



GMC

2010 Annual Statistics

Fitness to Practise

General
Medical
Council

Regulating doctors
Ensuring good medical practice

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Introduction

This is the report of the 2010 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 2010. 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 (PMQ), recorded allegations and area of practice (doctor specialty).

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.

The Fitness to Practise 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 practice. 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
- conclude the case with advice
- issue a warning
- agree undertakings with doctors
- refer the case to a Fitness to Practise Panel hearing.

In addition to case examiner decisions, it is possible for an assistant registrar to refer a case to a panel. An assistant registrar can make a panel referral when:

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

Investigation Committee

The role of the Investigation Committee (IC) 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.

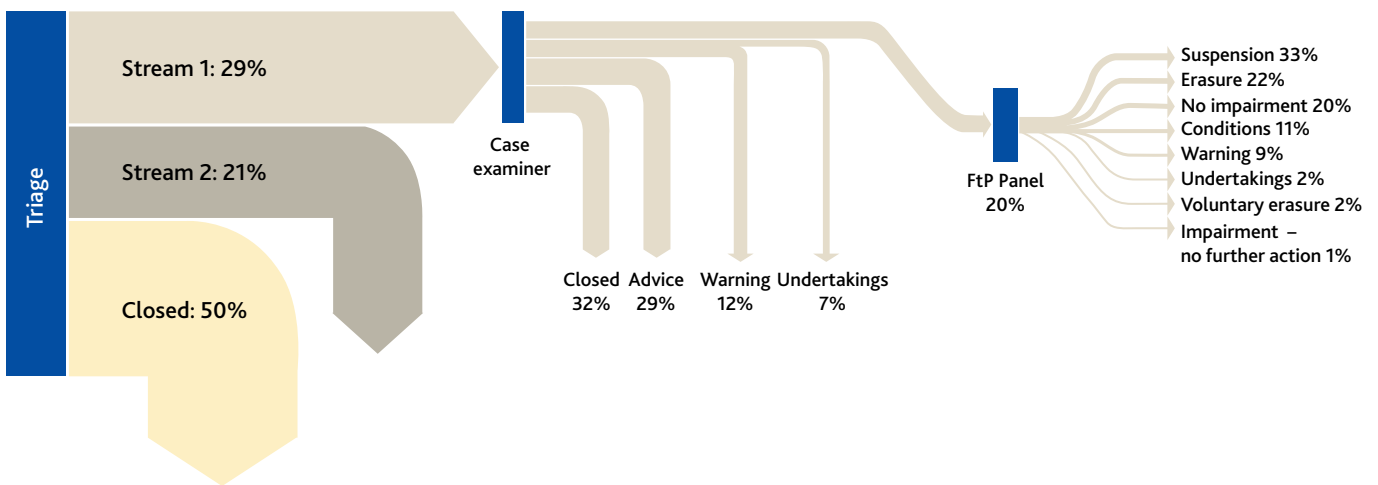
Interim Orders Panel

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 impaired¹ fitness to practise and, if so, what, if any, sanctions are appropriate.

Flow chart representing the FtP process



This diagram is based on the 2010 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 or triaged in 2010 may not result in a hearing taking place in the same year.

¹ Impaired FtP hearing outcomes comprise erasure, suspension, conditions, undertakings and impairment – no further action.

Enquiries about doctors

The number of enquiries about doctors has continued to rise in 2010 alongside a rise in enquiries from PAPC.

Findings

- There has been a 24% increase in the number of enquiries received over the last year compared to 2009.
- The annual number of enquiries received has increased by 1,985 (38%) since 2007.
- The number of enquiries received from PAPC has gone from 492 in 2007 to 1,395 in 2010, an increase of 903 (184%).

