

Agenda item:	7
Report title:	Fitness to Practise Annual Statistics Report 2015
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Considered by:	Performance and Resources Board
Action:	To consider

Executive summary

This paper sets out the key statistics on Fitness to Practise activity in 2015. In a change from previous years, we have seen most numbers remain relatively stable in 2015. Following several years of sustained increase, the number of complaints we received has remained similar since 2012. Key points to note are:

- The number of new full investigations opened fell, from 2,723 in 2014 to 2,306 in 2015. This was primarily due to the introduction of a new process of Provisional Enquiries.
- The number of cases referred to panel rose to 279 in 2015, representing 11% of all decisions. The figure was 218 (9%) in 2014 and 258 (11%) in 2013.
- The total number of doctors erased increased very slightly from 71 in 2014 to 72 in 2015.
- The number of suspensions also increased from 86 in 2014 to 95 in 2015.

Recommendations

Council is asked to:

- a Note the key figures and trends identified in fitness to practise activity in 2015.
- b Approve the submission of the Fitness to Practise Annual Statistics Report 2015 to the Privy Council to be laid before the Houses of Parliament alongside the Trustees' Annual Report and Accounts 2015 (which also includes information about our fitness to practise work) before the summer recess.

Issue

- 1** The GMC has a statutory obligation to produce annual statistics about fitness to practise activity (under Section 52 of the Medical Act 1983 as amended).
- 2** At [Annex A](#) we present data on the volumes and outcomes at each stage of our fitness to practise process in 2015. This includes an explanation of the terms used in the Report and of the key stages of our process.
- 3** Subject to Council's approval, the Fitness to Practise Annual Statistics Report 2015 will be submitted to the Privy Council to be laid before the Houses of Parliament alongside the Trustees' Annual Report and Accounts 2015 (which also includes information about our fitness to practise work) before the summer recess.

Key points

Triage

- 4** The GMC received 9,418 fitness to practise enquiries in 2015, a decrease of 2% on 2014 (the same % decrease reported last year) and 5% on 2013. The most notable decrease is from enquiries from Persons Acting in a Public Capacity (PAPC)/ Employers, a decrease of 8% on 2014, however as a proportion of the total number of enquiries, this has remained level at approximately 12% over the last two years.
- 5** The source of enquiries remained similar to previous years. Complaints from members of the public decreased slightly in number, however they now account for 70% of all complaints, which is up from 68% in 2014.
- 6** Enquiries from other sources have decreased by about 5%. 'Other sources' comprises public organisations such as other regulators and patient organisations, individual doctors and press cuttings.
- 7** In 2015 we saw a small rise in the proportion of enquiries closed at triage stage, without a provisional enquiry. The proportion of enquiries closed at triage stage in 2015 was 66%, up from 65% in 2014. In both 2012 and 2013 we had closed 60% of all enquiries at the triage stage.
- 8** In September 2014 we started a pilot to make greater use of our powers to carry out initial investigations (called a provisional enquiry) prior to opening a full investigation. This process was rolled out as business as usual in September 2015. In 2015 we identified 351 provisional enquiries, 75% of completed provisional enquiries were closed which saved the need for a full investigation. This has led to a significant drop in the number of enquiries leading to a full investigation: 25% in 2015 down from 28% in 2014. This fall is directly attributable to the introduction of provisional

enquiries, without this change the proportion of enquiries promoted to a full investigation would be unchanged from 2014 at 28%.

Investigation outcomes

- 9** The proportion of Case Examiner decisions to close complaints or close complaints with advice decreased to 78% in 2015 from 80% in 2014. This led to a corresponding increase in all other outcomes, both in real terms and as a percentage of total cases.
- 10** The number of cases referred to panel increased in 2015 to 279, from 218 in 2014. The proportion of cases referred to a fitness to practise panel in 2015 is 11% and has remained largely steady in recent years having been 9% in 2014, 11% in 2013 and 10% in 2012.

