



# 2013 annual statistics

for our investigations into doctors'  
fitness to practise

General  
Medical  
Council



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 2013.

More in-depth analysis of our fitness to practise data can be found in our report, *The state of medical education and practice in the UK*.

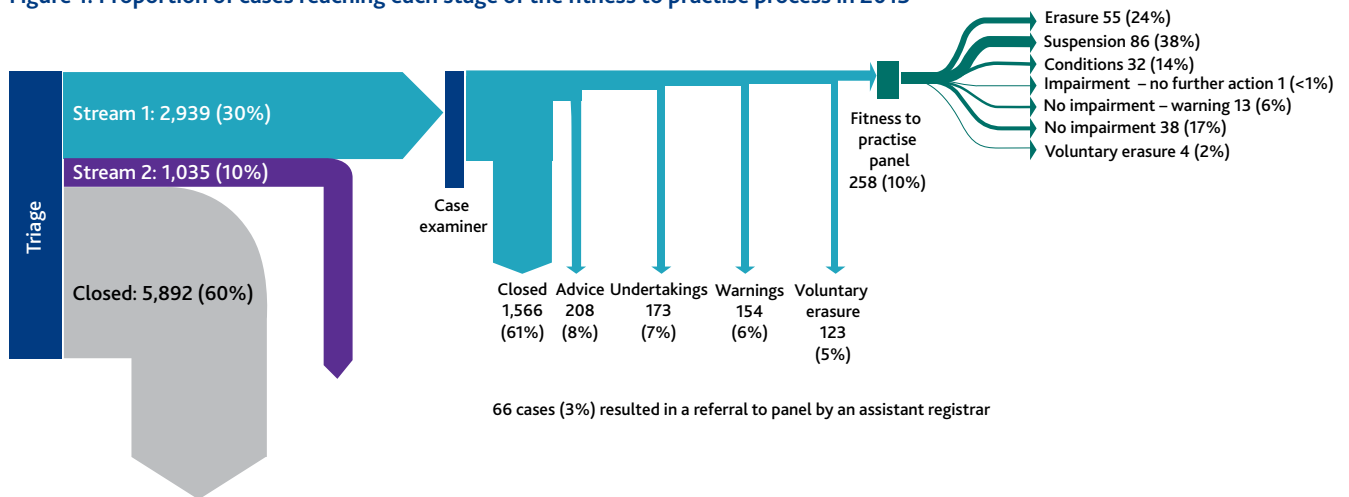
# The fitness to practise process

Figure 1 sets out the different stages of our fitness to practise process and the proportion of cases that reached each stage in 2013. The diagram does not track a single cohort of complaints through the system, because cases opened in 2013 will not necessarily reach an outcome in the same year. The figure shows the activity at each separate stage of our process in 2013.

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 2013**



# Enquiries about doctors

The number of enquiries about doctors fell slightly in 2013. However, enquires from members of the public increased.

- We received 9,866 enquiries in 2013, a decrease of 5% on 2012 (figure 2). In reality, the number of new enquiries has remained roughly the same, with the drop explained by a change in the way we log enquiries around performers' lists. The number of investigations has, however, continued to increase.
- In the past year, the greatest increase in enquiries came from members of the public – an increase of 5% on the previous year (figure 3). By comparison, enquiries from individuals acting on behalf of public organisations (such as doctors' employers or the police) decreased by 34%. The public remains by far the largest source of enquiries – we received 6,475 enquiries from them in 2013, accounting for 66% of the total.
- Between 2011 and 2012, there was a pronounced increase of enquiries from public organisations (up by 35%). Since 2010, enquiries from public organisations have fallen by 6% while those from members of the public are up by 43%.
- Enquiries from other\* sources dropped by 5%, from 2,190 to 2,075 but have increased by 68% since 2010.

\* Other comprises public organisations (such as other regulators, local authorities and patient organisations), doctor, press cuttings and the Independent Safeguarding Authority.

