To consider

Fitness to Practise Annual Statistics Report 2012

Issue

1. This paper sets out the key figures and trends that are contained in the 2012 Fitness to Practise Annual Statistics report, and seeks Council’s approval to the report, which will be laid before Parliament.

Recommendation

2. Council is asked to approve the 2012 Fitness to Practise Annual Statistics report to be laid before Parliament.
3. We have a statutory obligation to produce annual statistics about fitness to practise activity (under Section 52A of the Medical Act).

4. This paper presents the Fitness to Practise 2012 Annual Statistics. It provides a brief summary of the key volumetric trends within the Fitness to Practise Directorate (FPD) during 2012 and is intended to support the wider analysis and commentary that is contained in the *State of Medical Education and Practice report* (SOMEP). We have held back publication of the Annual Statistics until after the publication of the State of Medical Education and Practice report (SOMEP) as in previous years.

5. We have also produced six factsheets to accompany the main document. Five of these look at different characteristics of a doctor (gender, time since qualification, ethnicity, place of qualification and specialty) and the sixth provides a breakdown by type of allegation. These are intended to provide simple, easily-accessible information on issues of interest to our key interest groups and the public.

6. The Fitness to Practise 2012 Annual Statistics are based on data downloaded from our Siebel system in March 2013. The annual statistics (see Annex A) present data on the volumes and outcomes of investigations into doctors’ fitness to practise at each stage of the process. These include:

   a. Enquiry volumes.
   b. Triage outcomes.
   c. Case examiner decision outcomes.
   d. Fitness to practise panel hearings volumes and outcomes.
   e. Interim order panel hearings volumes and outcomes.
   f. Investigation Committee (oral) hearings volumes and outcomes.

7. Whilst the annual statistics will inform the SOMEP report, it is not the intention of this paper to duplicate its analysis. This paper has therefore focused on providing key facts and analysis regarding any trends around fitness to practise volumes, and outcomes at each stage of the fitness to practise process.

   **Key points**

8. As in 2011, the number of complaints we receive has continued to grow. This has had an impact on our Stream 1 caseload, but the number of cases resulting in action has remained relatively constant.

9. Annex A provides the Fitness to Practise 2012 Annual Statistics. Some of the key trends emerging are:
The total number of enquiries we receive has continued to rise. The number of enquiries about doctors’ fitness to practise has risen by 18% in 2012 to 10,347.

Unlike last year, this rise has not been driven by members of the public. Referrals from persons acting in a public capacity (PAPC) increased by 35%, as opposed to a 9% rise in complaints from members of the public, and a 34% increase in the ‘other’ category (doctors, other public organisations, press cuttings). However, the majority (59%) of our enquiries still come from members of the public.

The proportion of enquiries closed at triage continues to increase. In 2012 we closed 60% of enquiries at triage, up from 56% in 2011. This continues the trend seen in previous years.

Cases promoted at triage were more likely to go into Stream 1 than in 2011. The number of new Stream 1 investigations, reflecting allegations that would suggest potential impairment of a doctor’s fitness to practise, rose by 16% on 2011. The number of new Stream 2 investigations actually fell by 9%.

The proportion of case examiner decisions recommending either no further action be taken or advice be given continues to rise (from 71% in 2011 to 75% in 2012). The number of cases referred to panel (216) was similar to 2011 (212), but represented a slightly smaller proportion of all decisions. The number of warnings given and undertakings agreed both fell slightly.

The number of fitness to practise panel hearings fell from 242 in 2011 to 208 in 2012, reflecting the drop in the number of cases referred to panel since 2010.

The total number of doctors erased or suspended fell in 2012 to 55 and 64 respectively (from 93 and 65 in 2011).

As in 2011, there were 32 Investigation Committee (oral) hearings in 2012. However, the number resulting in the warning being upheld rose from 10 to 16.

The number of Interim order panel hearings increased by 60%, largely because of activity in the first quarter of the year. Sanctions were imposed in 69% of hearings, as opposed to 81% in 2010.

Patterns around a doctor’s age, gender, ethnicity, place of qualification and specialty are very similar to those seen in previous years.

The remaining sections of this paper explore these headlines and underlying trends in more detail.
11. The number of fitness to practise enquiries received by the GMC in 2012 was 10,347, an increase of 18% compared to 2011. This number has continued to rise at a similar rate since 2007, although it did slow slightly in the latter half of the year.