Medical Practitioners Tribunal Service Fitness to Practise panel hearings

- 11** The number of Medical Practitioners Tribunal Service (MPTS) fitness to practise panel hearings held by the MPTS in 2015 was 239, this is a slight increase from 237 in 2014.
- 12** The total number of doctors erased increased slightly from 71 to 72; while the number of suspensions has risen as in previous years and in 2015 there were 95. This means that two thirds of our hearings in 2015 resulted in either suspension or erasure.
- 13** 38 hearings resulted in a finding of no impairment – 16% of all hearings, this is static compared to the last two years.

MPTS Interim Orders Panels

- 14** Referrals to Interim Orders Panels (IOP) decreased by 9% in 2015 to 522 (the decrease in 2014 was 10%). The outcomes of IOP hearings have remained similar in proportion to previous years. This year has seen a continuation in the trend for a lower number of suspensions, with a notable 50% decrease to 49 in 2015 from 102 in 2014. The number of conditions issued has risen again in 2015 to 359 and the No Order decisions made continues to fall, to 114 in 2015.
- 15** 78% of all doctors who were referred to an IOP in 2015 had restrictions placed on their registration, the same percentage as 2014. In 2015 69% of panels resulted in conditions on the doctor's registration (compared to 61% in 2014) and 9% resulted in suspension (down from 18% in 2014).

Investigation Committee

- 16** 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. Investigation Committee hearings are also held when the Case Examiners cannot agree on the disposal of a case.
- 17** There were 16 Investigation Committee hearings in 2015 which is a reduction from 2014 when 20 were held (a 20% drop).
- 18** In 2015 the proportion of cases where a decision was taken to issue a warning increased from 45% to 75%.

Equality and diversity

- 19** This paper itself does not raise any issues around equality and diversity. The analysis in the *State of medical education and practice* report published later this year will contain key information that will inform our understanding of the impact of different protected characteristics on fitness to practise.

M7 – Fitness to Practise Annual Statistics Report 2015

M7 – Annex A

Fitness to Practise statistics 2015

Introduction

- 1** The General Medical Council (GMC) investigates concerns 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 2015.
- 2** The tables below show activity at each of the different stages of our fitness to practise process in 2015. They do not track a single cohort of complaints through the system, because cases opened in 2015 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 was taken from the Siebel case management system on 22 February 2016. 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 2012–15

	2012	2013	2014	2015
Doctors on register	252,557	259,651	267,169	273,767
Total Enquiries	10,347	9,866	9,624	9,418
from Persons Acting in a Public Capacity	2,003	1,316	1,200	1,105
from members of the public	6,154	6,475	6,572	6,547
from other sources	2,190	2,075	1,852	1,766

- 1 The GMC received 9,418 fitness to practise enquiries in 2015, a decrease of 2% on 2014 (the same % decrease reported last year) and 5% on 2013. The most notable decrease is by enquiries from Persons Acting in a Public Capacity (PAPC) / Employers, a decrease of 8% on 2014, however as a proportion of the total number of enquiries, this has remained level at approximately 12% over the last two years.
- 2 The source of enquiries remained similar to previous years. Complaints from members of the public decreased slightly in number, however they now account for 70% of all complaints, which is up from 68% in 2014.
- 3 Enquiries from other sources have decreased by about 5%. 'Other sources' comprises public organisations such as other regulators and patient organisations, individual doctors and press cuttings.

Table 2: Outcome of triage decisions in 2012–15

	2012	2013	2014	2015
Investigation	2,708	2,939	2,723	2,306
Provisional Enquiry			35	351
Refer to Employer/Responsible Officer	1,400	1,035	583	553
Closed	6,239	5,892	6,283	6,208
Total	10347	9866	9624	9418

- 4 In 2015 we have seen a small a small decrease in the number of enquiries closed at the triage stage without a provisional enquiry, although the proportion closed was slightly higher. The proportion of enquiries closed at triage stage in 2015 was 66% up from 65% in 2014. In both 2012 and 2013 we had closed 60% of all enquiries at the triage stage.

