



GMC

2009 Annual Statistics

Fitness to Practise

General
Medical
Council

Regulating doctors
Ensuring good medical practice

Introduction

This is the report of the 2009 annual statistics for the General Medical Council's (GMC) Fitness to Practise (FtP) procedures. The report provides data on volumes and outcomes at each stage of the FtP process for the period of January to December 2009. This report is supplemented by a separately published series of fact sheets on key themes of interest to FtP such as ethnicity, gender, time since qualification, primary medical qualification, area of practice, practice location and recorded allegations.

The GMC is the independent regulator for doctors in the UK. Our statutory purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.

We do that by controlling entry to the medical register and setting the educational standards for medical schools. We also determine the principles and values that underpin good medical practice and we take firm but fair action where those standards have not been met.

The Standards and Fitness to Practise Directorate is responsible for ensuring that we deal firmly, fairly and speedily with those doctors who fail to maintain the standards expected of them. This involves the investigation of concerns raised about individual doctors, and where the investigation calls into question the doctor's fitness to practise, the adjudication of cases before a Fitness to Practise Panel.

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The FtP process

This chapter explains the key terminology used in this report along with the FtP process. Subsequent chapters in this report are structured in accordance with the FtP process to allow the reader to follow the volumes and outcomes of cases in a linear order.

Enquiries

An enquiry is defined as information received (from a single source) that may raise concerns about one or more doctors' fitness to practise. 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 health bodies or police forces.

Triage

We aim to 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 practise. 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 practise, 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'.

Case Examiners

At the end of the investigation by the GMC of allegations against a doctor, the case will be considered by two senior GMC staff known as Case Examiners (one medical and one non-medical). They can:

- conclude the case with no further action
- issue a warning
- refer the case to a Fitness to Practise Panel hearing
- agree undertakings with doctors.

In addition to Case Examiner decisions, it is possible for an Assistant Registrar to refer a case to a panel. A Registrar can make a panel referral when:

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

Investigation Committee

The role of the Investigation Committee is to consider allegations or information to ascertain whether there is a realistic prospect of establishing that a doctor's fitness to practise is impaired to a degree justifying action on his or her registration. There are two distinct categories of case considered by the committee:

- cases where case examiners have been unable to agree on a suitable outcome
- cases where a doctor has refused to accept a warning and has elected to have an oral hearing or where the case examiners feel this is appropriate.

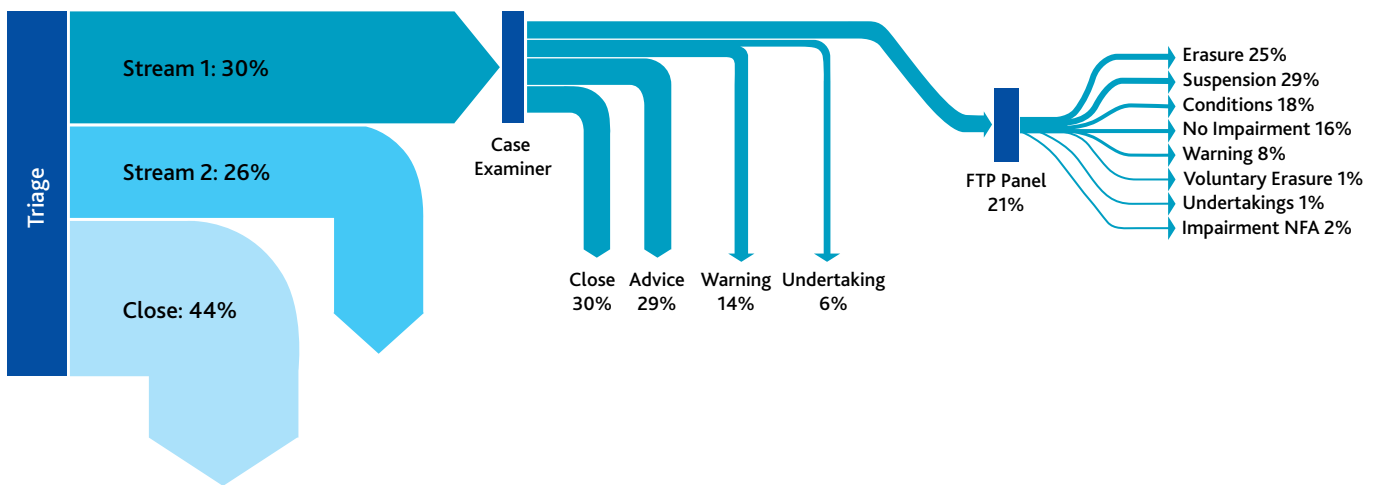
Interim Orders Panel

At any stage of an investigation we may refer the doctor to an Interim Orders Panel (IOP). An IOP can suspend or restrict a doctor's practice while the investigation continues.