Figure 2: Number of enquiries assessed 2010–13

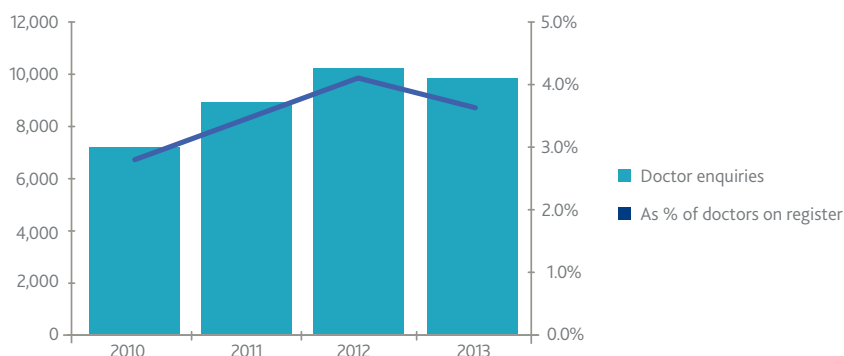
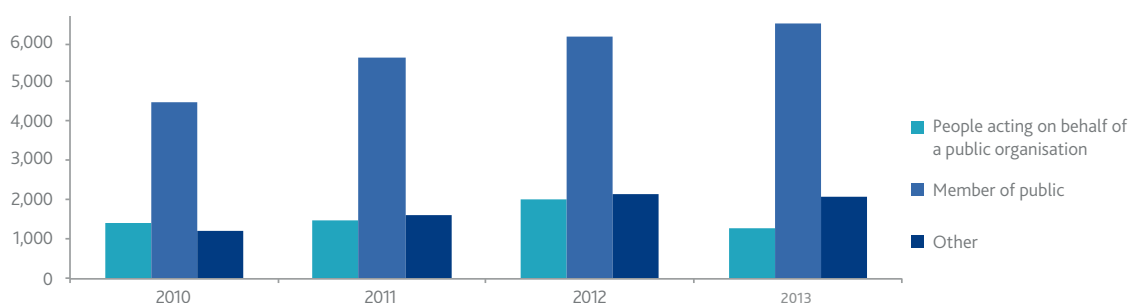


Figure 3: Source of enquiries 2010–13



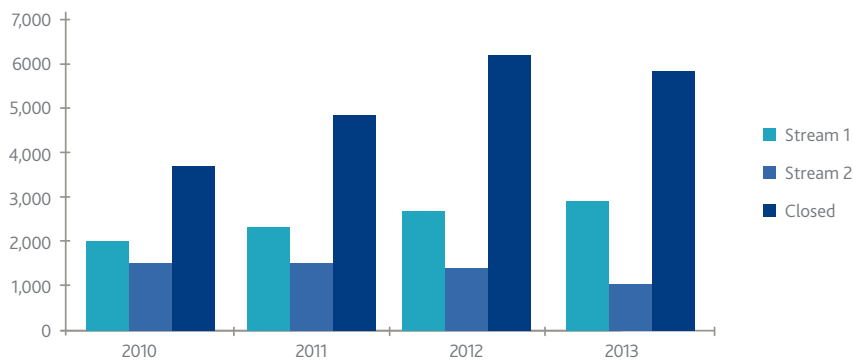
# Triage decisions

---

The number of new stream 1 investigations has increased by 8.5% in 2013 compared with 2012.

- Of the 9,866 enquiries, 5,892 (60%) were closed at triage with no further action (figure 4). The percentage has remained static since 2012, but has increased from 51% in 2010.
- The number of new stream 1 investigations opened at triage, which look at the most serious concerns, increased from 2,708 in 2012 to 2,939 in 2013 – a rise of 8.5%.
- The number of enquiries referred to employers through stream 2 at triage decreased from 1,400 in 2012 to 1,035 in 2013 – a decrease of 26%. This is the lowest since 2006 (843), having peaked at 1,775 in 2007.