Chart 1: Number of doctors subject to an enquiry 2007–2010

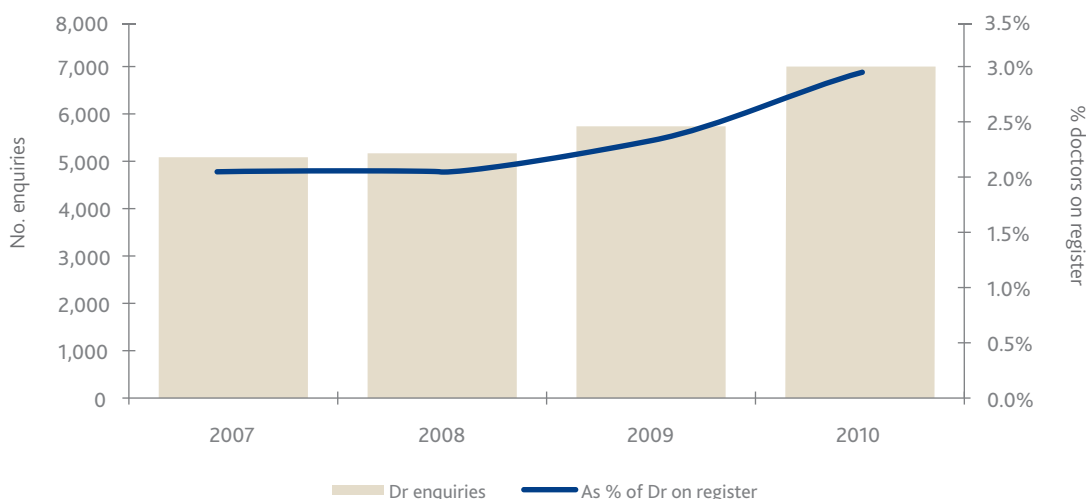
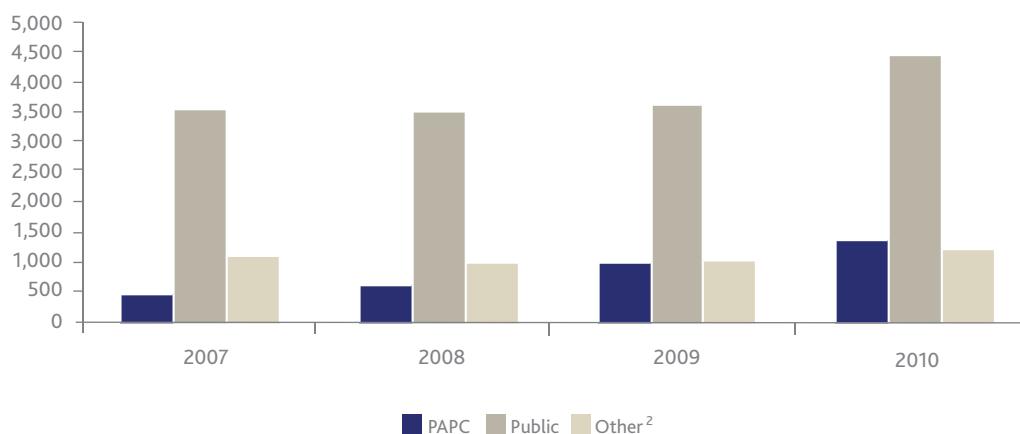


Chart 2: Source of enquiries about doctors' fitness to practise 2007–2010



¹ Other comprises public (organisation), doctor, press cuttings and the Independent Safeguarding Authority.

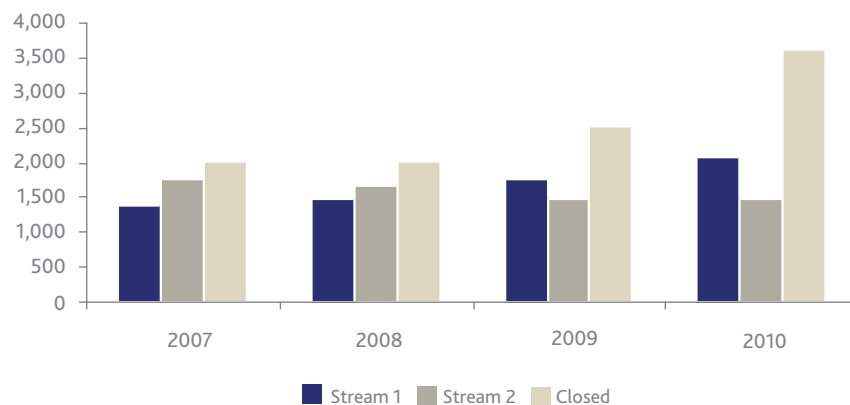
Triage decisions

The number of Stream 1 investigations has increased by 18% in 2010 compared to 2009.

Findings

- The number of triage outcomes to investigate as Stream 1 increased from 1,758 in 2009 to 2,066 in 2010, representing an 18% rise.
- The number of triage outcomes to investigate as Stream 2 decreased from 1,494 in 2009 to 1,474 in 2010, representing a 1% drop.
- Of the 7,153 triaged, 3,613 (50%) of the enquiries were closed with no further action required.