Fitness to Practise Panel

Our Fitness to Practise Panels hear the cases against doctors, decide whether the facts are proven, whether they amount to impaired fitness to practise and if so, what sanctions are appropriate, if any.

Flow chart representing the FTP process



This diagram is based on the 2009 case volumes and outcomes. The proportions are indicative only as there is not necessarily a linear relationship between volumes and outcomes in a 12 month period. We aim to conclude our investigations and commence hearings within 15 months therefore, an enquiry received in 2009 may not result in a hearing taking place in the same year.

Enquiries about doctors

The number of enquiries about doctors has risen in 2009 alongside a rise in the number of enquiries from persons acting in a public capacity (PAPC).

Findings

- There has been 11% increase in the number of enquiries received over the last year compared to 2008.
- The annual number of enquiries received has increased by 30% (1,324) since 2004.
- The number of enquiries received from PAPC has gone from 394 in 2006 to 1,030 in 2009, an increase of 160%.

Chart 1: Number of doctors subject to an enquiry 2006 – 2009

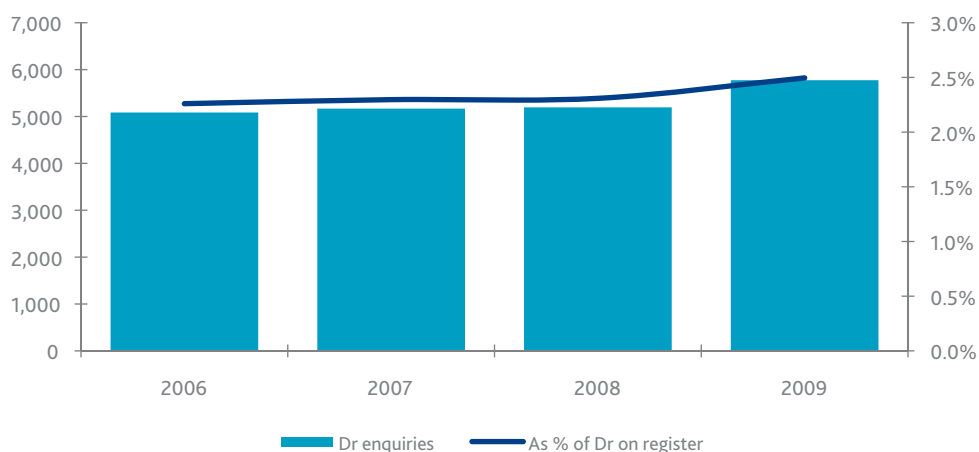
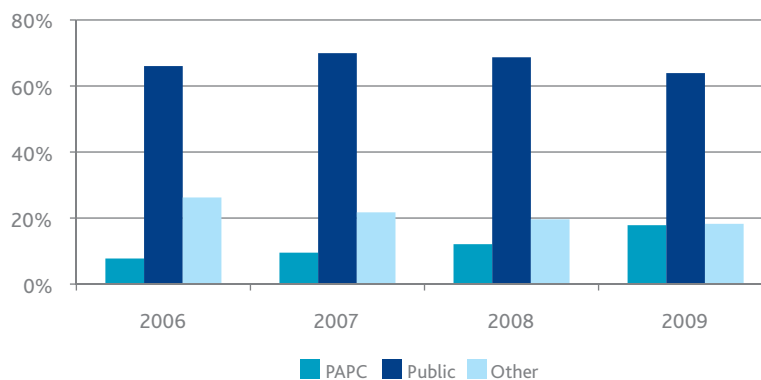


