cases	7%	7%	6%	4%	5%	6%	8%

* Individual sources sum to 100%.

Rates of complaint, investigation, and sanction or warning for different groups of doctors

A variety of complaints come into the GMC from different sources and relate to different allegations as shown above. The most likely source of a complaint and type of case vary across areas of practice and demographic groups and in relation to where doctors received their primary medical qualification. In this section we summarise in broad terms the rates of being complained about, having the complaint fully investigated, and receiving a sanction or a warning – in relation to ethnicity and place of primary medical qualification and in relation to age and gender. The differences highlighted here will partly relate to the fact that these groups have varying proportions of investigations coming from each source and being about each type of allegation.

We present the data separately for different types of doctors – those on the GP Register, those on the Specialist Register, and those on neither register. This is because different demographic groups are more concentrated in particular areas of practice, so the differences between groups would be masked if we looked at the data for all types of doctors together.

Overall, fewer than one in 100 doctors on the register received a sanction or a warning in the period 2012 to 2016. Even in groups with a higher rate of receiving a sanction or a warning from the GMC, the vast majority did not receive a sanction or a warning.

This means that even in groups of doctors with double the risk, the vast majority are not subject to sanctions or warnings. Although the numbers are small, we still need to understand where the risk of a sanction or a warning is heightened to investigate further the causes of this and determine whether there is an intervention that could reduce the risks to patient safety.

The 2016 data we have added this year have not changed the broad conclusions we reached previously.

Groups with a higher rate of being complained about include:

- IMG* GPs
- male doctors.

Groups with a higher rate of receiving a sanction or a warning include:

- GPs who graduated outside the UK (collectively EEA graduates† and IMGs)
- GPs with no recorded ethnicity
- male doctors.

But it is important to stress again, even in these groups, most doctors were not complained about and of those who were very few received a sanction or a warning in the period from 2012 to 2016.

* IMGs are doctors who gained their primary medical qualification outside the UK, EEA and Switzerland, and who do not have European Community rights to work in the UK.

† EEA graduates are doctors who gained their primary medical qualification in the EEA, but outside the UK, and who are EEA nationals or have European Community rights to be treated as EEA nationals.

Male GPs have the highest rate of being complained about compared with female GPs and other register types

GPs have the highest rates of being complained about and having a complaint investigated, followed by specialists. Doctors on neither the GP nor the Specialist Register have a lower rate of being complained about, particularly those who are in training (see figure 45, page 106).

Nearly a quarter of male GPs were complained about, and the rate of being complained about was the same for male GPs aged over and under 50 years (22%). Female GPs had lower rates of being complained about when compared with their male colleagues.

The groups of doctors with the lowest rate of being complained about were female doctors under 50 years old who were on neither register. Only 3% of these groups were complained about between 2012 and 2016.

Males also have a higher rate of receiving a sanction or a warning

Male doctors under 50 years old on neither register and not in training had a sanction or a warning rate of 0.93%, whilst their female colleagues were half as likely to receive a sanction or a warning (0.42%).

Female specialists under 50 years old had a sanction or a warning rate of 0.2% and female doctors on neither register and in training aged under 50 years also had low rates of sanction or warning (0.28%).

Figure 45: Proportion of doctors who were complained about, had a complaint investigated, or received a sanction or a warning, by age and gender, from 2012 to 2016

TYPE OF DOCTOR	AGE		Under 50		Total	
	GENDER	50 or more	Female	Male		
GP						
Number on the medical register		11,797	19,367	22,753	15,021	68,938
% of doctors complained about		13%	22%	11%	22%	17%
% of doctors with a complaint investigated		30%	36%	24%	33%	32%
% of investigations that led to a sanction or a warning		9%	14%	10%	14%	13%
% of complaints ending in a sanction or a warning		2.8%	5.1%	2.5%	4.7%	4.1%
% of doctors that received a sanction or a warning		0.36%	1.13%	0.26%	1.02%	0.69%
SPECIALIST						
Number on the medical register		10,197	29,464	18,788	29,694	88,143
% of doctors complained about		8%	14%	6%	11%	11%
% of doctors with a complaint investigated		29%	36%	27%	36%	34%
% of investigations that led to a sanction or a warning		8%	12%	11%	13%	12%
% of complaints ending in a sanction or a warning		2.3%	4.3%	3.1%	4.6%	4.1%
% of doctors that received a sanction or a warning		0.18%	0.60%	0.20%	0.51%	0.43%
NEITHER AND IN TRAINING						
Number on the medical register		131	120	34,994	26,264	61,509
% of doctors complained about		5%	13%	3%	5%	4%
% of doctors with a complaint investigated		33%	81%	40%	51%	46%
% of investigations that led to a sanction or a warning		50%	31%	24%	23%	23%
% of complaints ending in a sanction or a warning		16.7%	25.0%	9.5%	11.6%	10.8%
% of doctors that received a sanction or a warning		0.76%	3.33%	0.28%	0.59%	0.42%
NEITHER AND NOT IN TRAINING						
Number on the medical register		5,324	11,281	22,164	26,003	64,772
% of doctors complained about		5%	9%	3%	6%	6%
% of doctors with a complaint investigated		49%	54%	48%	59%	55%
% of investigations that led to a sanction or a warning		14%	21%	26%	26%	24%
% of complaints ending in a sanction or a warning		6.9%	11.2%	12.5%	15.1%	12.9%
% of doctors that received a sanction or a warning		0.34%	0.98%	0.42%	0.93%	0.72%

