

Fitness to Practise Statistics 2019

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 2019.
- 2** The tables below show activity at each of the different stages of our fitness to practise process in 2019. They do not track a single cohort of complaints through the system, because cases opened in 2019 will not necessarily reach an outcome in the same year.

Data collection

- 3** The 2019 data used in this report were taken from the Siebel case management system on 28 January 2020. 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 1a: Enquiries regarding a doctor's fitness to practise in 2015-19

	2015	2016	2017	2018	2019
Doctors on register	273,767	280,806	288,521	298,538	311,356
Total Enquiries	9,418	9,146	8,546	8,573	8,654
From persons acting in a public capacity (PAPC)	1,105	744	807	815	765
From members of the public	6,547	6,688	5,714	5,677	5,945
From other sources	1,766	1,714	2,025	2,081	1,944

- 4 We considered 8,654 fitness to practise enquiries in 2019 (*Table 1*), which is an increase of 0.9% from 2018, but still represents an overall decrease of 8% from 2015 to 2019 (9,418 to 8,654). There was a decrease of 6% in 2019 compared to 2018, in the number of enquiry referrals from persons acting in a public capacity (PAPC) – primarily employers and the police.
- 5 We have seen an increase in the number of enquiries from members of the public by 5% in 2019 (5,945) from 2018 (5,677). The proportion of enquiries from members of the public increased slightly to 69% in 2019 compared to 66% in 2018.
- 6 Enquiries from 'other sources' decreased by 7% in 2019. '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 2015-19

	2015	2016	2017	2018	2019
Full Investigation	2,306	1,296	1,306	1,402	1,389
Provisional Enquiry	351	616	614	519	602
Refer to Employer/Responsible Officer	553	475	493	394	365
Closed	6,208	6,759	6,133	6,258	6,298
Total	9,418	9,146	8,546	8,573	8,654

Table 2b: Outcome of Provisional Enquiries in 2015-2019 (as at 31 March 2020)

	2015	2016	2017	2018	2019
Full Investigation	88	158	203	148	143
Refer to Employer /Responsible Officer	9	2	4	0	0
Closed	254	456	407	371	404
In Progress	0	0	0	0	55
Total	351	616	614	519	602

Table 2c: Outcome of **final** triage decisions including PE outcomes (as at 31 March 2020)

	2015	2016	2017	2018	2019
Full Investigation	2,394	1,454	1,509	1,550	1,532
Refer to Employer /Responsible Officer	562	477	497	394	365
Closed	6,462	7,215	6,540	6,629	6,702
Awaiting outcome of PE	0	0	0	0	55
Total	9,418	9,146	8,546	8,573	8,654

- 7 There has been no material change in the number of triages promoted to investigation, compared with 2018. The proportion of enquiries promoted to a full investigation was 17.7%.

- 8 In 2019 we saw a small increase in the overall number of enquiries closed (6,702) at triage stage compared to 2018 (6,629). The proportion of enquiries closed at triage stage in 2019 is 77%, the same as in 2018^[1](*Table 2c*).

MPTS Interim Orders Tribunals (IOT)

Table 3: Outcome of interim orders tribunals in 2015-19

	2015	2016	2017	2018	2019
Suspension	49	58	43	48	52
Conditions	359	233	238	247	225
No order made	114	48	71	93	81
Total	522	339	352	388	358

- 9 The total number of interim order tribunals (IOT) (*Table 3*) decreased by 8% to 358 in 2019 from 388 in 2018. There was an increase of 8% in the number of doctors suspended by the IOT to 52 in 2019 from 48 in 2018. The proportion of doctors suspended at IOT in 2019 represents 15%, compared to 12% in 2018. The number of doctors made subject to conditions decreased by 9% to 225 in 2019 from 247 in 2018. In 2019, no order was made in 81 cases which is a decrease of 13% from 93 in 2018. The proportion of IOTs ending with no order is 23% in 2019 compared to 24% in 2018.

Investigation outcomes

Table 4: Outcome of case examiner (CE) decisions in 2015-19

	2015	2016	2017	2018	2019
Refer to tribunal	279	200	200	280	347*
Undertakings	144	144	106	93	76
Warning	135	95	117	69	85 [†]
Advice	373	333	225	66	52
Conclude	1,635	997	709	700	719 [‡]
Total	2,566	1,769	1,357	1,208	1,279

^[1] Aggregate of the total closures at initial triage (table 2a) and the closures after PE (table 2b) for 2018 and 2019.