Chart 2: Source of enquiries about doctors' fitness to practise



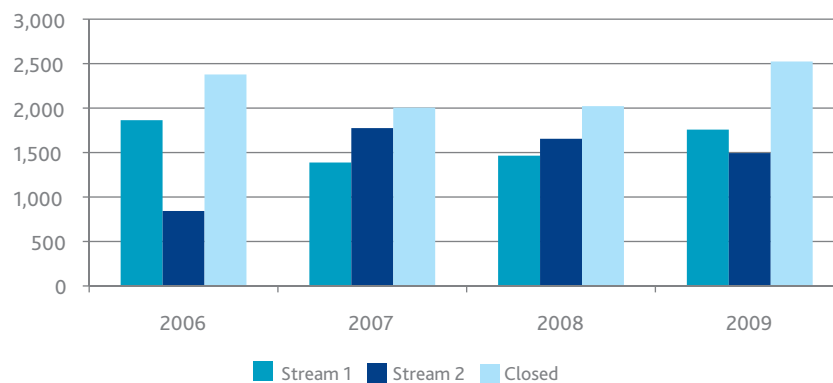
Triage decisions

The number of Stream 1 investigations has increased by 20% in 2009 compared to 2008.

Findings

- The number of triage outcomes to investigate as Stream 1 increased from 1,465 in 2008 to 1,758 in 2009 (an increase of 20%).
- The number of triage outcomes to investigate as Stream 2 decreased from 1,655 in 2008 to 1,494 in 2009 (a decrease of 10%).
- Of the 5,773 triaged, just over 2,500 (43%) enquiries were closed with no further action required.

Chart 3: Triage outcomes 2006 to 2009



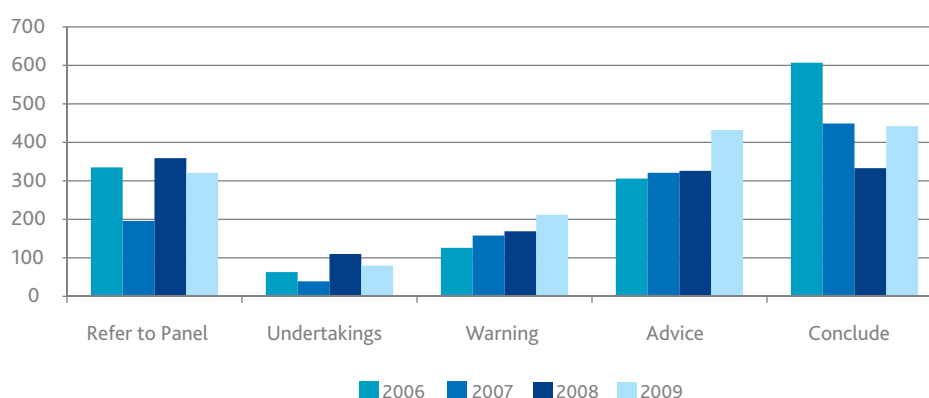
Case Examiner decisions

In 2009, most Case Examiner decisions recommended no further action or advice. At the same time, the number of decisions to refer cases to an FTP panel decreased slightly compared to 2008.

Findings

- More Case Examiner decisions (1,496) were made in 2009 than in any other year with an increase of 15% compared to 2008.
- The proportion of decisions to take no further action or issue advice has risen from 50.8% in 2008 to 58.8% in 2009.
- The proportion of decisions by Case Examiners to refer to a panel has gone from 27.7% in 2008 to 21.6% in 2009. The actual number of panel referrals also decreased from 359 in 2008 to 319 in 2009.
- The number of decisions to issue a warning has increased each year since 2006 although it has remained between 13% and 14% as a proportion of total outcomes since 2007.
- The proportion of decisions by Case Examiners to recommend undertakings decreased from 8.5% in 2008 to 6.4% in 2009.

Chart 4: Case Examiner decision outcomes 2006 – 2009



Investigation Committee hearing outcomes

The number of Investigation Committee hearings has increased although levels of different outcomes have remained fairly consistent over the last four years.

Findings

- The number of cases where an allegation has been referred to the Investigation Committee for an oral hearing has risen from 22 in 2008 to 49 in 2009. This is linked to the increase in warnings issued by Case Examiners.
- Since 2006, 54% of hearings have resulted in a warning being issued and this has remained fairly consistent as a proportion of the Investigation Committee outcomes each year.

Table 1 – Number and outcome of Investigation Committee hearings 2006 – 2009

Outcome	2006	2007	2008	2009
Warning issued	8	13	12	28
No further action	10	11	10	21
Total	18	24	22	49

Interim Order Panel hearings

There has been an increase of 30% in the number of Interim Order Panel hearings in 2009 compared to 2008.

Findings

- 428 Interim Order Panel hearings took place in 2009, a 30% increase on 2008.
- Despite the increase the proportions of outcomes do not differ greatly over the last four years.