**Figure 4: Triage outcomes 2010–13**



# 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 has increased slightly.

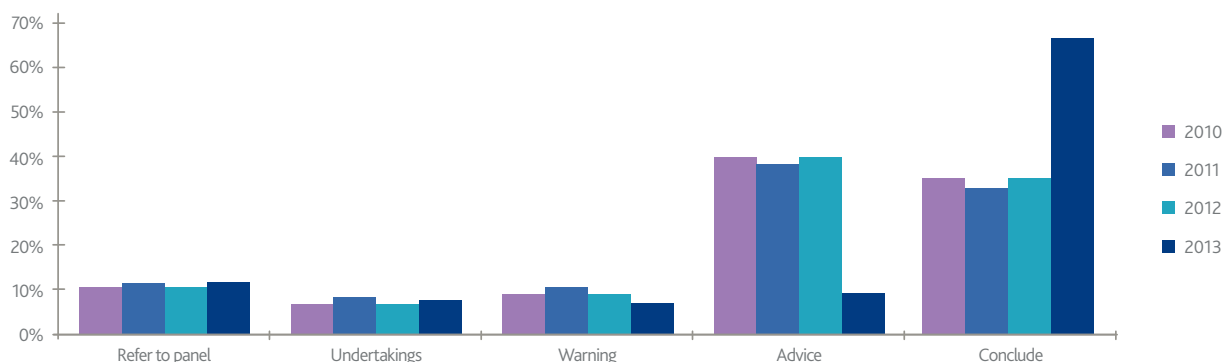
- The total number of case examiner decisions (2,359) rose in 2013 for the fifth consecutive year – increasing by 11% compared with 2012 (figure 5).
- The proportion of decisions to take no further action or issue advice remained the same at 75% in 2013. However, the split between the two outcomes changed.
  - There was a significant decrease in the number of advice outcomes, down from 844 (40% of outcomes) in 2012 to 208 (9% of outcomes).
  - There was a significant increase in cases concluded from 747 (35%) in 2012 to 1,566 (66%) in 2013.

This is due to a change in our procedure for issuing advice, meaning that a number of those cases will now be closed with no further action.

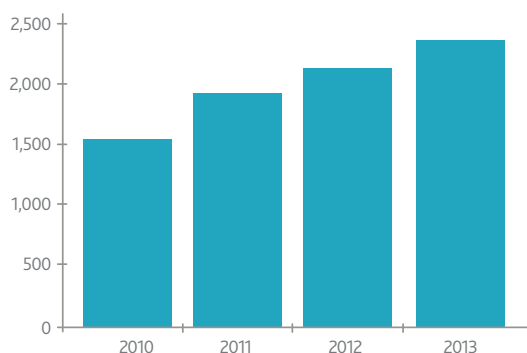
The threshold for advice has remained the same, and we intend to look into reasons behind this change in more detail.

- The proportion of decisions by case examiners to refer to a panel rose slightly from 10% in 2012 to 11% in 2013 (figure 6). This represented an increase of 42 in the total number of referrals, to 258.
- The number of decisions to issue a warning decreased from 182 in 2012 to 154 in 2013. As a proportion of total decisions, this represents a decrease from 8.5% to 6.5%. However, decisions to recommend undertakings increased to 173 (7%) in 2013 compared with 143 (7%) in 2012.

**Figure 6:**  
Proportion of case examiner decision outcomes 2010–13



**Figure 5:** Number of cases that reached an outcome or were referred to a panel hearing 2010–13



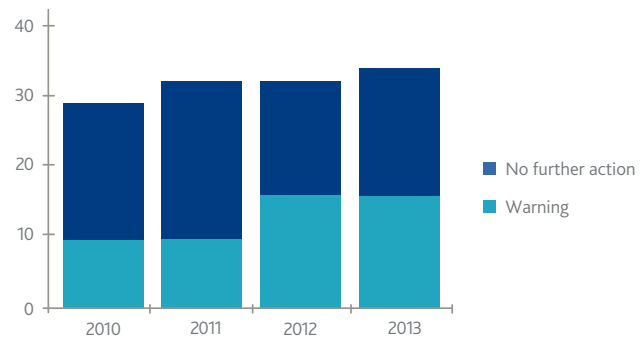
# Investigation Committee hearings

---

There were 34 Investigation Committee hearings in 2013, similar to the previous two years (32). Just under half of the doctors received a warning.

- The number of cases where an allegation has been referred to an Investigation Committee hearing, increased to 34 in 2013 (figure 7) from 32 in 2012.
- In 2013, 16 (47%) Investigation Committee hearings resulted in a warning and 18 (53%) resulted in no further action.
- In the previous year, half of the hearings had resulted in warnings and half in no further action. In both 2010 and 2011 around two thirds of hearings had resulted in no further action (66% and 69%).

Figure 7: Number of Investigation Committee hearings 2010–13





# Fitness to practise panel hearings

The number of fitness to practise panel hearings increased by 10% in 2013 after falling by 14% in the previous year.

