

Fitness to practise statistics 2018

Introduction

- 1** We investigate concerns raised about the fitness to practise of doctors registered with us. In the most serious cases, we may refer the concern to the Medical Practitioners Tribunal Service (MPTS) for a hearing before a Medical Practitioner Tribunal. This report sets out the annual statistics for each stage of our process between January and December 2018.
- 2** The tables below show activity at each of the different stages of our fitness to practise process in 2018. They do not track a single cohort of complaints through the system, because cases opened in 2018 will not necessarily reach an outcome in the same year.
- 3** More 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 2018 data used in this report were taken from the Siebel case management system on 3 January 2019. 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 2014-18

	2014	2015	2016	2017	2018
Doctors on register	267,169	273,767	280,806	288,521	298,538
Total Enquiries	9,624	9,418	9,146	8,546	8,573
From persons acting in a public capacity (PAPC)	1,200	1,105	744	807	815
From members of the public	6,572	6,547	6,688	5,714	5,677
From other sources	1,852	1,766	1,714	2,025	2,081

- 5 We considered 8,573 fitness to practise enquiries in 2018 (*Table 1*), which is an increase of 0.3% from 2017, but still represents an overall decrease of 11% from 2014 to 2018 (9,624 to 8,573). There was a small increase of 1% in 2018 compared to 2017, in the number of enquiry referrals from persons acting in a public capacity (PAPC) – primarily employers and the police.
- 6 We have seen a slight decrease in the number of enquiries from members of the public by 1% in 2018 (5,677) from 2017 (5,714). The proportion of enquiries from members of the public has remained similar at 66% in 2018 compared to 67% in 2017.
- 7 Enquiries from 'other sources' increased by 3% in 2018. 'Other sources' comprises public organisations – such as other regulators and patient organisations, individual doctors and press cuttings.

Table 2a: Outcome of **initial** triage decisions in 2014-18

	2014	2015	2016	2017	2018
Investigation	2,723	2,306	1,296	1,306	1,402
Provisional Enquiry	35	351	616	614	519
Refer to Employer/Responsible Officer	583	553	475	493	394
Closed	6,283	6,208	6,759	6,133	6,258
Total	9,624	9,418	9,146	8,546	8,573

Table 2b: Outcome of Provisional Enquiries in 2014-2018 (as at 4 July 2019)

	2014	2015	2016	2017	2018
Investigation	7	88	158	203	142
Refer to Employer/Responsible Officer	1	9	2	4	0
Closed	27	254	456	407	371
In Progress	0	0	0	0	6
Total	35	351	616	614	519

Table 2c: Outcome of **final** triage decisions including PE outcomes (as at 4 July 2019)

	2014	2015	2016	2017	2018
Investigation	2,730	2,394	1,454	1,509	1,544
Refer to Employer/Responsible Officer	584	562	477	497	394
Closed	6,310	6,462	7,215	6,540	6,629
Awaiting outcome of PE	0	0	0	0	6
Total	9,624	9,418	9,146	8,546	8,573

- 8** There has been a small increase (7%) in the number of triages promoted to investigation in 2018 (1,402) at initial triage compared to 2017 (1,306) (*Table 2a*). The proportion of overall investigations in 2018 (18%) (including the number promoted from provisional enquiry) remained the same as 2017 (18%) (*Table 2c*).
- 9** In 2018 (6,629) we saw a small rise in the overall number of enquiries closed at triage stage compared to 2017 (6,540). The proportion of enquiries closed at triage stage in 2018 remained the same at 77% compared to 2017^[1] (*Table 2c*).

[1] Aggregate of the total closures at initial triage (table 2a) and the closures after PE (table 2b) for 2017 and 2018.

Investigation outcomes

Table 3: Outcome of case examiner (CE) decisions in 2014-18

	2014	2015	2016	2017	2018
Refer to tribunal	218	279	200	200	280 ¹
Undertakings	136	144	144	106	93
Warning	110	135	95	117	69 ²
Advice	257	373	333	225	66
Conclude	1,626	1,635	997	709	700 ³
Total	2,347	2,566	1,769	1,357	1,208

- 10** The total number of CE decisions (1,208) (Table 3) completed in 2018 dropped by 11% from 1,357 in 2017.
- 11** The proportion of CE decisions to close complaints or close complaints with advice decreased to 63% in 2018 from 69% in 2017. This is partly due to the use of provisional enquiries (see Table 2a and 2b) as these cases would previously have been fully investigated and had a CE decision to conclude.
- 12** In 2018 there was a reduction in the number of CE decisions to issue a warning – 69, compared to 117 in 2017. However, it should be noted that the proportion of CE decisions to issue warnings in 2018 was 6%, which is almost identical to the proportion in 2014, 2015 and 2016 (all 5%) and is therefore not representative of a significant variation from the average in previous years.
- 13** In 2018 there was a 71% reduction in the number of cases in which the CEs issued advice – 66, compared to 225 in 2017. Advice can be given only in cases where the CEs have decided that neither referral to tribunal nor a formal warning are indicated and the doctor has accepted the facts or admitted the allegation. The change in numbers appears due to the change in guidance following a legal challenge to our process.
- 14** The number of decisions by CE to refer a doctor to tribunal increased to 280 in 2018. Thresholds for referrals to tribunals have not changed, and this is likely to be a reflection of the normal fluctuation in case mix. We have promoted more enquiries directly into a full investigation over the past two years, which does indicate an increase in the number of cases raising serious concerns.