Chart 5: Number of IOP hearings

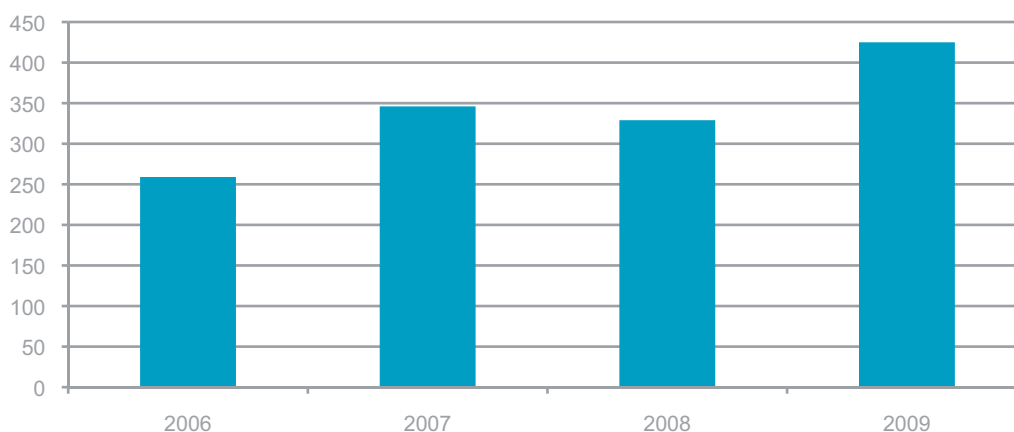
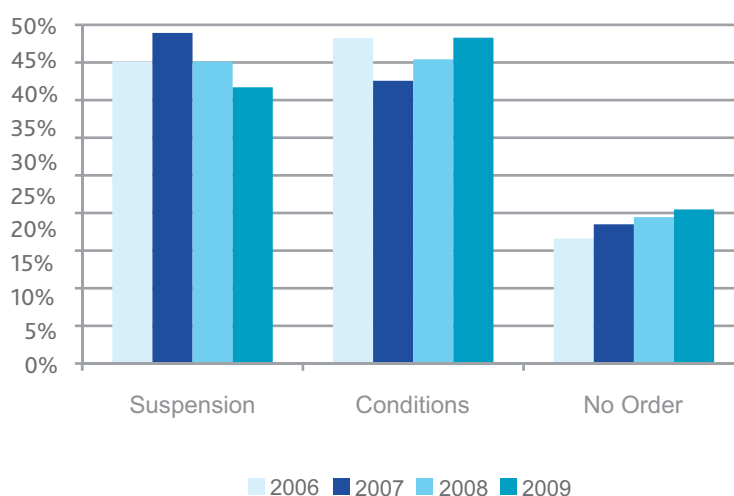


Chart 6: Interim Order Panel hearing outcomes 2006 to 2009



Fitness to Practise Panel hearings

The number of Fitness to Practise Panel hearings increased by 32% in 2009 compared to 2008.

Findings

- 270 Fitness to Practise Panel hearings took place in 2009 compared with 204 in 2008 – an increase of 32%.
- A total of 68 doctors were erased from the Medical Register at a Fitness to Practise Panel in 2009, more than in the previous three years. A further 15 doctors were erased at FtP Panel Review hearings.¹
- The most common hearing outcome in 2009 was suspension, accounting for 28% of all outcomes.
- Over three quarters of all doctors before a Fitness to Practise Panel hearing in 2009 were found to be impaired.

