

## Fitness to practise statistics 2016

### 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 tribunal. This report sets out the annual statistics for each stage of our process between January and December 2016.
- 2** The tables below show activity at each of the different stages of our fitness to practise process in 2016. They do not track a single cohort of complaints through the system, because cases opened in 2016 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 1 February 2017. 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 2012–16

	2012	2013	2014	2015	2016
Doctors on register	252,557	259,651	267,169	273,767	280,806
Total enquiries	10,347	9,866	9,624	9,418	9,146
From persons acting in a public capacity	2,003	1,316	1,200	1,105	744
From members of the public	6,154	6,475	6,572	6,547	6,688
From other sources	2,190	2,075	1,852	1,766	1,714

- 5 The GMC considered 9146 fitness to practise enquiries in 2016, which is a small decrease of 2.8% on 2015. This is similar to the small decrease seen in 2015 of 2.9%. The most significant change is the decrease in enquiries from persons acting in a public capacity (PAPC) (primarily employers), of 32.7% from 2015. The numbers of referrals from employers has been steadily decreasing since 2012. As a proportion of all complaints we receive, those from PAPC has decreased to 8.1% from 12% over the last two years.
- 6 We have seen a steady reduction in the number of referrals since 2013. We think this may be to some extent, explained by the introduction of the Employer Liaison Service (ELS) and revalidation in 2012. The ELS has changed our relationship with employers and we believe has helped responsible officers (ROs) to better manage some doctors locally, which could have reduced the need for GMC involvement.
- 7 There is emerging evidence to suggest that the introduction of revalidation may have driven improvements in clinical governance and appraisal systems, which may have prompted the earlier identification and management of concerns. This could be linked to the reduction in referrals.
- 8 We have carried out a detailed review of the advice provided by the ELS to ROs in two ELA regions during 2014 and 2015. Using this data as a guide, we have estimated that the ELS are helping ROs to manage over 3,000 doctors locally, across the UK. Clearly not all of these doctors would have previously been referred to the GMC, but some of them probably would have been. We believe that this goes some way to explain the reduction in referrals over the past four years.
- 9 We have seen an increase in the number of enquiries from members of the public by 2.2% from 2015 and the proportion of all enquiries increase to 73.1% from 70% in 2015.

- 10** Enquiries from other sources decreased by 2.9%. 'Other sources' comprises public organisations such as other regulators and patient organisations, individual doctors and press cuttings.

**Table 2a:** Outcome of triage decisions in 2012–16

	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Investigation	2,708	2,939	2,723	2,306	1296
Provisional enquiry			35	351	616
Refer to employer/responsible officer	1,400	1,035	583	553	475
Closed	6,239	5,892	6,283	6,208	6,759
<b>Total</b>	<b>10,347</b>	<b>9,866</b>	<b>9,624</b>	<b>9,418</b>	<b>9,146</b>

**Table 2b:** Outcome of provisional enquiries in 2014–2016

	<b>2014</b>	<b>2015</b>	<b>2016</b>
Investigation	7	75	132
Refer to employer/responsible officer	1	9	2
Closed	27	218	397
Remain open	0	49	85
<b>Total</b>	<b>35</b>	<b>351</b>	<b>616</b>

- 11** In 2016 we have continued to see a rise in the number and proportion of enquiries closed at triage stage. The proportion of enquiries closed at triage stage in 2016 increased to 74% up from 66% in 2015. This is linked to the increase in complaints from members of the public and reduction in referrals from employers.
- 12** The most notable change in 2016 is a drop in the number of enquiries that reach our threshold for investigation, this being a reduction of 40% from 2015. The proportion of enquiries promoted to a full investigation at triage was 15.6% in 2016 down from 25% in 2015.

- 13** This significant change is explained, in part, by the expansion of the provisional enquiries process which was introduced in September 2014. If we had not introduced provisional enquiries (PE), the figures would look like this:

**Table 2c:**

	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<i>Investigation</i>	2,708 (26%)	2,939 (30%)	2,758 (29%)	2,657 (28%)	1912 (21%)
<i>Refer to employer/responsible Officer</i>	1,400 (14%)	1,035 (10%)	583 (6%)	553 (6%)	475 (5%)
<i>Closed</i>	6,239 (60%)	5,892 (60%)	6,283 (65%)	6,208 (66%)	6,759 (74%)
<i>Total</i>	<b>10,347</b>	<b>9,866</b>	<b>9,624</b>	<b>9,418</b>	<b>9,146</b>

- 14** If we had not introduced PE, there would still be a reduction in the number of full investigations as seen above. The proportion of enquiries that would have been fully investigated would have been 21%.
- 15** Another reason for the reduction in enquiries resulting in a full investigation appears to relate to the significant reduction in the number of referrals from employers. Referrals are more likely to result in full investigations, than enquiries received from other sources. Historically approximately 65% of referrals result in a full investigation, compared with 18% of complaints from members of the public and 38% of enquiries received from other sources.