12. In recent years, PAPC enquiries had contributed to this increase proportionally more than any other source of enquiry, representing 10% of enquiries in 2007 and 20% in 2010. However, in 2011 there was a drop back to 17%. 2012 saw a return to growth, with PAPC enquiries representing 19% of the total. Enquiries from ‘other’ sources rose at a similar rate. Complaints from members of the public increased at the slowest rate, up 9% on 2011. However, this remains easily the largest category of complaints, making up 59% of the total (6,154 complaints). We are currently reviewing the final report for research that we commissioned to try to understand the reasons that members of the public make complaints to the GMC.

13. An increasing proportion of fitness to practise enquiries are being closed at triage as they do not meet the thresholds for opening an investigation. In 2012, 60% of all enquiries received were closed at triage compared to 56% in 2011, 50% in 2010, 44% in 2009 and 40% in 2008. It is important to note that our thresholds have not changed in this time, as confirmed by our internal and external audits.

14. The number of Stream 1 investigations has continued to rise. There were 2,708 new cases in 2012, an increase of 16% on 2011. 38% of these new investigations came from members of the public (up from 35% in 2011), 32% from PAPC and 30% from other sources.

15. Surprisingly, when considering the overall increase in enquiries, the number of new Stream 2 cases actually fell by 9% to 1,400.

**Stream 1 investigations**

16. 75% of case examiner decisions in 2012 resulted in no further action or were concluded with advice. This is an increase compared to 71% in 2011, 61% in 2010, 58% in 2009 and 51% in 2008.

17. The proportion of cases resulting in undertakings and warnings (7% and 9% respectively) fell slightly from 2011 (8% and 10%). Despite the increase in caseload in 2012, we issued 17 less warnings (182) and agreed undertakings on 5 fewer occasions (143) than in 2011.

18. After a fall in 2011 to 11%, the proportion of cases referred to a fitness to practise panel has remained largely steady in 2012 (10%). This figure was 28% in 2008. We discussed a number of reasons for this change last year, including the increase in enquiries from members of the public, the application of case law (the Cohen principles in particular) at the case examiner stage, and an increase in the use of undertakings. However, it should be noted that because of the increase in case numbers, we actually referred 216 cases to panel in 2012, up slightly from 212 in 2011.
Fitness to Practise Panel hearings

19. In 2012, 31% of hearings resulted in suspension and 26% in erasure, down slightly from 38% and 27% respectively in 2011. This means that we erased 55 doctors and suspended 64, the lowest numbers since 2008.

20. The proportion of hearings resulting in conditions remain similar to 2011 at around 10%, but the number of warnings has dropped, with only 12 issued at a panel in 2012 (23 in 2011).

21. Following on from this, the proportion of hearings resulting in no impairment rose from 13% to 23%.

Interim Orders Panels

22. Referrals to the Interim Orders Panel (IOP) increased by 60% in 2012 to 784. This would be partially expected due to the increase in Stream 1 investigations, but we did see a very high referral rate in early 2012.

23. Around 69% of all doctors who were referred to the IOP in 2012 had restrictions placed on their registration, down from 81% in 2011. The largest proportion of outcomes was for conditions to be placed on the doctor’s registration (43%). 26% of doctors at the IOP in 2012 were suspended (down from 32% in 2011).

Investigation Committees

24. 32 cases were referred to an Investigation Committee (oral) hearing in 2012, as in 2011. In half of the cases, a decision was taken to uphold a warning, whereas in 2011, 31% of investigation committee (oral) hearings resulted in no further action being taken.

Doctor characteristics

25. As in previous years, compared to numbers on the register, certain groups are more likely to be the subject of a complaint than their peers (doctors who are male, from a BME background, qualified more than 20 years ago, or qualified outside the EEA). The same is true of GPs, psychiatrists and surgeons compared to other specialties.

26. For most of these groups, there is also a higher likelihood of a full investigation or serious outcome to the complaint. This is not true for those who qualified 20 years ago or for GPs or psychiatrists. More recently qualified doctors and other specialties have a greater chance of their complaint moving forward.
Supporting information

How this issue relates to the Corporate Strategy and Business Plan

27. Providing statistics about our fitness to practise procedures is central to strategic aim two of the 2012 business plan: to give all our key interest groups confidence that doctors are fit to practise.

Other relevant background information

28. As in previous years, we intend to hold back on publication of the Annual Statistics Report until after SOMEP 2013 is published. Once approved, the Report will be submitted to the Privy Council for laying before the Houses of Parliament, following which it will be published.

