



<b>Agenda item:</b>	<b>7</b>
<b>Report title:</b>	<b>Report of the Chair of the Medical Practitioners Tribunal Service</b>
<b>Report by:</b>	<b>His Honour David Pearl</b> , Chair of the Medical Practitioners Tribunal Service <a href="mailto:dpearl@mpts-uk.org">dpearl@mpts-uk.org</a> , 0161 240 7115
<b>Considered by:</b>	<b>GMC/MPTS Liaison Group</b>
<b>Action:</b>	<b>To consider</b>

### **Executive summary**

This report sets out progress of the MPTS since the last report to Council in December 2014. Key points to note:

- Significant reforms that will improve the efficiency and effectiveness of MPTS hearings will be in place by December 2015.
- A new version of the *Sanctions Guidance* agreed by Council in April 2015 will be in use by August 2015.
- We are making progress with other projects, including support for unrepresented doctors and reducing the number of adjournments.
- The MPTS Advisory Committee has continued to provide advice to the Chair of the MPTS in specific areas, as required.

### **Recommendation**

Council is asked to consider the Report of the Chair of the Medical Practitioners Tribunal Service.

## Chair's update

- 1 This paper is the Medical Practitioners Tribunal Service (MPTS) Chair's first bi-annual report to Council of 2015.

### *2014 performance*

- 2 Council will consider the detailed Fitness to Practise 2014 Annual Statistics Report at item 6 on the agenda. In 2014, 237 doctors appeared before MPTS fitness to practise hearings. 30% of doctors were erased, 36% suspended, 9% were given conditions, and 1% agreed undertakings. In 2% of hearings the panel found impairment but took no action. 16% were found not impaired, while a further 4% were found not impaired and received a warning. Panels granted voluntary erasure applications in 2% of cases.
- 3 By comparison, in 2013 229 doctors appeared before MPTS fitness to practise hearings. 24% of doctors were erased, 38% suspended, 14% were given conditions, and none agreed undertakings. In only one case (less than 1%) did the panel find impairment but take no action. 17% were found not impaired, while a further 6% were found not impaired and received a warning. Panels granted voluntary erasure applications in 2% of cases.
- 4 In 2014, 571 doctors appeared before Interim Orders Panel (IOP) hearings. 18% of doctors received interim suspensions and 61% interim conditions. The IOP made no order in 21% of cases.
- 5 By comparison, in 2013, 634 doctors appeared before IOP hearings. 20% of doctors received interim suspensions and 59% interim conditions. The IOP made no order in 21% of cases.

### *Legislative change*

- 6 In March 2015, the UK Parliament, Scottish Parliament and Privy Council agreed a Section 60 Order amending the Medical Act 1983, introducing a new over-arching objective for the GMC and making fitness to practise reforms that will improve both GMC investigations and MPTS adjudication.
- 7 The passing of the Section 60 Order has been a key priority since the creation of the MPTS in June 2012, and will place the MPTS on a statutory footing.
- 8 The changes will give the GMC a right of appeal, along with the Professional Standards Authority's right of referral. This underlines the clear separation between MPTS adjudication of cases and the GMC's complaints and investigation function. Other changes include: providing the MPTS with the flexibility to appoint a

legally-qualified chair instead of a legal assessor in some cases; and the power to hold IOP reviews 'on the papers' where both parties agree on the outcome, which will reduce the number of hearings held each year.

- 9 A consultation on the supporting Rules to implement the legislative changes ran from 25 March to 20 May 2015. The results will be published in summer 2015 and the Rules presented to Parliament for approval, with a view to them coming into force by the end of the year, with transitional arrangements where necessary.
- 10 To support this programme of work 15 separate change projects are being run across the MPTS and the GMC Fitness to Practise Directorate, reporting to a Section 60 Board which I chair.

### *Sanctions Guidance*

- 11 A new version of the *Sanctions Guidance* was approved by Council on 23 April 2015. It is intended that the revised Guidance will be in use from August 2015, with transitional arrangements in place for hearings already underway.