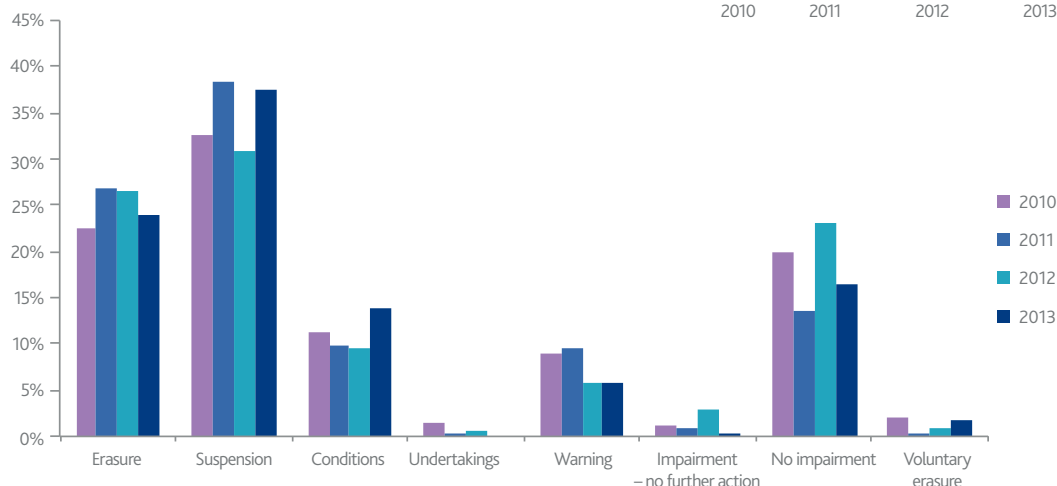
- 229 fitness to practise panel hearings concluded in 2013, compared with 208 in 2012 – an increase of 10% (figure 8). This was roughly in line with recent increases in our investigation numbers.
- A total of 55 doctors (24% of panel outcomes) were erased from the medical register by a fitness to practise panel in 2013 – the same number as 2012, which represented 26% of panel outcomes. A further nine doctors were erased at fitness to practise review hearings\* (compared with 18 in 2012).
- The most common hearing outcome in 2013 was suspension (86), accounting for 38% of all outcomes for doctors. This compares with 64 (31%) in 2012.

- 76% of all doctors who appeared before a fitness to practise panel hearing in 2013 were found to be impaired†. This compares with just over 70% in 2012.

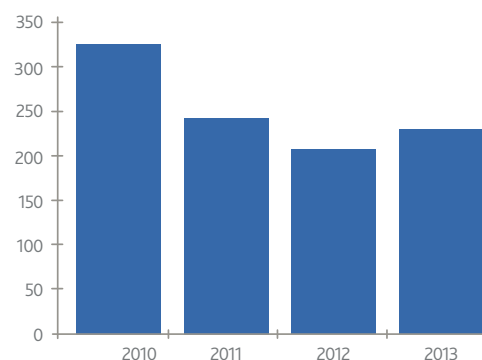
\* These hearings review a doctor's compliance with restrictions placed on their registration and have the power to erase them from the medical register.

† 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: Outcome of fitness to practise panel hearings in 2010–13**



**Figure 8: Number of fitness to practise panel hearings 2010–13**



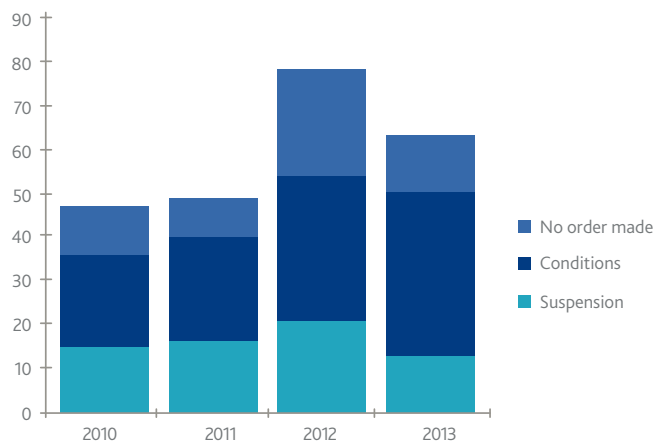
# Interim orders panel hearings

---

There has been a decrease of 19% in the number of interim orders panel hearings in 2013, following a rise of 60% in the previous year.

