

To consider

Report of the Chair of the Medical Practitioners Tribunal Service 2012

Issue

1. Reviewing the work of the Medical Practitioners Tribunal Service (MPTS).
2. Council is asked to consider a summary report on:
 - MPTS approach and further changes planned.
 - Performance to date and approach to quality assurance.
 - Recruitment of panellists.
 - Communication and engagement.

Recommendation

3. To consider the report on the activities of the MPTS since 11 June 2012.

Overview of approach

4. His Honour David Pearl has set out his ambition to create a modern, efficient adjudication service and a programme of reform is underway. He is responsible for the appointment, training, appraisal and mentoring of MPTS panellists and legal assessors, and has prioritised this as a means of improving the quality of MPTS decision making.
5. New approaches to how MPTS operates include digital recording in all hearing rooms and new arrangements for providing quality assurance feedback on panel decisions.
6. Significant improvements in the way hearings are run will be implemented in 2013 as soon as Privy Council approval of rule changes has been received.
7. MPTS is planning for a rise in referrals to fitness to practise panels by increasing staff from 66 to 77 and opening two additional hearing rooms.
8. 57 new medical panellists have been recruited, trained, and will begin sitting on panels from early 2013.

Further changes planned to the adjudication process

9. Subject to Privy Council approval, significant rule changes are planned for 2013 that will modernise our adjudication process, enable us to use our resources more effectively and deliver a high quality service.
10. The rule changes, which were consulted upon in August 2012, will help deliver an effective, expeditious and independent adjudication service. The changes will be:

Witness/evidence

- The acceptance of witness statements as evidence-in-chief, so panels can read them in advance.
- Ensuring that witnesses who need to come to give evidence in person are told in advance.
- The removal of the need to read out allegations at the start of a case.
- A simplified process for agreeing the use of video and telephone evidence in hearings
- Removal of the rule referring to Criminal Courts in England when considering evidence.

Case management

- Allowing panel chairs to be involved in case management.
- The power for case managers to issue directions for joining cases for hearing.
- The power for case managers to postpone a hearing.

How hearings work

- A simplified process for substituting panellists who cannot continue a hearing.
- The confirmation that preliminary legal argument becomes binding.
- Submissions on impairment made after the panel have decided what facts are proven.

Performance to date

Interim Order Panels

11. The MPTS service target is to hold 100% of Interim Order Panel (IOP) new hearings within three weeks of a referral from the GMC. We have successfully met this target every month.

12. The MPTS continues to see a rise in IOP referrals. The GMC opened 2,710 stream 1 or National Investigation Team (NIT) cases in 2012. The average referral rate in June to December 2012 was 28% against an equivalent figure of 24% in 2011.

13. Since its launch in June 2012, the MPTS has started and completed 402 IOP new hearings and 746 IOP review hearings.

14. Between June and December 2012, Interim Order Panels made no orders in 29% of hearings, placed conditions on a doctor's registration in 45% of hearings and suspended a doctor's registration in 26% of hearings.

Fitness to Practise Panels

15. The MPTS has a service target for 90% of hearings to commence within 9 months of a referral from the GMC. We have successfully met this target every month.

16. The GMC made 148 referrals to the Fitness to Practise Panel (FTP) between June and December 2012, a 6% decrease on the same period in 2011.

17. Since its launch in June 2012, the MPTS has started and completed 122 FTP Panel new hearings and 90 FTP Panel review hearings.

18. Between June and December 2012, FTP Panels erased a doctor's name from the medical register in 29% of cases, suspended a doctor from the register in 27% of cases, and placed conditions on a doctor's registration in 10% of cases. In 25% of cases, FTP Panels found that the doctor's fitness to practise was not impaired. A further 4% found no impairment but issued a warning. 3% found impairment but took no action. The remaining 2% comprises Voluntary Erasure and Undertakings.

Hearing room utilisation

19. The MPTS aims to utilise its hearing rooms at a rate of 80%. During the period June to December 2012 the average hearing room utilisation rate was 82%.

Efficiency

20. The MPTS is taking part in a LEAN review of its processes, alongside colleagues in the GMC Fitness to Practise directorate. The LEAN review aims to streamline our adjudication processes from complaint through to hearing.

21. The MPTS continues to deliver against the GMC-wide efficiency target of 3% of controllable costs.

22. As of December 2012, the MPTS had delivered £451k efficiency savings.

Quality assurance

23. A Quality Assurance Group (QAG), chaired by David Pearl, has been established, meeting monthly to review panel determinations, provide feedback and identify best practice.

24. The QAG has reviewed 356 cases since July 2012.

25. Exemplary determinations identified during the QAG process are now included in panellists' annual training sessions. This has been well received by panellists.

26. Panel chairs have an opportunity to input their own feedback to the QAG process. QAG also considers feedback from the GMC and Professional Standards Authority.

Panellist recruitment

27. The MPTS is committed to promoting and supporting equality and diversity. Of the 57 new medical panellists the MPTS appointed in 2012, 24 declared themselves to be from BME communities.

Communication and engagement

28. A dedicated MPTS communications team has been in place since July 2012, with responsibility for media relations, stakeholder engagement and internal communications.

29. The team reports to the Head of Media in the GMC Strategy and Communication Directorate. The Communication Plan focuses on establishing awareness of the role of the MPTS.

30. The launch of the MPTS in June 2012 attracted widespread coverage and a launch event at the House of Commons attracted senior representatives from the medical profession, medical defence organisations and other regulators.

31. David Pearl appeared before the Health Select Committee on 4 September 2012, alongside Peter Rubin, Niall Dickson, and Una Lane. The HSC's report welcomed the establishment of the MPTS and commented favourably on our commitment to consistent decision-making and effective case management.

32. A MPTS User Group has been established, to which medical defence organisations, legal firms and the GMC are invited.

Supporting information

How this issue relates to the *Corporate Strategy and Business Plan*

33. Strategic Aim Two of the Business Plan 2013 is to give all our key interest groups confidence that doctors are fit to practise. A component of this strategic aim is that the MPTS will implement the adjudication reform programme.

34. The MPTS Committee approved the work proposed in the 2013 Business Plan, with the proviso that it would be revisited if there were a significant variation in workload. Council approved the GMC's 2013 Business Plan at its December 2012 meeting.

Other relevant background information

35. The MPTS began operation on 11 June 2012, the most significant change to fitness to practise adjudication since 1858. The MPTS aims to ensure that it provides a hearings service that is efficient, effective and clearly separate from the GMC's investigatory role.

36. The MPTS Committee, comprising of the MPTS Chair and two independent members, one medical and one lay, provides governance of the MPTS. It reviews the relevant sections of the Corporate Strategy, and contributes to the preparation of the business plan and budget for recommendation to the GMC/MPTS Liaison Group.

37. The statement of purpose of the MPTS Committee includes a requirement for the Committee to report on its activities to Council at least twice yearly. This is therefore the first of regular six monthly reports to GMC Council.

If you have any questions about this paper please contact:

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