¹ This figure includes four decisions where the doctor refused to accept undertakings. It does not include an additional 30 criminal conviction decisions refer to tribunal by the registrar.

² This figure includes 11 decisions where the doctor refused to accept the warning.

³ This figure does not include an additional 50 decisions to grant voluntary erasure by case examiners.

Medical Practitioner Tribunals

Table 4: Outcome of medical practitioner tribunals in 2014–18

	2014	2015	2016	2017	2018
Erasure	71	72	70	62	65 ⁴
Suspension	86	95	93	76	101
Conditions	22	24	17	13	25
Undertakings	3	1	0	0	0
No Impairment - Warning	10	6	11	13	10
Impairment - No further action	4	2	2	4	2
No Impairment	37	38	34	27	41 ⁵
Voluntary Erasure	4	1	2	0	3
Total	237	239	229	195	247

- 15** The number of medical practitioner tribunals concluded by the MPTS in 2018 was 247 (*Table 4*). This is an increase of 27% from 195 in 2017.
- 16** Whilst the total number of doctors erased or suspended by the MPTS has increased, the proportion of doctors removed from the register by either erasure or suspension decreased in 2018 to 67% from 71% in 2017.
- 17** The number of tribunals that resulted in a finding of no impairment rose to 41 in 2018 from 27 in 2017. This represents 17% of all tribunal determinations in 2018 compared to 14% in 2017. The proportion of tribunals concluded with no finding of impairment (including warnings) in 2018 remained the same at 21%, compared to 2017.

⁴ This figure does not include an additional 14 erasures by MPT review tribunal in 2018

⁵ This figure includes Order Expire from New & Review tribunals

GMC Appeals

- 18** We were 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	2018
Successful appeals at Court Hearing	0	10	5
Unsuccessful appeals at Court hearing	0	1	3
Cases agreed by consent	0	2	1
Appeals withdrawn	0	4	0
Appeals outstanding	0	0	2
Total	0	17	11

- 19** The figures above (Table 5) show the number of appeals that have been lodged. The outcomes of those appeals have been recorded in the year they occurred (not the year the appeal was lodged). In cases where the Court of Appeal has reversed the decision in the High Court, only the final Court of Appeal outcome is recorded.

MPTS Interim Orders Tribunals

Table 6: Outcome of interim orders tribunals in 2014-18

	2014	2015	2016	2017	2018
Suspension	102	49	58	43	48
Conditions	350	359	233	238	247
No order made	119	114	48	71	93
Total	571	522	339	352	388

- 20** The total number of interim order tribunals (IOT) (*Table 6*) increased by 10% to 388 in 2018 from 352 in 2017. There was a corresponding increase of 12% in the number of doctors suspended by the IOT to 48 in 2018 from 43 in 2017. The proportion of doctors suspended represents 12%, the same as in 2017. The number of doctors made subject to conditions increased by 4% to 247 from 238 in 2017. In 2018, no order was made in 93 cases which is an increase of 31% from 71 in 2017. The proportion of IOTs ending with no order was 24% in 2018 compared to 20% in 2017.

Investigation Committee

Table 7: Outcome of Investigation Committee hearings in 2014-18

	2014	2015	2016	2017	2018
Warning	9	12	10	9	3
No Further Action	11	4	8	7	4
Total	20	16	18	16	7

- 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 7 Investigation Committee hearings in 2018 (*Table 7*), which is a decrease of 56% from 2017 when 16 were held. This is the lowest number of committee hearings since the introduction in 2004 of the doctor's ability to exercise their right to have the issue heard by the investigation committee at this stage of the fitness to practise process. This reduction is due, in part, to the reduction in the number of Case Examiner decisions to issue a warning. However, the proportion of warnings that are heard before the Committee has also reduced (14% in 2017 to 10% in 2018). We believe that this could be due to the change made to our [Publication and Disclosure Policy](#) in February 2018. This reduced the publication of a warning from five years to one year on the *Doctor details* page and a further year on the *Doctor history* page on the List of Registered Medical Practitioners
- 23** The proportion of cases where the Investigation Committee decided to issue a warning was 43% in 2018 compared to 56% in 2017.

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.