## Investigation outcomes

**Table 3:** Outcome of case examiner decisions in 2012–16

	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Refer to tribunal	216	258	218	279	200
Undertakings	143	173	136	144	144
Warning	182	154	110	135	95
Advice	844	208	257	373	333
Conclude	747	1,566	1,626	1,635	997
<b>Total</b>	<b>2,132</b>	<b>2,359</b>	<b>2,347</b>	<b>2,566</b>	<b>1,769</b>

- 16** The total number of case examiner decisions (1,769) completed on investigations in 2016 dropped by 31% from 2,566 in 2015. It is the lowest since 2010 (1,554).
- 17** The proportion of case examiner decisions to close complaints or close complaints with advice decreased to 75% in 2016 from 78% in 2015 and 80% in 2014. This is due to

the introduction of provisional enquiries as these cases would previously have been fully investigated and had a case examiner decision to conclude.

- 18** The number of cases referred to a medical practitioners tribunal has decreased in 2016 to 200, from 279 in 2015. The proportion of cases referred to a tribunal remained the same in 2016 as 2015 at 11% and has remained broadly similar in recent years having been 9% in 2014, 11% in 2013 and 10% in 2012.

## Medical practitioner tribunals

**Table 4:** Outcome of medical practitioner tribunals in 2012–16

	2012	2013	2014	2015	2016
Erasure	55	55	71	72	70
Suspension	64	86	86	95	93
Conditions	20	32	22	24	17
Undertakings	1	0	3	1	0
No impairment - Warning	12	13	10	6	11
Impairment - No further action	6	1	4	2	2
No impairment	48	38	37	38	34
Voluntary erasure	2	4	4	1	2
<b>Total</b>	<b>208</b>	<b>229</b>	<b>237</b>	<b>239</b>	<b>229</b>

- 19** The number of medical practitioner tribunals held by the MPTS in 2016 was 229. This is a decrease of 4.2% from 239 in 2015. This is the first decrease in tribunals since a drop of 14% from 2011 (242) to 2012 (208).
- 20** The total number of doctors erased decreased slightly from 72 to 70, while the number of suspensions has also fallen slightly from 95 to 93. This means that more than two thirds (71%) of the tribunals in 2016 (70% in 2015) resulted in the removal of the doctor from the register by either erasure or suspension.
- 21** 34 tribunals resulted in a finding of no impairment – a drop of 1.5% from 38 in 2015, representing 14.4% of all tribunals in 2016 (16% in 2015). This proportion has been on a downward trend for the last five years.

## MPTS interim orders tribunals

**Table 5:** Outcome of interim orders tribunals in 2012–16

	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Suspension	207	125	102	49	58
Conditions	336	375	350	359	233
No order made	241	134	119	114	48
<b>Total</b>	<b>784</b>	<b>634</b>	<b>571</b>	<b>522</b>	<b>339</b>

**22** The total number of interim order tribunals (IOT) decreased by 15.9% to 339 in 2016 from 522 in 2015. However, there was a small increase in the number of doctors suspended by the IOT. The number of conditions issued has dropped by 7.2% to 333 from 359 but the proportion increased to 75.9% from 69%. No order was made in 48 cases which is a significant reduction on previous years and represents 14% of IOT outcomes, compared with 22% in 2015.

## Investigation Committee

**Table 6:** Outcome of Investigation Committee hearings in 2012–16

	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Warning	16	16	9	12	10
No further action	16	18	11	4	8
<b>Total</b>	<b>32</b>	<b>34</b>	<b>20</b>	<b>16</b>	<b>18</b>

**23** 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.

**24** There were 18 Investigation Committee hearings in 2016, which is a small increase from 2014 when 16 were held.

**25** The proportion of cases where the Investigation Committee decided to issue a warning was 55%.

## 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.

**Provisional enquiry:** A provisional enquiry is a limited, initial enquiry at the outset of the fitness to practise process which helps us to decide whether to open an investigation. Provisional enquiries help us to quickly assess risk and to avoid unnecessary investigation.

**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 medical practitioner tribunal.

**Assistant registrars:** GMC staff who can refer a case to a medical practitioner tribunal:

- 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 tribunal:** an MPTS interim hearing that can suspend or restrict a doctor's practice while an investigation about them is underway. We can refer the doctor to this tribunal at any stage in an investigation.

**Medical practitioners tribunal:** an MPTS final hearing 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 tribunal 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.