* This figure includes three decisions where the doctor refused to accept undertakings. It does not include an additional 29 criminal conviction decisions by the registrar to refer to tribunal or six non compliance decisions which were referred to tribunal.

[†] This figure includes 15 decisions where the doctor refused to accept the warning and were confirmed by Investigation Committee (IC) or subsequently accepted by the doctor.

[‡] This figure includes 3 decisions determined by IC with no further action (NFA) but does not include an additional 55 decisions to grant voluntary erasure by case examiners.

- 10** The total number of CE decisions (1,279) (*Table 4*) completed in 2019 increased by 6% from 1,208 in 2018.
- 11** The proportion of CE decisions to close complaints or close complaints with advice decreased to 60% in 2019 from 63% in 2018. 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 2019 there was an increase in the number of CE decisions to issue a warning – 85, compared to 69 in 2018.
- 13** In 2019 there was also a slight reduction in the number of cases in which the CEs issued advice – 52, compared to 66 in 2018. Advice can be given only in cases where the CEs have decided that neither referral to tribunal nor a warning are indicated and the doctor has accepted the facts or admitted the allegation.
- 14** The number of decisions by CE to refer a doctor to tribunal increased to 347 in 2019, (27% of all decisions) in 2019 compared to 280 (23%). Thresholds for referrals to tribunals have not changed, and this is likely to be a reflection of the normal fluctuation in case mix.
- 15** There were also an additional 29 doctors referred to tribunal where a criminal conviction and custodial sentence was imposed (30 in 2018).

Investigation Committee (IC)

Table 5: Outcome of Investigation Committee hearings in 2015-19

	2015	2016	2017	2018	2019
Warning	12	10	9	3	3
No Further Action	4	8	7	4	3
Refer to MPT	0	0	0	0	1
Total	16	18	16	7	7

- 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.
- 17** There were 7 Investigation Committee hearings in 2019 (table 5), which is the same number that were held in 2018. 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. Despite the 23% increase in Case Examiner

decisions to issue a warning in 2019 (see Table 4), the proportion of warnings that are heard before the Committee has decreased to 8% in 2019 from 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](#)

- 18** The proportion of cases where the Investigation Committee decided to issue a warning was 43% in 2019 the same proportion as in 2018. There was one case referred to MPT as the doctor refused the original warning and subsequently had a further investigation prior to the IC hearing.

Medical Practitioner Tribunals

Table 6: Outcome of medical practitioner tribunals in 2015–19

	2015	2016	2017	2018	2019
Erasure	72	70	62	65	55*
Suspension	95	93	76	101	120
Conditions	24	17	13	25	14
Undertakings	1	0	0	0	0
No Impairment - Warning	6	11	13	10	17
Impairment - No further action	2	2	4	2	4
No Impairment	38	34	27	41	44 [†]
Voluntary Erasure	1	2	0	3	3
Total	239	229	195	247	257

- 19** The number of medical practitioner tribunals concluded by the MPTS in 2019 was 257 (*Table 6*). This is an increase of 4% from 247 in 2018.
- 20** The total number of doctors erased or suspended by the MPTS has increased to 175 in 2019 from 166 in 2018. The proportion of doctors removed from the register by either erasure or suspension slightly increased in 2019 to 68% from 67% in 2018.
- 21** The number of tribunals that resulted in a finding of no impairment, with no warning given, rose slightly to 44 in 2019 from 41 in 2018. This represents 17% of all tribunal determinations in 2019, the same percentage as in 2018. The proportion of tribunals concluded with no finding of impairment (including warnings) in 2019 is 24%, an increase from 21% in 2018.

* This figure does not include an additional 18 erasures by MPT review tribunal in 2019

† This figure includes Order Expire from New & Review tribunals

GMC Appeals

22 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 7: Outcome of GMC Appeals

	2016	2017	2018	2019
Successful appeals at Court Hearing	0	10	5	2
Unsuccessful appeals at Court hearing	0	1	3	1
Cases agreed by consent	0	2	1	0
Appeals withdrawn	0	4	0	0
Appeals outstanding	0	0	2	4
Total	0	17	11	7

23 The figures above (Table 7) 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.

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.