



2012 annual statistics

for our investigations into doctors'
fitness to practise

General
Medical
Council

Regulating doctors
Ensuring good medical practice

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.

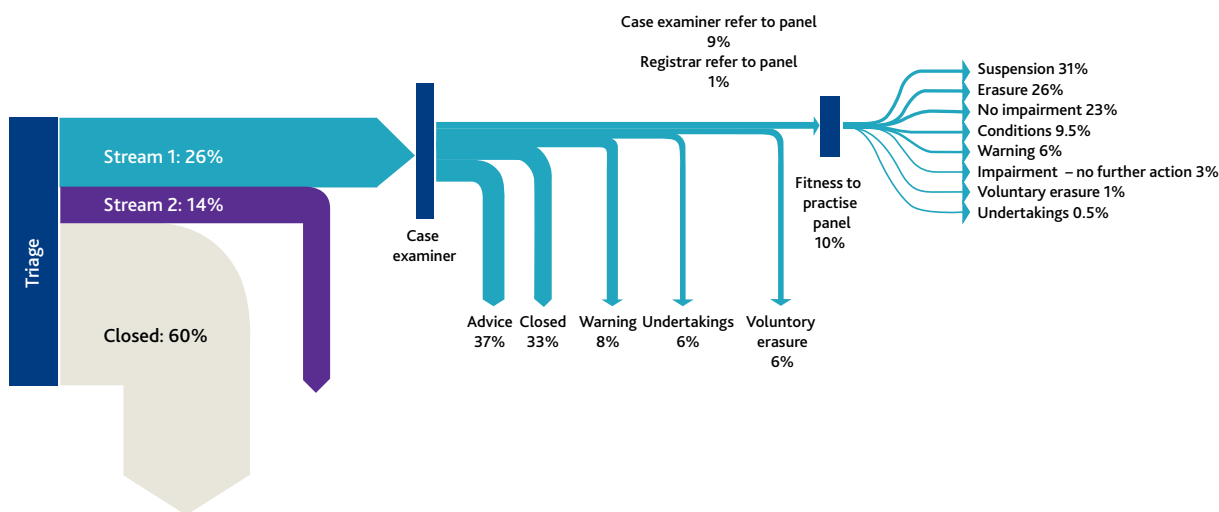
Fitness to practise volumes and outcomes in 2012

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 practise process.

Figure 1: Proportion of cases reaching each stage of the fitness to practise process in 2012



Enquiries about doctors

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.

