

Fitness to practise statistics 2017

Introduction

- 1 The General Medical Council (GMC) investigates concerns raised about the fitness to practise of doctors registered with the GMC. In the most serious cases, we may refer the concern to the Medical Practitioners Tribunal Service (MPTS) for a hearing before a medical practitioners tribunal. This report sets out the annual statistics for each stage of our process between January and December 2017.
- 2 The tables below show activity at each of the different stages of our fitness to practise process in 2017. They do not track a single cohort of complaints through the system, because cases opened in 2017 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* to be published later this year.

Data collection

- 4 The data used in this report were taken from the Siebel case management system on 1 February 2018. 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 2013-17

	2013	2014	2015	2016	2017
Doctors on register	259,651	267,169	273,767	280,806	288,521
Total enquiries	9,866	9,624	9,418	9,146	8,546
from Persons Acting in a Public Capacity	1,316	1,200	1,105	744	807
from members of the public	6,475	6,572	6,547	6,688	5,714
from other sources	2,075	1,852	1,766	1,714	2,025

- 5 The GMC considered 8,546 fitness to practise enquiries in 2017, which is a decrease of 7% from 2016, and continues the downward trend from 2013 by 13%. Since 2013 we have seen a decrease in the number of enquiry referrals from Persons Acting in a Public Capacity (PAPC) (primarily employers and the Police), however this changed in 2017 and there was a small increase in referrals from PAPC of 63 (8%).
- 6 We have seen a decrease in the number of enquiries from members of the public by 15% in 2017 (5,714) from 2016 (6,688). The proportion of enquiries from members of the public has decreased to 67% in 2017 from 73% in 2016.
- 7 Enquiries from other sources increased by 18% in 2017. 'Other sources' comprises public organisations such as other regulators and patient organisations, individual doctors and press cuttings.
- 8 In our report *The state of medical education and practice in the UK*, we provide data each year that shows enquiries referred to us by employers and other PAPC sources are more likely to reach the threshold for full investigation. Between 2012 and 2016 84% of enquiries received from PAPC/employers reached our threshold for full investigation, compared to 16% of those from the public.
- 9 Complaints referred by PAPC/employers are more likely to be about black and minority ethnic (BME) doctors, with 45% of complaints referred to us by PAPC/employers relating to BME doctors, compared with only 31% of those received from the public.
- 10 We have commissioned Roger Kline and Dr Doyin Atewologun to lead a major project to better understand why some doctors are referred to the GMC for fitness to practise issues more than others.

Table 2a: Outcome of **initial** triage decisions in 2013-17

	2013	2014	2015	2016	2017
Investigation	2,939	2,723	2,306	1,296	1,306
Provisional enquiry		35	351	616	614
Refer to employer/responsible officer	1,035	583	553	475	493
Closed	5,892	6,283	6,208	6,759	6,133
Total	9,866	9,624	9,418	9,146	8,546

Table 2b: Outcome of provisional enquiries in 2014-2017

	2014	2015	2016	2017
Investigation	7	88	158	200
Refer to employer/responsible officer	1	9	2	4
Closed	27	254	456	391
Remain open	0	0	0	19
Total	35	351	616	614

11 In 2017 we have seen a drop in the number and proportion of enquiries closed at triage stage compared to 2016. The proportion of enquiries closed at triage stage in 2017 decreased to 76% from 79% in 2016¹. This is linked to the decrease in complaints from members of the public as these complaints historically have been more likely to close at triage.

12 There has been a clear reduction in the number of enquiries that are promoted to a full investigation since 2015. This significant change is explained, in part, by the expansion of the provisional enquiries (PE) process which was introduced in September 2014. If we had not introduced PE, the figures would look like this:

Table 2c:

	2013	2014	2015	2016	2017
<i>Investigation</i>	<i>2,939 (30%)</i>	<i>2,758 (29%)</i>	<i>2,657 (28%)</i>	<i>1,912 (21%)</i>	<i>1,920 (22%)</i>
<i>Refer to employer/responsible officer</i>	<i>1,035 (10%)</i>	<i>583 (6%)</i>	<i>553 (6%)</i>	<i>475 (5%)</i>	<i>490 (6%)</i>
<i>Closed</i>	<i>5,892 (60%)</i>	<i>6,283 (65%)</i>	<i>6,208 (66%)</i>	<i>6,753 (74%)</i>	<i>6,136 (72%)</i>
Total	9866	9624	9418	9,146	8546

¹ Aggregate of the total closures at initial triage (table 2a) and the closures after PE (table 2b) for 2016 and 2017.