Chart 3: Triage outcomes 2007–2010



Case examiner decisions

In 2010, 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 2009.

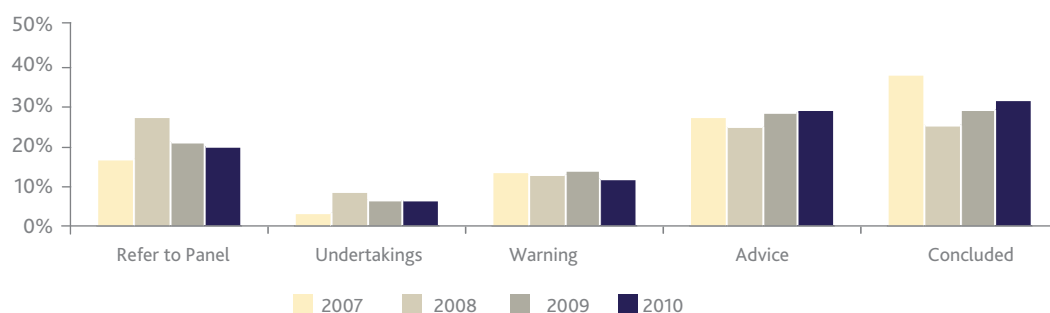
Findings

- More case examiner decisions (1,554) were made in 2010 for the third consecutive year, with an increase of 4% compared to 2009.
- The proportion of decisions to take no further action or issue advice rose, for the second consecutive year, from 58% in 2009 to 61% in 2010.
- The proportion of decisions by case examiners to refer to a panel has gone from 21% in 2009 to 20% in 2010. This equates to a decrease in panel referrals from 319 in 2009 to 314 in 2010.
- The number of decisions to issue a warning decreased from 212 in 2009 to 183 in 2010. This represents a decrease in warning outcomes from 14% in 2009 to 12% in 2010.
- The proportion of decisions by case examiners to recommend undertakings increased from 6% in 2009 to 7% in 2010.

Chart 4: Case examiner decisions 2007–2010



Chart 5: Proportion of case examiner decision outcomes 2007–2010



Investigation Committee hearings

The number of IC hearings decreased in 2010 and for the first time there were fewer warnings than no further action.

Findings

- The number of cases where an allegation has been referred to the IC for an oral hearing dropped by 41% from 49 in 2009 to 29 in 2010.
- In 2010, 10 (34%) ICs resulted in a warning. This is the first time there were fewer warnings than no further action, 19 (66%).

Chart 6: Number of IC hearings 2007–2010

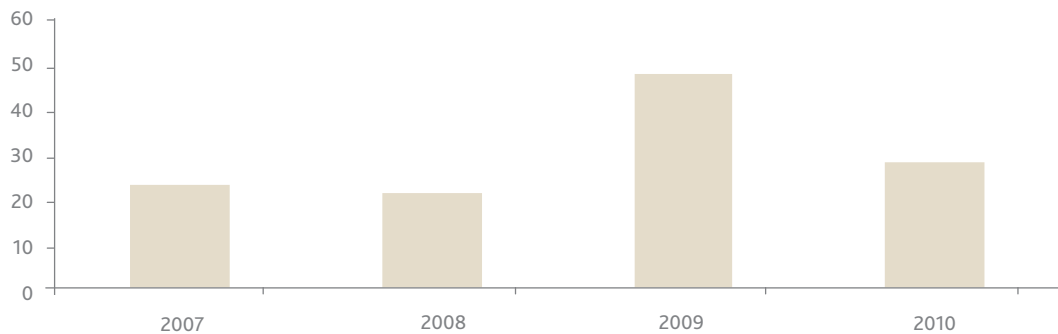
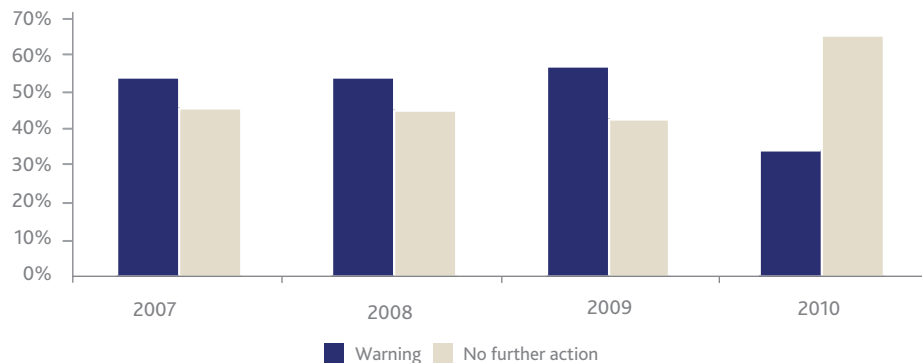


Chart 7: Proportion of outcomes of IC hearings 2007–2010



Fitness to Practise Panel hearings

The number of Fitness to Practise Panel hearings increased by 21% in 2010 compared to 2009.