Figure 2: Number of enquiries assessed in 2009–12

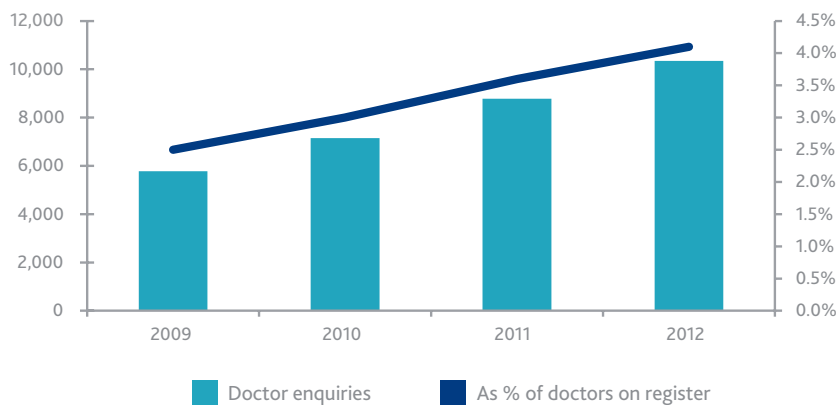


Figure 3: Source of enquiries in 2009–12



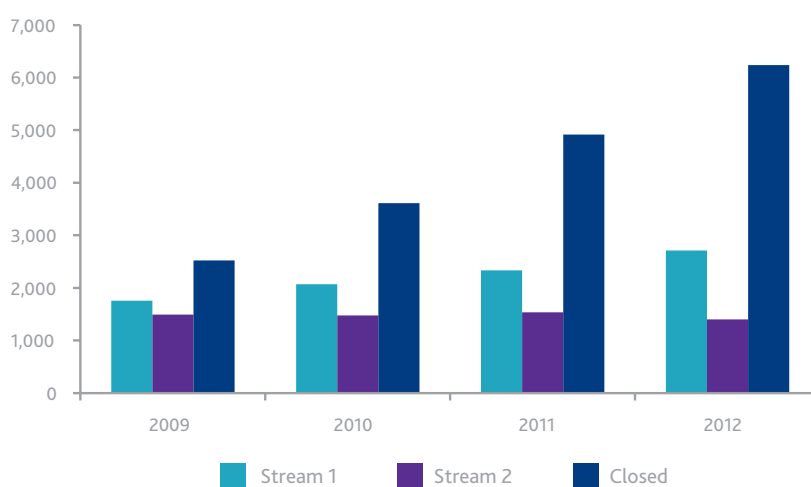
Triage decisions

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

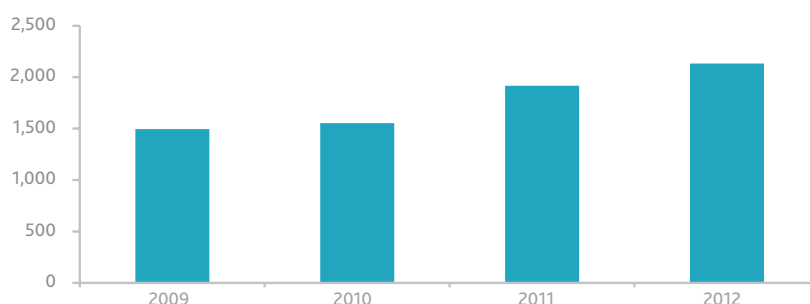
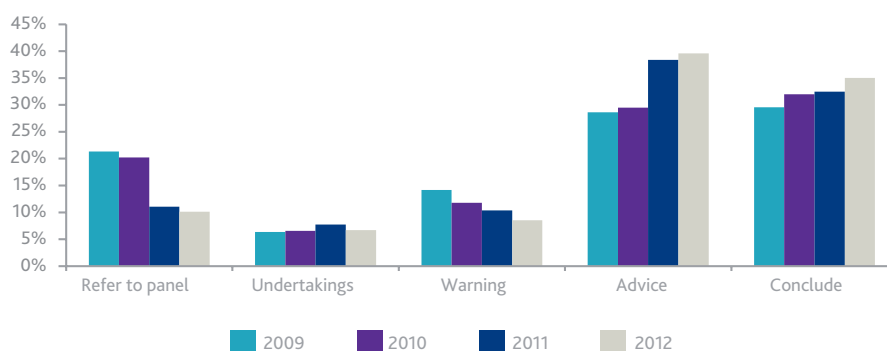


Figure 6: Outcome of case examiner decisions in 2009–12



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

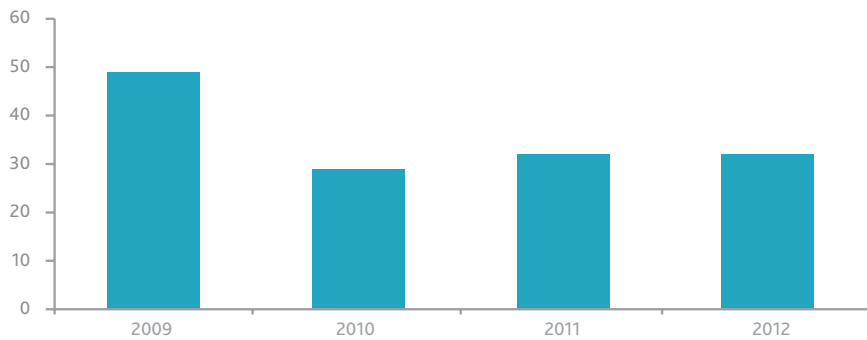
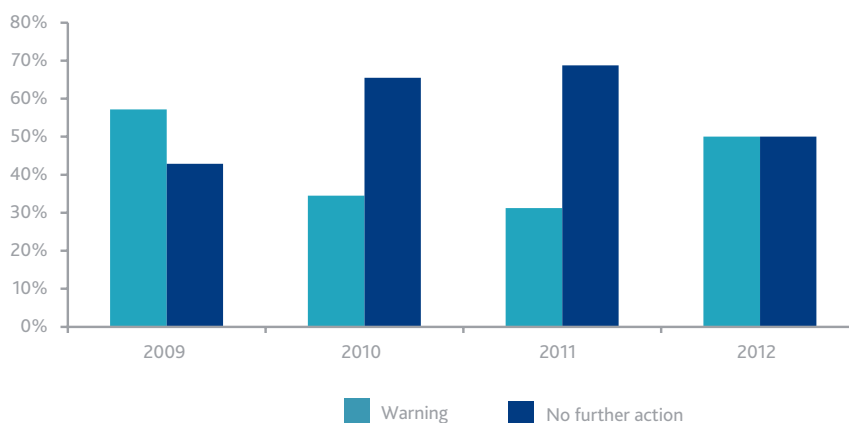


Figure 8: Outcome of Investigation Committee hearings in 2009–12



Fitness to practise panel hearings

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.