Investigation outcomes

Table 3: Outcome of case examiner decisions in 2013-17

	2013	2014	2015	2016	2017
Refer to tribunal	258	218	279	200	200
Undertakings	173	136	144	144	106
Warning	154	110	135	95	117
Advice	208	257	373	333	225
Conclude	1,566	1,626	1,635	997	709
Total	2,359	2,347	2,566	1,769	1,357

13 The total number of case examiner decisions (1,357) completed in 2017 dropped by 23% from 1,769 in 2016. It is the lowest since 2010 (1,554). This reflects the volume of work coming into investigations which has been reducing since 2015 as shown in table 2a.

14 The proportion of case examiner decisions to close complaints or close complaints with advice decreased to 69% in 2017 from 75% in 2016. This is due to the use of provisional enquiries as these cases would previously have been fully investigated and had a case examiner decision to conclude.

Medical practitioner tribunals

Table 4: Outcome of medical practitioner tribunals in 2013–17

	2013	2014	2015	2016	2017
Erasure	55	71	72	70	62
Suspension	86	86	95	93	76
Conditions	32	22	24	17	13
Undertakings	0	3	1	0	0
No Impairment - Warning	13	10	6	11	13
Impairment - No further action	1	4	2	2	4
No Impairment	38	37	38	34	27
Voluntary Erasure	4	4	1	2	0
Total	229	237	239	229	195

15 The number of medical practitioner tribunals concluded by the MPTS in 2017 was 195. This is a decrease of 15% from 229 in 2016 and 2013.

16 Whilst the total number of doctors erased or suspended by the MPTS decreased slightly, the proportion of doctors removed from the register by either erasure or suspension remains identical to 2016 at 71%.

17 The number of tribunals that resulted in a finding of no impairment dropped by 21% to 27 in 2017 from 34 in 2016. This represents 14% of all tribunal determinations in 2017 compared to 15% in 2016. This proportion has been on a downward trend for the last 5 years.

GMC appeals

18 The GMC was given the right to appeal MPTS decisions on 31 December 2015. Previously only the Professional Standards Authority (PSA) had the right to appeal MPTS decisions.

Table 5: Outcome of GMC Appeals

	2016	2017
Successful appeals at Court Hearing	4	11
Unsuccessful appeals at Court hearing	0	2
Cases agreed by consent	0	2
Appeals withdrawn ²	0	4
Appeals outstanding	0	0
Total	4	19

19 The figures above show the number of appeals that have been lodged per year and the outcomes of those appeals (note the outcome may have occurred in the following year but has been recorded against the year it was lodged).

² One appeal was withdrawn as Voluntary Erasure was granted on health grounds and three were appeals on restoration hearings where the prospects of success were greatly reduced following a recent unsuccessful appeal judgement.

MPTS interim orders tribunals

Table 6: Outcome of interim orders tribunals in 2013-17

	2013	2014	2015	2016	2017
Suspension	125	102	49	58	43
Conditions	375	350	359	233	238
No order made	134	119	114	48	71
Total	634	571	522	339	352

20 The total number of interim order tribunals (IOT) increased by 4% to 352 in 2017 from 339 in 2016. However, there was a decrease of 26% in the number of doctors suspended by the IOT to 43 in 2017 from 58 in 2016. The proportion of doctors suspended represent 12% compared to 17% in 2016. The number of doctors made subject to conditions issued increased slightly by 2% to 238 from 233 in 2016. No order was made in 71 cases which is an increase of 48% from 48 in 2016. The proportion of IOTs ending with no order was 20% in 2017 compared to 14% in 2016.

Investigation Committee

Table 7: Outcome of Investigation Committee hearings in 2013-17

	2013	2014	2015	2016	2017
Warning	16	9	12	10	9
No Further Action	18	11	4	8	7
Total	34	20	16	18	16

- 21** 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.
- 22** There were 16 Investigation Committee hearings in 2017, which is a small decrease from 2016 when 18 were held.
- 23** The proportion of cases where the Investigation Committee decided to issue a warning was 56%.

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 if the 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 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.