Findings

- 326 Fitness to Practise Panel hearings took place in 2010 compared to 270 in 2009 – an increase of 21%.
- A total of 73 doctors (22% of all panel outcomes) were erased from the medical register at a Fitness to Practise Panel in 2010, more than in the previous three years. A further 19 doctors were erased at FtP Review hearings³.
- The most common hearing outcome in 2010 was suspension, accounting for 33% of all outcomes.
- Almost 70% of all doctors that appeared before a Fitness to Practise Panel hearing in 2010 were found to be impaired⁴.

Chart 8: Number of FtP Panel hearings 2007–2010

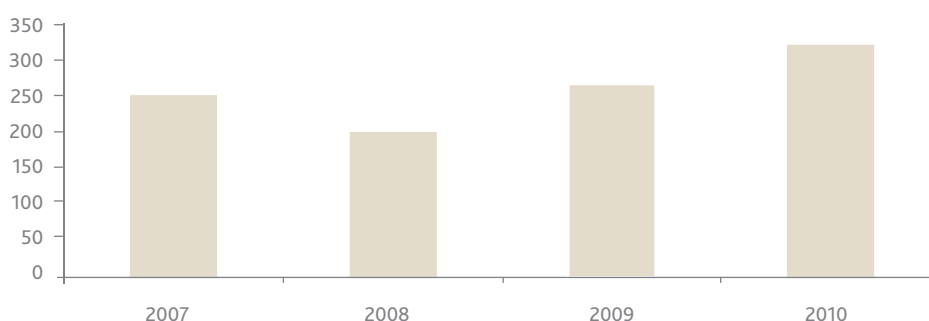
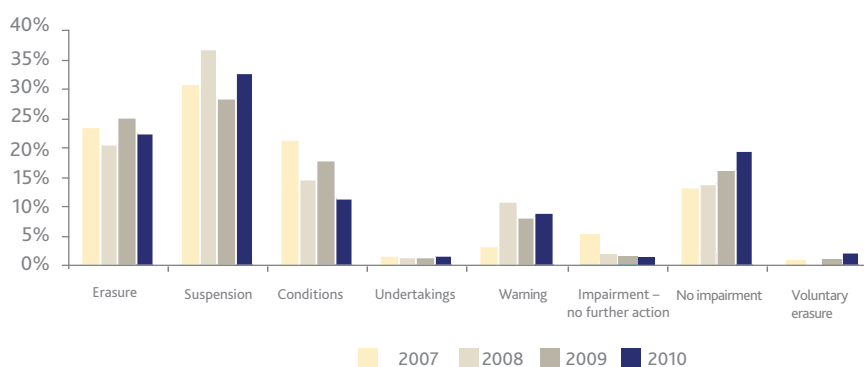


Chart 9: Proportion of FtP Panel hearing outcomes 2007–2010



³ An FtP Review hearing convenes to review a doctor's compliance with restrictions placed on their registration and has the power to erase.

⁴ Impaired FtP hearing outcomes comprise erasure, suspension, conditions, undertakings and impairment – no further action.

Interim Order Panel hearings

There has been an increase of 10% in the number of IOP hearings in 2010 compared to 2009.

Findings

- 469 IOP hearings took place in 2010, a 10% increase from 2009.
- Despite the increase the distribution of outcomes does not differ greatly over the last four years.