### *Other key project work*

- 12 The MPTS has successfully piloted paperless IOP hearings, providing panellists with tablets to view hearing bundles. The pilot received nearly 80% positive feedback from panellists. Paperless IOP hearings are continuing and will deliver significant savings on printing costs.
- 13 We are continuing to develop support for unrepresented doctors. In December 2014 the MPTS launched a telephone information service for doctors, providing support to those appearing before hearings without legal representation.
- 14 The telephone information service is being piloted with support from Manchester-based students at BPP Law School and the University of Law. We have also produced 12 fact sheets to help guide unrepresented doctors on specific parts of the hearing process ([www.mpts-uk.org/unrepdoctors](http://www.mpts-uk.org/unrepdoctors)).
- 15 Work to reduce the number of hearing adjournments is outlined in [Annex A](#). In 2014 27% of new FTP hearings adjourned, as did 5% of all IOP hearings. Reports on all adjourned hearings are now considered by the Quality Assurance Group which I chair.

*Panellist recruitment*

- 16** 42 new medical panellists were appointed following a recruitment exercise in October 2014, all of whom have received their induction training and will soon begin sitting on panels. Details of panellist diversity is at [Annex B](#).

*MPTS Advisory Committee*

- 17** The MPTS Advisory Committee continues to meet four times a year. Since the last report to Council the Committee has met on two occasions and has offered advice to the Chair of the MPTS on a range of matters, including support for unrepresented doctors; reducing the number of hearing adjournments; key performance indicators; panellist recruitment and appraisal; and the review of suicide of doctors while under fitness to practise procedures.

*External engagement*

- 18** The MPTS Case Management Group meets three times a year to facilitate discussion on ensuring hearings are ready to begin on time, without being diverted into matters which could be dealt with by pre-hearing case management. The MPTS User Group meets twice a year and is a forum for all parties involved in MPTS hearings to discuss operational matters.
- 19** In December 2014 I gave a talk on the work of the MPTS to the Medico-Legal Society of London, which has been published in the Society's journal. In March 2015 I gave a talk to the Association of Regulatory and Disciplinary Lawyers, and in April 2015 I was a speaker at the GMC's Counsel Forum.



## 7 – Report of the Chair of the Medical Practitioners Tribunal Service

### 7 – Annex A

#### MPTS hearing adjournments

- 1 Adjourned hearings cause delays to the proceedings, which can impact significantly on doctors, witnesses and others.
- 2 In 2014 there were 108 Interim Orders Panel (IOP) hearing adjournments, 5% of the total number of hearings that took place. The most common reason was lack of time, 57 (53%) of the 108 adjournments.
- 3 In 2014 there were 85 FTP Panel new hearing adjournments relating to 62 doctors, which equated to 27% of all new hearings. The most common reasons were issues relating to witness availability; disclosure and evidence issues; unexpected, time-consuming submissions; and panel hearing management issues. In most hearings there was a combination of reasons for the need to adjourn.

#### Steps taken

- 4 Steps taken to reduce the number of adjournments include:
  - Panel Chairs and Panel Secretaries now prepare a report on the key reasons for an adjournment, which informs discussion at QAG and Tribunal Clerk feedback sessions with the GMC.
  - QAG actions can include letters to panels, identified panel training needs and feedback to the GMC.
  - The MPTS Tribunal Clerk provides feedback to GMC counterparts on hearings performance, including adjournments.
  - Panel Chair training in 2014 focused on managing hearings effectively, particularly those involving unrepresented doctors. This continues in 2015.

- The MPTS Case Management Group and MPTS User Group provide an opportunity to raise matters of common interest, including adjournment issues. One outcome has been a new procedure, agreed with medical defence organisations, where parties provide their witnesses with panellist names and report to us any possible conflicts of interest.
- Working with the GMC Case Review Team we have introduced a new procedure for estimating more effectively the number of days required for a review hearing.
- An SLA with the Fitness to Practise Directorate for the timely delivery of IOP hearing bundles has been introduced, reducing the risk of hearings having to adjourn due to the late delivery of hearing bundles.
- We closely monitor closely the IOP case mix and hearing end times.



## 7 – Report of the Chair of the Medical Practitioners Tribunal Service

### 7 – Annex B

#### Panel Diversity

##### Current panellists (at 19 May 2015)

- The MPTS has 285 panellists, of whom 132 (46%) are lay panellists and 153 (54%) are medical panellists.
- 153 (54%) are male and 132 (46%) are female.
- 49 (17%) have self-declared as black and minority ethnic (BME), 231 (81%) as white. Five panellists are undeclared.
- 13 panellists (5%) have a disability.
- These figures do not include an additional six medical panellists who have been appointed and trained but have not yet begun their contracts with the MPTS.