What equality and diversity considerations relate to this issue

29. This paper itself does not raise any issues around equality and diversity. The factsheets that we produce alongside SOMEP 2013 will contain key information that will inform our understanding of the impact of different protected characteristics on Fitness to Practise outcomes.

If you have any questions about this paper please contact: Anthony Omo, Fitness to Practise Director, aomo@gmc-uk.org, 020 7189 5117, or Robert Loughlin, Assistant Director - Operations, rloughlin@gmc-uk.org, 0161 240 7182
Annex A

2012 Annual statistics
2012 annual statistics
for our investigations into doctors’ fitness to practise
The General Medical Council (GMC) investigates concerns raised about the fitness to practise of doctors registered to work in the UK. In the most serious cases, we may refer the concern to the Medical Practitioners Tribunal Service (MPTS) for a fitness to practise panel hearing. This report sets out the annual statistics for each stage of our process between January and December 2012.
Fitness to practise volumes and outcomes in 2012

Figure 1 sets out the different stages of our fitness to practise process and the proportion of cases that reached each stage in 2012. The diagram does not track a single cohort of complaints through the system, because cases opened in 2012 will not necessarily reach an outcome in the same year. The figure shows the activity at each separate stage of our process in 2012.

For an explanation of the key stages and terms used in the fitness to practise process, see appendix 1 on page 9.

The following sections of the report look in more detail at each stage of the fitness to practice process.

Figure 1: Proportion of cases reaching each stage of the fitness to practise process in 2012
The number of enquiries about doctors continued to rise in 2012.

- We received 10,347 enquiries in 2012, an increase of 18% from 2011 (figure 2).

- In the past year, the greatest increase in enquiries came from individuals acting on behalf of public organisations, such as doctors’ employers or the police – enquiries from this group rose by 35% (figure 3). By comparison, the number of enquiries from the public increased by just 9%. However, the public remains by far the source of most enquiries – we received 6,239 in 2012, accounting for 60% of the total.

- Enquiries from other sources* rose by 34%, from 1,635 to 2,190.

- In 2011, we saw a bigger increase in enquiries from the public. If we look over the past two years, rather than just 12 months, enquiries from public organisations have increased by 44% and those from the public have increased by 36%.

* This group includes public organisations (such as other regulators, local authorities and patient organisations), doctors, press cuttings and the Disclosure and Barring Service.
Triage decisions

The number of new enquiries promoted to a stream 1 investigation increased by 16% in 2012 compared with 2011.

- Of the 10,347 enquiries in 2012, we closed 6,239 (60%) at triage with no further action (figure 4). This percentage has increased for each of the past four years.

- The number of enquiries that we promoted to a full investigation (known as stream 1 cases) increased from 2,330 in 2011 to 2,708 in 2012 – a rise of 16%.

- The number of enquiries which we decided to refer to the doctors’ employers for more information about the doctors’ practice (known as stream 2 cases) fell from 1,537 in 2011 to 1,400 in 2012 – a decrease of 9%. This figure has varied little since 2009.

Figure 4: Outcome of triage of enquiries in 2009–12
Case examiner decisions

Case examiners recommended closing most cases with no further action or with advice. The number of cases referred to a fitness to practise panel hearing remained stable.

- The number of stream 1 investigations completed in 2012 increased by 11% to 2,132 from 2011 – an increase for the fourth consecutive year (figure 5).
- Case examiners referred 216 cases to a panel, representing an increase in number from 212 in 2011, but a slight fall in proportion from 11% of cases that reached an outcome in 2011 to 10% in 2012 (figure 6).
- Case examiners recommended undertakings in 143 cases in 2012 (7%) in 2012, which was very similar to 2011 – 148 cases (8%).
- The number of decisions to issue a warning decreased from 199 in 2011 (10%) to 182 in 2012 (9%).
- Case examiners recommended taking no further action or to give advice in 1,591 cases (75%) in 2012, rising for the third consecutive year from 955 (61%) in 2010.

Figure 5: Number of cases that reached an outcome or were referred to a panel hearing in 2009–12

![Graph showing the number of cases reaching an outcome or referred to a panel hearing from 2009 to 2012]

Figure 6: Outcome of case examiner decisions in 2009–12

![Graph showing the percentage of decisions in 2009–12]

General Medical Council | 05
Investigation Committee hearings

The number of Investigation Committee hearings remained constant at 32 for a second year in a row and there was an equal split in outcomes between warnings issued and no further action.

- 32 cases were referred to the Investigation Committee for a hearing in both 2011 and 2012 (figure 7).