Chart 7: Number of Fitness to Practise Panel hearings 2006 to 2009

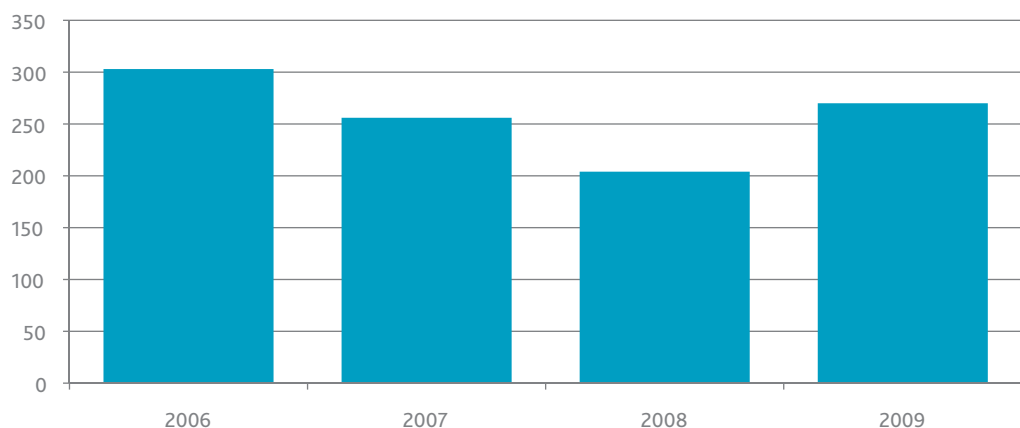
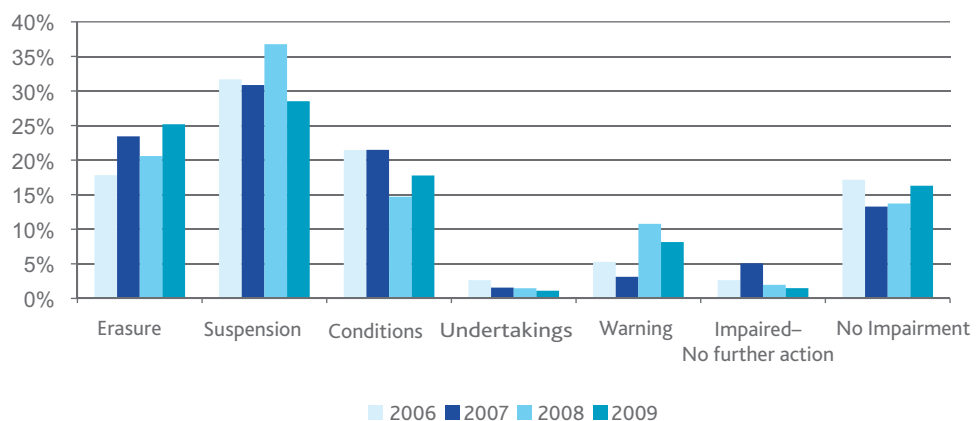


Chart 8: Fitness to Practise Panel hearing outcomes 2006 to 2009



¹ A FtP Panel Review hearing convenes to review a doctor's compliance with restrictions placed on their registration and has the power to erase.

Annex – data used in charts and text

Data collection

Data collection covers data recorded on the Siebel case management system from January 2006 onwards.

The data used in these statistics was taken from the Siebel case management system at 08:00

on 15 January 2010 and was correct at this time. The dynamic nature of FtP casework means that there may have been some minor updates to this figures since data extraction.

Table 2 – Enquiries regarding a doctor’s fitness to practise

	2006	2007	2008	2009
Doctors on register	240,328	244,537	247,530	231,415
Enquiries	5,085	5,168	5,195	5,773
Enquiries from PAPC	394	492	628	1,030
Enquiries from members of public	3,358	3,615	3,569	3,689
Other enquiry sources	1,334	1,123	1,019	1,054

The number of enquiries is based on the number of triages per individual doctor completed in a given year.

Table 3 – Outcome of triage decisions

	2006	2007	2008	2009
Stream 1	1,864	1,388	1,465	1,758
Stream 2	843	1,775	1,655	1,494
Closed	2,378	2,005	2,022	2,521
Total	5,085	5,168	5,142	5,773

Table 4 – Case Examiner decisions

	2006	2007	2008	2009
Refer to Panel	335	196	359	319
Undertakings	63	39	110	95
Warning	126	158	169	212
Advice	306	321	326	428
Conclude	607	449	333	442
Total	1,437	1,163	1,297	1,496

Table 5 – Fitness to Practise Panel outcomes

	2006	2007	2008	2009
Erasure	54	60	42	68
Suspension	96	79	75	77
Conditions	65	55	30	48
Undertakings	8	4	3	3
Warning	16	8	22	22
Reprimand	1	1	0	1
Impairment – NFA	8	13	4	4
No Impairment	52	34	28	44
Voluntary Erasure	3	2	0	3
Total	303	256	204	270

A further 15 doctors were erased at a FTP Review Panel hearing² meaning that there were a total of 85 doctors erased from the Medical Register in 2009.

Table 6 – Interim Order Panel outcomes

	2006	2007	2008	2009
Suspension	104	152	132	156
Conditions	112	130	133	184
No Order	43	64	64	87
Total	259	346	329	427

² A FtP Panel Review hearing convenes to review a doctor's compliance with restrictions placed on their registration and has the power to erase.

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