

## Fitness to practise statistics 2014

### Introduction

- 1** 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 2014.
- 2** The tables below show activity at each of the different stages of our fitness to practise process in 2014. They do not track a single cohort of complaints through the system, because cases opened in 2014 will not necessarily reach an outcome in the same year.
- 3** 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.

### Data collection

- 4** The data used in this report were taken from the Siebel case management system on 28 February 2015. 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.

## Enquiries

**Table 1:** Enquiries regarding a doctor's fitness to practise in 2011–14

	2011	2012	2013	2014
Doctors on register	245,918	252,557	259,651	267,169
Total enquiries	8,781	10,347	9,866	9,624
from Persons Acting in a Public Capacity	1,481	2,003	1,316	1,200
from members of the public	5,665	6,154	6,475	6,572
from other sources	1,635	2,190	2,075	1,852

- 1** The GMC received 9,624 fitness to practise enquiries in 2014, a decrease of 2% on 2013 and 7% on 2012. In reality, the number of new enquiries has remained about level, with the drop explained by a change in the way we log enquiries around the removal of GPs from performers' lists, which no longer automatically go through the triage process because they do not all raise fitness to practise issues. This change had the impact of removing 352 enquiries which would have been counted in 2013, meaning that the actual year on year change is more like a 1% increase.
- 2** The source of enquiries remained similar to previous years. Complaints from members of the public increased slightly, now accounting for 68% of all complaints, up from 66% in 2013. The proportion of these complaints being promoted to Stream 1 rose slightly, from 18% in 2013 to 19% in 2014.
- 3** The numbers of referrals from persons acting in a public capacity (PAPC – generally employers or the police) dropped by 9%, but this is entirely caused by the issue around the way we record removals from performers' lists as set out above. Without this change in process, the number would have increased by over 15% on 2013. Enquiries from other sources have decreased by about 7%. 'Other sources' comprises public organisations such as other regulators and patient organisations, individual doctors and press cuttings.

**Table 2:** Outcome of triage decisions in 2011–14

	2011	2012	2013	2014
Investigation	2,330	2,708	2,939	2,730
Refer to employer/Responsible Officer <sup>1</sup>	1,537	1,400	1,035	584
Closed	4,914	6,239	5,892	6,310
<b>Total</b>	<b>8,781</b>	<b>10,347</b>	<b>9,866</b>	<b>9,624</b>

- 4** In 2014 we saw a slight change in the balance of outcomes at the initial triage stage. In both 2012 and 2013 we had closed 60% of all enquiries at the triage stage. This percentage increased to 66% in 2014. The percentage of enquiries promoted to a full investigation fell from 30% to 28% (still higher than the figure in 2011 or 2012), reflecting a fall in real terms of new investigations opened from 2,939 in 2013 to 2,730 in 2014.
- 5** The most notable change in 2014 was a drop in the number of enquiries that do not reach our threshold for investigation, but that we refer to employers (previously referred to as Stream 2). This figure has fallen steadily from 1,537 in 2011 to 1,035 in 2013 and then 584 in 2014. We believe that a clearer understanding of the type of case we can take forward (aided in particular by changes to our online complaint form) is the main reason for this change. The drop is entirely related to complaints from members of the public, rather than other sources.

## Investigation outcomes

**Table 3:** Outcome of case examiner decisions in 2011–14

	2011	2012	2013	2014
Refer to panel	212	216	258	218
Undertakings	148	143	173	136
Warning	199	182	154	110
Advice	736	844	208	257
Conclude	622	747	1566	1626
<b>Total</b>	<b>1,917</b>	<b>2,132</b>	<b>2,359</b>	<b>2,347</b>

<sup>1</sup> These figures include what we previously referred to as the Stream 2 process.

- 6 The total number of case examiner decisions completed in 2014 remained broadly similar to the numbers in 2013, following increases for the previous five years.
- 7 The proportion of case examiner decisions to close complaints or close complaints with advice increased from 75% in 2013 to 80% in 2014. This led to a corresponding decrease in all other outcomes, both in real terms and as a percentage of total cases.
- 8 After a significant reduction in the number of cases going to panel in 2011 (down from 314 to 212 and then 216 in 2012), the number of cases referred to panel increased to 258 in 2013. That number returned to 218 in 2014. The proportion of cases referred to a fitness to practise panel has remained largely steady in recent years: 10% in 2012, 11% in 2013 and 9% in 2014.

### Fitness to practise panel hearings

**Table 4:** Outcome of fitness to practise panel hearings in 2011–14

	2011	2012	2013	2014
Erasure	65	55	55	71
Suspension	93	64	86	86
Conditions	24	20	32	22
Undertakings	1	1	0	3
Warning	23	12	13	10
Impairment - no further action	2	6	1	4
No Impairment	33	48	38	37
Voluntary Erasure	1	2	4	4
<b>Total</b>	<b>242</b>	<b>208</b>	<b>229</b>	<b>237</b>

- 9 The number of fitness to practise panel hearings held by the MPTS increased slightly, from 229 in 2013 to 237 in 2014.
- 10 The total number of doctors erased increased from 55 to 71, whilst the number of suspensions remained at 86. This means that two thirds of our hearings resulted in either suspension or erasure.
- 11 37 hearings resulted in a finding of no impairment – 16% of all hearings, compared to 17% in 2013.

## Interim orders panels

**Table 5:** Outcome of interim orders panel hearings in 2011–14

	2011	2012	2013	2014
Suspension	158	207	125	102
Conditions	236	336	375	350
No order made	95	241	134	119
<b>Total</b>	<b>489</b>	<b>784</b>	<b>634</b>	<b>571</b>

- 12** Referrals to the interim orders panel (IOP) decreased by 10% in 2014 to 571. The outcomes of IOP hearings have remained similar in proportion to previous years. Around 79% of all doctors who were referred to the IOP in 2014 had restrictions placed on their registration, the same percentage as 2013. 61% of panels resulted in conditions on the doctor's registration (compared to 59% in 2013) and 18% resulted in suspension (down from 20% in 2013).

## Investigation Committee

**Table 6:** Outcome of Investigation Committee hearings in 2011–14

	2011	2012	2013	2014
Warning	10	16	16	9
No Further Action	22	16	18	11
<b>Total</b>	<b>32</b>	<b>32</b>	<b>34</b>	<b>20</b>

- 13** Investigation Committee hearings are held when the case examiners determine that they wish to conclude the investigation by issuing the doctor with a warning and the doctor requests that the allegation be referred to an oral hearing.
- 14** There were 20 Investigation Committee hearings in 2014 which is a reduction from previous years where we had held between 32 and 34 hearings each year.
- 15** In 2014 the proportion of cases where a decision was taken to issue a warning was broadly similar to 2012 and 2013 (just below half).

## 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.

**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
- give a warning to the doctor
- decide to take no further action.

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