Chart 10: Number of IOP hearings 2007–2010

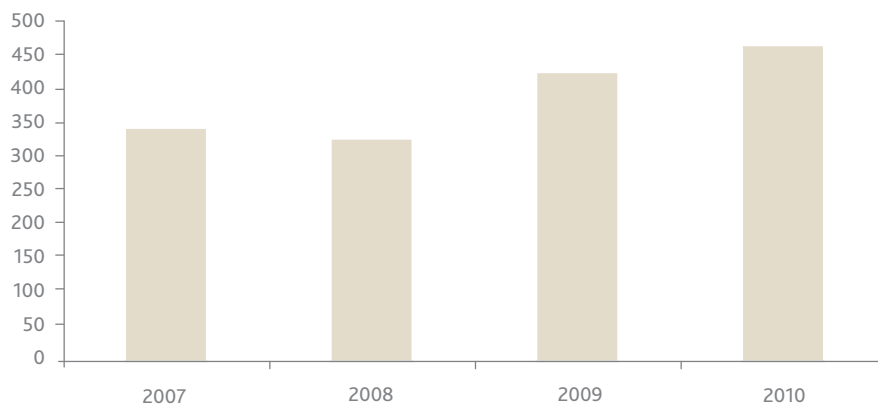
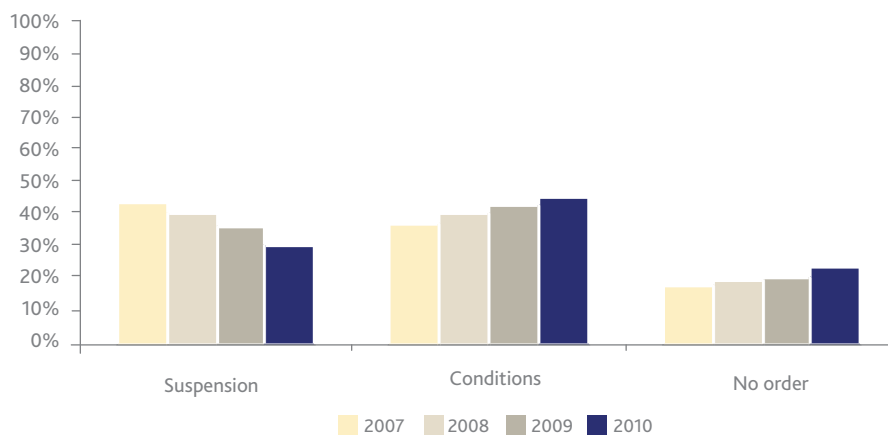


Chart 11: Proportion of IOP hearing outcomes 2007–2010



Annex – data used in charts and text

Data collection

Data collection covers data recorded on the GMC's Siebel case management system from January 2007 to 12 January 2011.

The data used in these statistics were taken from the Siebel case management system at 08:00 on 12 January 2011 and were correct at this time. The dynamic nature of FtP casework means that there may have been some minor updates to these figures since data extraction.

Table 1: Enquiries regarding a doctor's fitness to practise

	2007	2008	2009	2010
Doctors on register	244,537	247,530	231,415	239,292
Enquiries	5,168	5,195	5,773	7,153
Enquiries from PAPC	492	628	1,030	1,395
Enquiries from members of public	3,615	3,569	3,689	4,525
Enquiries from other ³ sources	1,123	1,019	1,054	1,233

The method of counting enquiries changed in 2009, hence older data may not always reconcile.

³ Other comprises public (organisation), doctor, press cuttings and the Independent Safeguarding Authority.

Table 2: Outcome of triage decisions

	2007	2008	2009	2010
Stream 1	1,388	1,465	1,758	2,066
Stream 2	1,775	1,655	1,494	1,474
Closed	2,005	2,022	2,521	3,613
Total	5,168	5,142	5,773	7,153

Table 3: Case examiner decisions

	2007	2008	2009	2010
Refer to Panel	196	359	319	314
Undertakings	39	110	95	102
Warning	158	169	212	183
Advice	321	326	428	458
Concluded	449	333	442	497
Total	1,163	1,297	1,496	1,554

There were also 36 referrals to panel by assistant registrars. In addition, the case examiners granted 97 doctors voluntary erasure from the register.

Table 4: Investigation Committee outcomes

	2007	2008	2009	2010
Warning	13	12	28	10
No further action	11	10	21	19
Total	24	22	49	29

Table 5: Fitness to Practise Panel outcomes

	2007	2008	2009	2010
Erasure	60	42	68	73
Suspension	79	75	77	106
Conditions	55	30	48	37
Undertakings	4	3	3	5
Warning	8	22	22	29
Reprimand	1	0	1	0
Impairment – no further action	13	4	4	4
No impairment	34	28	44	65
Voluntary erasure	2	0	3	7
Total	256	204	270	326

A further 19 doctors were erased at an FtP Review Panel.

Table 6: Interim Order Panel outcomes

	2007	2008	2009	2010
Suspension	152	132	156	144
Conditions	130	133	184	214
No order	64	64	87	111
Total	346	329	427	469

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