- In 2012, 16 Investigation Committee hearings resulted in a warning, while the other half resulted in no further action (figure 8). In both 2010 and 2011, the majority of hearings resulted in no further action.

Figure 7: Number of Investigation Committee hearings in 2009–12

Figure 8: Outcome of Investigation Committee hearings in 2009–12
The number of fitness to practise panel hearings decreased by 14% in 2012 compared with 2011.

- 208 panel hearings took place in 2012 compared with 242 in 2011 – a decrease of 14%, which follows the reduced number of referrals to a panel by case examiners in 2011 and 2012 (figure 9).

- 55 doctors (26% of all panel outcomes) were erased from the medical register at a panel hearing in 2012, compared with 65 doctors (27%) in 2011 (figure 10). A further 18 doctors were erased at fitness to practise review hearings.*

- The most common outcome in 2012 was suspension (64 doctors), accounting for 31% of all outcomes.

- Just over 70% of doctors (146) who had a panel hearing in 2012 were found to be impaired,† compared with 76% the previous year (185 doctors).

* These hearings review a doctor’s compliance with restrictions placed on their registration and have the power to erase them from the medical register.

† Hearings in which a doctor is found to have impaired fitness to practise can result in erasure or suspension from the medical register, conditions on the doctor’s registration, undertakings or impairment – no further action.
Interim order panel hearings

The number of interim order panel hearings increased by 60% in 2012 compared with 2011.

- 784 interim order panel hearings took place in 2012 – a 60% increase from 2011 (489 hearings; figure 11).
- In 2012, doctors were given sanctions (either suspension from the medical register or conditions on their registration) in 543 hearings (69%), compared with 394 (81%) in 2011 (figure 12).

Figure 11: Number of interim order panel hearings in 2009–12

Figure 12: Outcome of interim order panel hearings in 2009–12
Appendix 1: Terms and key stages of our process

**Enquiry:** information received from a single source that may raise concerns about the fitness to practise of one or more doctors.

**Triage:** initial assessment of an enquiry to decide if it raises a concern about the doctor’s fitness to practise, which we aim to complete within one week. If the information could never raise such a concern, we close the enquiry.

**Stream 1 cases:** full investigations as a result of enquiries that raise serious concerns about a doctor’s fitness to practise.

**Stream 2 cases:** enquiries that do not merit a full investigation if the concern is an isolated incident, but could if it was part of a wider pattern of behaviour or practice. In these cases, we ask the doctor’s employers or contractors to find out if they have any wider concerns about the doctor’s practice. Once we have this information, we do a second assessment to decide whether we need to investigate further.

**Case examiners:** two senior GMC staff (one medical and one non-medical) review each case at the end of our investigation into the allegations against a doctor. They can:

- close the case with no further action
- close the case with advice given to the doctor
- issue a warning to the doctor
- agree undertakings with the doctor
- refer the case to a fitness to practise panel hearing.

**Assistant registrars:** GMC staff who can refer a case to a fitness to practise panel hearing when a doctor:

- has been convicted of a serious offence
- refuses to agree to undertakings
- fails to comply with a request for a performance or health assessment.

**Investigation Committee:** a permanent group of GMC staff that considers allegations about a doctor to decide whether we can show there is a realistic prospect of establishing that their fitness to practise is sufficiently impaired to justify action on their registration. The Investigation Committee considers cases where:

- case examiners haven’t been able to agree a suitable outcome
- a doctor refuses to accept a warning and decides to have a hearing, or the case examiners feel that a hearing is appropriate.

**Interim orders panel:** an MPTS panel that can suspend or restrict a doctor’s practice while an investigation about them is underway. We can refer the doctor to this panel at any stage in an investigation.

**Fitness to practise panel:** an MPTS panel that hears the cases against doctors, decides whether the facts are proven and, if so, whether the doctor’s fitness to practise is impaired, and decides what, if any, sanctions are appropriate. The panel can:

- erase the doctor from the medical register
- suspend the doctor from the medical register
- put conditions on the doctor’s registration
- make the doctor agree undertakings
- decide to take no further action.
Appendix 2: Data used in the charts and text

The data in this report were taken from our system at 8am on 12 March 2013; the dynamic nature of fitness to practise casework means that there may have been some minor updates to these numbers since the data were extracted.