Place of primary medical education and ethnic groups

Most licensed doctors who were registered to work in the UK between 2012 and 2016 and whose ethnicity we know (see box 9) fell into one of four groups: white UK graduates (41%), IMGs who are BME (18%), UK graduates who are BME (12%), and white EEA graduates (9%).

There are then two much smaller groups: white IMGs (3%) and EEA graduates (excluding the UK) who are BME (1%). The remaining doctors (16%) have not declared their ethnicity to us. This year, for the first time, we have included these doctors with unknown ethnicity separately in the analysis.

GPs who graduate outside the UK are generally more likely to receive a sanction or a warning compared with those who graduate in the UK

Between 2012 and 2016 the rate of a doctor being complained about, having a complaint investigated, and receiving a sanction or a warning varied by PMQ and ethnicity and also by register type (see figure 46, pages 108–109).

In terms of the groups of doctors with the highest and lowest rates of complaints:

- Just under a quarter (23%) of IMG BME GPs were complained about compared with 17% of their UK BME counterparts.
- BME and white UK graduates and white EEA graduates who are on neither register and in training had the lowest rate of being complained about (4%) across all the groups.

Box 9: Doctors with no recorded ethnicity

The GMC aims to capture ethnicity data on all doctors. However, 16% of doctors (from 2012 to 2016) chose not to report their ethnicity. In previous editions of this report we excluded doctors who did not report their ethnicity from selected parts of the analysis.

It is important to include these data as IMG GPs with no recorded ethnicity have the highest complained about rate (alongside BME IMG GPs) and IMG and EEA graduate GPs who don't disclose their ethnicity have relatively high sanction or warning rates compared with most other PMQ-ethnicity groups, though the overall numbers in these groups are low.

In terms of the rates of sanctions and warnings, overall differences were relatively low between groups of doctors and numbers are low. Care must be taken in drawing too firm conclusions from these data:

- 1.77% of BME EEA doctors on neither the GP nor the Specialist Register and not in training had a sanction or warning and EEA GPs with no recorded ethnicity had a sanction or a warning rate of 1.49%
- BME UK doctors on neither register and not in training also had a relatively high sanction and warning rate (0.93%) as did IMG GPs with no recorded ethnicity (1.36%).
- BME UK specialists do not have a high rate of sanctions or warnings compared to white UK specialists (0.32% and 0.31% respectively).
- Doctors on neither register and in training had sanction and warning rates of 0.18% for EEA white doctors and 0.29% for white UK doctors.

We are investigating the extent to which different rates of sanction or warning are linked to whether doctors attend or have legal representation in

their hearing and plan to publish our findings in early 2018.

Figure 46: Proportion of doctors who were complained about, had a complaint investigated, or received a sanction or a warning, by PMQ and ethnicity, from 2012 to 2016

TYPE OF DOCTOR	PLACE OF PMQ ETHNICITY	EEA			IMG			UK			Total
		BME	Not recorded	White	BME	Not recorded	White	BME	Not recorded	White	
GP											
Number on the medical register		418	1,004	2,741	8,134	2,646	874	7,029	11,363	34,729	68,938
% of doctors complained about		22%	19%	16%	23%	23%	22%	17%	18%	14%	17%
% of doctors with a complaint investigated		37%	41%	37%	39%	41%	37%	33%	33%	26%	32%
% of investigations that led to a sanction or a warning		21%	19%	17%	13%	14%	13%	12%	16%	11%	13%
% of complaints ending in a sanction or a warning		7.6%	7.8%	6.3%	4.9%	5.9%	4.7%	3.9%	5.3%	2.8%	4.1%
% of doctors that received a sanction or a warning		1.67%	1.49%	0.99%	1.16%	1.36%	1.03%	0.64%	0.93%	0.39%	0.69%
SPECIALIST											
Number on the medical register		844	2,759	12,222	15,769	2,951	2,865	6,904	7,244	36,585	88,143
% of doctors complained about		11%	6%	6%	13%	8%	12%	12%	10%	12%	11%
% of doctors with a complaint investigated		47%	52%	43%	41%	45%	37%	33%	33%	28%	34%
% of investigations that led to a sanction or a warning		19%	24%	22%	12%	8%	12%	8%	9%	9%	12%
% of complaints ending in a sanction or a warning		8.7%	12.3%	9.3%	5.1%	3.8%	4.5%	2.7%	3.0%	2.6%	4.1%
% of doctors that received a sanction or a warning		0.95%	0.69%	0.61%	0.63%	0.30%	0.56%	0.32%	0.29%	0.31%	0.43%
NEITHER AND IN TRAINING											
Number on the medical register		450	176	1,673	4,959	1,347	458	14,954	3,793	33,699	61,509
% of doctors complained about		6%	7%	4%	8%	7%	7%	4%	4%	3%	4%
% of doctors with a complaint investigated		59%	83%	54%	57%	58%	48%	44%	45%	41%	46%
% of investigations that led to a sanction or a warning		31%	20%	8%	24%	27%	19%	24%	23%	23%	23%
% of complaints ending in a sanction or a warning		18.5%	16.7%	4.3%	13.6%	15.5%	9.1%	10.8%	10.4%	9.6%	10.8%
% of doctors that received a sanction or a warning		1.11%	1.14%	0.18%	1.05%	1.11%	0.66%	0.43%	0.45%	0.29%	0.42%