- 634 interim orders panel hearings concluded in 2013 – a 19% decrease from 784 in 2012 (figure 10).
- In 2013, sanctions (either suspension or conditions) were imposed in 79% of hearings – an increase from 69% in 2012.
- The number of no order outcomes reduced to 134 (21% of outcomes) in 2013 compared with 241 (31% of outcomes) in 2012.

**Figure 10: Number of interim orders panel hearings 2010–13**



# 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 a doctor.

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

**Stream 2:** 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 enquiries, 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

### Data collection

The data used in this report were taken from the Siebel case management system at 8 am on 12 April 2014. 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: Enquiries regarding a doctor's fitness to practise in 2010–13**

	2010	2011	2012	2013
Doctors on the register	239,292	245,918	252,557	259,651
Enquiries from people acting on behalf of a public organisation	1,395	1,481	2,003	1,316
Enquiries from members of public	4,525	5,665	6,154	6,475
Enquiries from other sources*	1,233	1,635	2,190	2,075
<b>Total</b>	<b>7,153</b>	<b>8,781</b>	<b>10,347</b>	<b>9,866</b>

\* This group includes public organisations (such as other regulators, local authorities and patient organisations), doctor, press cuttings, and the Independent Safeguarding Authority.

**Table 2: Outcome of triage decisions in 2010–13**

	2010	2011	2012	2013
Stream 1	2,066	2,330	2,708	2,939
Stream 2	1,474	1,537	1,400	1,035
Closed	3,613	4,914	6,239	5,892
<b>Total</b>	<b>7,153</b>	<b>8,781</b>	<b>10,347</b>	<b>9,866</b>

**Table 3: Outcome of case examiner decisions in 2010–13**

	2010	2011	2012	2013
Refer to panel	314	212	216	258
Undertakings	102	148	143	173
Warning	183	199	182	154
Advice	458	736	844	208
Conclude	497	622	747	1,566
<b>Total</b>	<b>1,554</b>	<b>1,917</b>	<b>2,132</b>	<b>2,359</b>

There were also 66 referrals to panel by the assistant registrar in 2013 (58 in 2012). In addition, the case examiners granted 123 doctors voluntary erasure from the register in 2013 (128 in 2012).

**Table 4: Outcome of Investigation Committee hearings in 2010–13**

	2010	2011	2012	2013
Warning	10	10	16	16
No further action	19	22	16	18
<b>Total</b>	<b>29</b>	<b>32</b>	<b>32</b>	<b>34</b>

**Table 5: Outcome of fitness to practise panel hearings in 2010–13**

	2010	2011	2012	2013
Erasure	73	65	55	55
Suspension	106	93	64	86
Conditions	37	24	20	32
Undertakings	5	1	1	0
Warning	29	23	12	13
Impairment – No further action	4	2	6	1
No impairment	65	33	48	38
Voluntary erasure	7	1	2	4
<b>Total</b>	<b>326</b>	<b>242</b>	<b>208</b>	<b>229</b>

Fitness to practise review panels erased a further nine doctors from the medical register in 2013 (18 doctors in 2012).

**Table 6: Outcome of interim order panel hearings in 2010–13**

	2010	2011	2012	2013
Suspension	144	158	207	125
Conditions	214	236	336	375
No order made	111	95	241	134
<b>Total</b>	<b>469</b>	<b>489</b>	<b>784</b>	<b>634</b>



Email: [gmc@gmc-uk.org](mailto:gmc@gmc-uk.org)  
Website: [www.gmc-uk.org](http://www.gmc-uk.org)  
Telephone: **0161 923 6602**

General Medical Council, 3 Hardman Street, Manchester M3 3AW

Textphone: **please dial the prefix 18001** then  
**0161 923 6602** to use the Text Relay service

Join our conversation

 [@gmcuk](https://twitter.com/gmcuk)       [facebook.com/gmcuk](https://facebook.com/gmcuk)

 [linkd.in/gmcuk](https://linkd.in/gmcuk)       [youtube.com/gmcuktv](https://youtube.com/gmcuktv)

This information can be made available in alternative formats or languages. To request an alternative format, please call us on **0161 923 6602** or email us at [publications@gmc-uk.org](mailto:publications@gmc-uk.org).

Published August 2014

© 2014 General Medical Council

The text of this document may be reproduced free of charge in any format or medium providing it is reproduced accurately and not in a misleading context. The material must be acknowledged as GMC copyright and the document title specified.

The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750)

GMC/2013AS/1114

General  
Medical  
Council