Table 3: Outcome of Provisional Enquiries in 2015

	2015
Investigation	75
Refer to Employer/Responsible Officer	9
Closed	218
Remain open	49
Total	351

- 5** In September 2014 we started a pilot to make greater use of our powers to carry out initial investigations prior to opening a full investigation (called a provisional enquiry). This process was rolled out as business as usual in September 2015. In 2015 we identified 351 provisional enquiries, 75% of completed provisional enquires were closed which saved the need for a full investigation. This has led to a significant drop in the number of enquiries leading to a full investigation; 25% in 2015 down from 28% in 2014. This fall is directly attributable to the introduction of provisional enquiries, without this change the proportion of enquiries promoted to a full investigation would be unchanged from 2014 at 28%.

Investigation outcomes

Table 4: Outcome of case examiner decisions in 2012–15

	2012	2013	2014	2015
Refer to Panel	216	258	218	279
Undertakings	143	173	136	144
Warning	182	154	110	135
Advice	844	208	257	373
Conclude	747	1566	1626	1635
Total	2,132	2,359	2,347	2,566

- 6** The proportion of case examiner decisions to close complaints or close complaints with advice decreased to 78% in 2015 from 80% in 2014. This led to a corresponding increase in all other outcomes, both in real terms and as a percentage of total cases.
- 7** The number of cases referred to panel has increased in 2015 to 279, from 218 in 2014. The proportion of cases referred to a fitness to practise panel in 2015 is 11% and has remained largely steady in recent years having been 9% in 2014, 11% in 2013 and 10% in 2012.

MPTS Fitness to Practise panel hearings

Table 5: Outcome of MPTS fitness to practise panel hearings in 2012–15

	2012	2013	2014	2015
Erasure	55	55	71	72
Suspension	64	86	86	95
Conditions	20	32	22	24
Undertakings	1	0	3	1
Warning	12	13	10	6
Impairment - No further action	6	1	4	2
No Impairment	48	38	37	38
Voluntary Erasure	2	4	4	1
Total	208	229	237	239

- 8** The number of fitness to practise panel hearings held by the MPTS in 2015 was 239 this is a slight increase from 237 in 2014.
- 9** The total number of doctors erased increased slightly from 71 to 72, whilst the number of suspensions has risen as in previous years and in 2015 was 95. This means that two thirds of our hearings in 2015 resulted in either suspension or erasure.
- 10** 38 hearings resulted in a finding of no impairment – 16% of all hearings, this is static compared to the last two years.

Interim Orders Panels

Table 6: Outcome of interim orders panel hearings in 2012–15

	2012	2013	2014	2015
Suspension	207	125	102	49
Conditions	336	375	350	359
No order made	241	134	119	114
Total	784	634	571	522

- 11** Referrals to the interim orders panel (IOP) decreased by 9% in 2015 to 522 (the decrease in 2014 was 10%). The outcomes of IOP hearings have remained similar in proportion to previous years. This year has seen a continuation in the trend for a lower number of suspensions, with a notable 50% decrease to 49 in 2015 from 102 in 2014. The number of conditions issued has risen again in 2015 to 359 and the No Order made continues to fall, to 114 in 2015.
- 12** 78% of all doctors who were referred to the IOP in 2015 had restrictions placed on their registration, the same percentage as 2014. In 2015 69% of panels resulted in

conditions on the doctor's registration (compared to 61% in 2014) and 9% resulted in suspension (down from 18% in 2014).

Investigation Committee

Table 7: Outcome of Investigation Committee hearings in 2012–15

	2012	2013	2014	2015
Warning	16	16	9	12
No Further Action	16	18	11	4
Total	32	34	20	16

- 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. Investigation Committee hearings are also held where the Case Examiners cannot agree on an outcome.
- 14** There were 16 Investigation Committee hearings in 2015 which is a reduction from 2014 when 20 were held (down 20%).
- 15** In 2015 the proportion of cases where a decision was taken to issue a warning increased from 45% to 75%.

Terms and key stages of our process

- 16 Enquiry:** information received from a single source that may raise concerns about the fitness to practise of a doctor.
- 17 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.
- 18 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 a full investigation. Provisional enquiries help us to quickly assess risk and to avoid unnecessary investigation.
- 19 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.
- 20 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.
- 21 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.
- 22 Interim orders panel:** a Medical Practitioners Tribunal Service (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.
- 23 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.