TYPE OF DOCTOR	PLACE OF PMQ ETHNICITY	EEA			IMG			UK			Total
		BME	Not recorded	White	BME	Not recorded	White	BME	Not recorded	White	
NEITHER AND NOT IN TRAINING											
Number on the medical register		1,298	1,578	8,550	21,397	7,871	3,633	4,527	3,890	12,028	64,772
% of doctors complained about		7%	5%	3%	6%	5%	5%	6%	6%	5%	6%
% of doctors with a complaint investigated		68%	59%	57%	59%	64%	56%	53%	50%	40%	55%
% of investigations that led to a sanction or a warning		37%	14%	22%	23%	25%	23%	27%	22%	22%	24%
% of complaints ending in a sanction or a warning		24.7%	8.2%	12.7%	13.3%	16.2%	12.7%	14.4%	11.2%	8.9%	12.9%
% of doctors that received a sanction or a warning		1.77%	0.44%	0.39%	0.85%	0.86%	0.69%	0.93%	0.72%	0.47%	0.72%

In the largest specialties male doctors and non-UK graduates were more likely to receive a sanction or a warning

For most individual specialties samples are very small, but figure 47 on page 110 provides data for the four largest ones (medicine, surgery, anaesthetics and intensive care medicine, and psychiatry). In all of these, between 2012 and 2016, female doctors were less likely to receive a sanction or a warning than male doctors and UK graduates were less likely to receive these than those who graduated abroad.

EEA graduates who work in surgery and medicine are less complained about and investigated than UK or IMG graduates

Between 2012 and 2016 over a quarter of doctors on the Specialist Register who were EEA graduates specialised in surgery, compared with 17% of UK graduates and 15% of international

graduates. EEA surgeons were less complained about and less investigated than surgeons with a UK or IMG qualification.

Slightly under a fifth (22% of EEA graduates and 21% of IMGs) of doctors on the Specialist Register who graduated outside the UK and slightly over a fifth (27%) who were UK graduates specialised in medicine. The EEA graduate specialists in medicine were also less complained about and less investigated when compared with UK and IMGs in this specialty group.

Approximately a quarter of both male and female doctors on the Specialist Register worked in medicine; within this group male doctors were more complained about, had their complaint investigated and received a sanction or a warning than female doctors.

IMG doctors are more likely to be psychiatrists, but UK psychiatrists are most complained about

However, UK graduates in this specialty group were most complained about, whilst EEA doctors were most investigated and sanctioned or warned.

Between 2012 and 2016 IMG doctors were more likely to specialise in psychiatry (15%) when compared with UK (10%) and EEA (8%) graduates.

Figure 47: Rates of being complained about, having a complaint investigated, or being given a sanction or a warning for the four largest specialty groups, by gender and PMQ, from 2012 to 2016

SPECIALTY TYPE	Female	Male	EEA	IMG	UK
Medicine					
Number of Specialists	7,561	14,672	3,576	4,656	14,001
% Complained about	6%	12%	6%	11%	11%
% Investigated	1.5%	3.7%	2.2%	3.9%	2.8%
% Sanctioned or warned	0.15%	0.37%	0.50%	0.39%	0.21%
Surgery					
Number of Specialists	1,851	14,585	4,317	3,218	8,901
% Complained about	7%	16%	8%	18%	18%
% Investigated	2.4%	6.4%	3.9%	8.0%	6.2%
% Sanctioned or warned	0.11%	0.71%	0.81%	0.81%	0.51%
Anaesthetics and intensive care medicine					
Number of Specialists	3,940	8,072	2,052	2,758	7,202
% Complained about	3%	6%	4%	5%	5%
% Investigated	1.3%	2.6%	2.5%	2.8%	1.8%
% Sanctioned or warned	0.23%	0.50%	0.68%	0.65%	0.24%
Psychiatry					
Number of Specialists	4,071	5,802	1,335	3,195	5,343
% Complained about	13%	21%	14%	17%	19%
% Investigated	2.3%	5.1%	4.6%	4.0%	3.7%
% Sanctioned or warned	0.22%	0.71%	0.97%	0.53%	0.37%