Table 1: Number of enquiries in 2009–12

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors on the medical register</td>
<td>231,415</td>
<td>239,292</td>
<td>245,918</td>
<td>252,566</td>
</tr>
<tr>
<td>Enquiries</td>
<td>5,773</td>
<td>7,153</td>
<td>8,781</td>
<td>10,347</td>
</tr>
<tr>
<td>Enquiries from people acting on behalf of a public organisation</td>
<td>1,030</td>
<td>1,395</td>
<td>1,481</td>
<td>2,003</td>
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<tr>
<td>Enquiries from members of public</td>
<td>3,689</td>
<td>4,525</td>
<td>5,665</td>
<td>6,154</td>
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<tr>
<td>Enquiries from other sources*</td>
<td>1,054</td>
<td>1,233</td>
<td>1,635</td>
<td>2,190</td>
</tr>
</tbody>
</table>

The way we count enquiries changed in 2009, so older data may not always reconcile.

* This group includes public organisations (such as other regulators, local authorities and patient organisations), doctors, press cuttings and the Disclosure and Barring Service.

Table 2: Outcome of triage of enquiries in 2009–12

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stream 1</td>
<td>1,758</td>
<td>2,066</td>
<td>2,330</td>
<td>2,708</td>
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<tr>
<td>Stream 2</td>
<td>1,494</td>
<td>1,474</td>
<td>1,537</td>
<td>1,400</td>
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<tr>
<td>Closed</td>
<td>2,521</td>
<td>3,613</td>
<td>4,914</td>
<td>6,239</td>
</tr>
<tr>
<td>Total</td>
<td>5,773</td>
<td>7,153</td>
<td>8,781</td>
<td>10,347</td>
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</table>
### Table 3: Outcome of case examiner decisions in 2009–12

<table>
<thead>
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<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refer to panel*</td>
<td>319</td>
<td>314</td>
<td>212</td>
<td>216</td>
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<tr>
<td>Undertakings</td>
<td>95</td>
<td>102</td>
<td>148</td>
<td>143</td>
</tr>
<tr>
<td>Warning</td>
<td>212</td>
<td>183</td>
<td>199</td>
<td>182</td>
</tr>
<tr>
<td>Advice</td>
<td>428</td>
<td>458</td>
<td>736</td>
<td>844</td>
</tr>
<tr>
<td>Concluded</td>
<td>442</td>
<td>497</td>
<td>622</td>
<td>747</td>
</tr>
<tr>
<td><strong>Total†</strong></td>
<td>1,496</td>
<td>1,554</td>
<td>1,917</td>
<td>2,132</td>
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</table>

* A further 58 doctors were referred to a panel by the assistant registrar (54 doctors in 2011).
† The case examiners granted a further 128 doctors voluntary erasure from the medical register in 2012 (123 doctors in 2011).

### Table 4: Outcome of Investigation Committee hearings in 2009–12

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
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</thead>
<tbody>
<tr>
<td>Warning</td>
<td>28</td>
<td>10</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>No further action</td>
<td>21</td>
<td>19</td>
<td>22</td>
<td>16</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>49</td>
<td>29</td>
<td>32</td>
<td>32</td>
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</table>
Table 5: Outcome of fitness to practise panel hearings in 2009–12

<table>
<thead>
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<th>2009</th>
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<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erasure</td>
<td>68</td>
<td>73</td>
<td>65</td>
<td>55</td>
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<tr>
<td>Suspension</td>
<td>77</td>
<td>106</td>
<td>93</td>
<td>64</td>
</tr>
<tr>
<td>Conditions</td>
<td>48</td>
<td>37</td>
<td>24</td>
<td>20</td>
</tr>
<tr>
<td>Undertakings</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Warning</td>
<td>22</td>
<td>29</td>
<td>23</td>
<td>12</td>
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<tr>
<td>Reprimand</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Impairment – no further action</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>No impairment</td>
<td>44</td>
<td>65</td>
<td>33</td>
<td>48</td>
</tr>
<tr>
<td>Voluntary erasure</td>
<td>3</td>
<td>7</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>270</td>
<td>326</td>
<td>242</td>
<td>208</td>
</tr>
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</table>

* Fitness to practise review panels erased a further 18 doctors from the medical register in 2012 (19 doctors in 2011).

Table 6: Outcome of interim order panel hearings in 2009–12

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspension</td>
<td>156</td>
<td>144</td>
<td>158</td>
<td>207</td>
</tr>
<tr>
<td>Conditions</td>
<td>184</td>
<td>214</td>
<td>236</td>
<td>336</td>
</tr>
<tr>
<td>No order</td>
<td>87</td>
<td>111</td>
<td>95</td>
<td>241</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>427</td>
<td>469</td>
<td>489</td>
<td>784</td>
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