Figure 9: Number of fitness to practise panel hearings in 2009–12

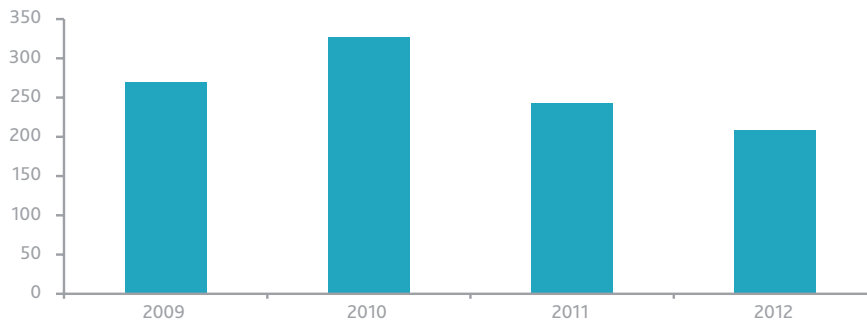
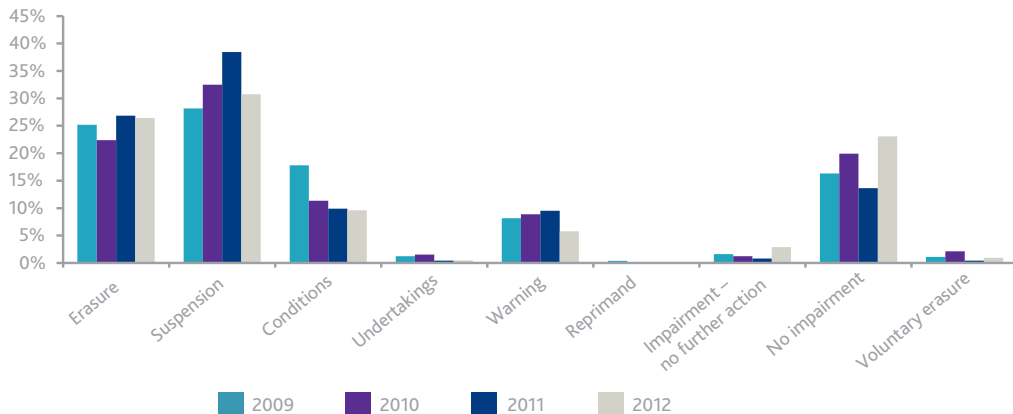


Figure 10: Outcome of fitness to practise panel hearings in 2009–12



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

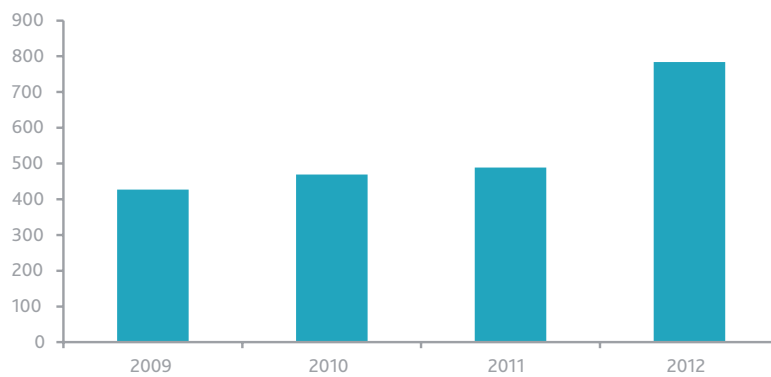
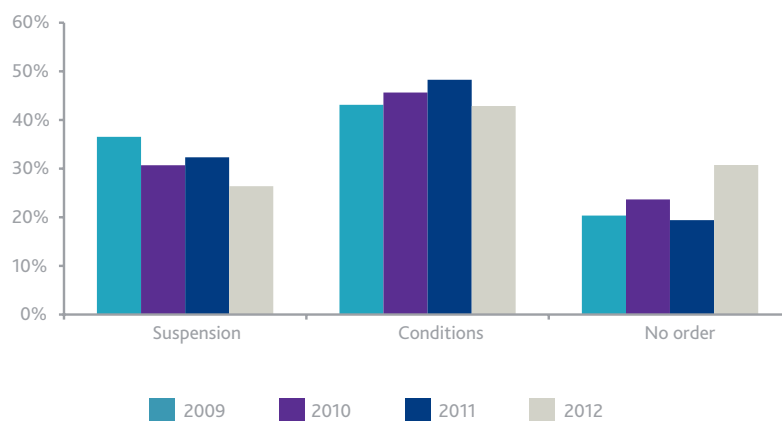


Figure 12: Outcome of interim order panel hearings in 2009–12



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 group, independent of the GMC, which hears cases where a doctor wishes to challenge whether he or she should be issued with a warning.

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
- agree undertakings with the doctor
- 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

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

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

	2009	2010	2011	2012
Stream 1	1,758	2,066	2,330	2,708
Stream 2	1,494	1,474	1,537	1,400
Closed	2,521	3,613	4,914	6,239
Total	5,773	7,153	8,781	10,347

Table 3: Outcome of case examiner decisions in 2009–12

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

* 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

	2009	2010	2011	2012
Warning	28	10	10	16
No further action	21	19	22	16
Total	49	29	32	32

Table 5: Outcome of fitness to practise panel hearings in 2009–12

	2009	2010	2011	2012
Erasure	68	73	65	55
Suspension	77	106	93	64
Conditions	48	37	24	20
Undertakings	3	5	1	1
Warning	22	29	23	12
Reprimand	1	0	0	0
Impairment – no further action	4	4	2	6
No impairment	44	65	33	48
Voluntary erasure	3	7	1	2
Total*	270	326	242	208

* 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

	2009	2010	2011	2012
Suspension	156	144	158	207
Conditions	184	214	236	336
No order	87	111	95	241
Total	427	469	489	784

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