

Fitness to practise statistics 2020

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 2020.
- 2** The tables below show activity at each of the different stages of our fitness to practise process in 2020. They do not track a single cohort of complaints through the system, because cases opened in 2020 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 2020 data used in this report were taken from the Siebel case management system on 7 January 2021. 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 2016-20

	2016	2017	2018	2019	2020
Doctors on register	280,806	288,521	298,538	311,356	337,717
Total Enquiries	9,146	8,546	8,573	8,654	8,468
From persons acting in a public capacity (PAPC)	744	807	815	765	580
From members of the public	6,688	5,714	5,677	5,945	6,318
From other sources	1,714	2,025	2,081	1,944	1,570

- 5 We considered 8,468 fitness to practise enquiries in 2020 (*Table 1*), which is a decrease of 2% from 2019, and represents an overall decrease of 7% from 2016 to 2020 (9,146 to 8,468). The number of referrals from persons acting in a public capacity (PAPC) – primarily employers and the police, has decreased by 24% (580) in 2020 compared to 2019 (765).
- 6 We have seen an increase in the number of enquiries from members of the public by 6% in 2020 (6,318) from 2019 (5,945). The proportion of enquiries from members of the public increased to 75% in 2020 compared to 69% in 2019.
- 7 Enquiries from 'other sources' decreased by 19% (to 1,570 from 1,944) in 2020. '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 2016-20

	2016	2017	2018	2019	2020
Investigation	1,296	1,306	1,402	1,389	1,043
Provisional Enquiry	616	614	519	602	415
Refer to Employer/Responsible Officer	475	493	394	365	310
Closed	6,759	6,133	6,258	6,298	6,700
Total	9,146	8,546	8,573	8,654	8,468

Table 2b: Outcome of Provisional Enquiries in 2016-2020 (as at 31 March 2021)

	2016	2017	2018	2019	2020
Investigation	158	203	148	160	74
Refer to Employer/Responsible Officer	2	4	0	0	1
Closed	456	407	371	440	318
In Progress	0	0	0	2	22
Total	616	614	519	602	415

Table 2c: Outcome of **final** triage decisions including PE outcomes (as at 31 March 2021)

	2016	2017	2018	2019	2020
Investigation	1,454	1,509	1,550	1,549	1,117
Refer to Employer/Responsible Officer	477	497	394	365	311
Closed	7,215	6,540	6,629	6,738	7,018
Awaiting outcome of PE	0	0	0	2	22
Total	9,146	8,546	8,573	8,654	8,468

- 8** There has been a significant decrease (25%) in the number of triages promoted to investigation in 2020 (1,043) at initial triage compared to 2019 (1,389) (*Table 2a*). The proportion of overall investigations in 2020 (1,117) (including the number promoted from provisional enquiry) is the approximately 6% less than 2019 (1,549) (*Table 2c*).
- 9** In 2020, the overall number of enquiries closed at triage stage (7,018) increased by 3% compared to 2019 (6,738). The proportion of enquiries closed at triage stage in 2020 is 83%, an increase of 4% compared to 2019^[1] (*Table 2c*).
- 10** In 2020 we saw an increase in complaints from members of the public (and a decrease from PAPC and other). Complaints from members of the public are significantly more

^[1] Aggregate of the total closures at initial triage (table 2a) and the closures after PE (table 2b) for 2019 and 2020.

likely to close at triage, whereas complaints from the other sources are more likely to be promoted. This explains why we have seen an increase in closures at the triage stage.

MPTS Interim Orders Tribunals (IOT)

Table 3: Outcome of interim orders tribunals in 2016-20

	2016	2017	2018	2019	2020
Suspension	58	43	48	52	40
Conditions	233	238	247	225	234
No order made	48	71	93	81	78
Total	339	352	388	358	352

- 11** The total number of interim order tribunals (IOT) (*Table 3*) decreased by 2% to 352 in 2020 from 358 in 2019. The proportion of doctors suspended at IOT in 2020 represents 11%, compared to 15% in 2019. The number of doctors made subject to conditions increased by 4% to 234 in 2020 from 225 in 2019. In 2020, no order was made in 78 cases which is a decrease of 4% from 81 in 2019. The proportion of IOTs ending with no order is 22% in 2020 compared to 23% in 2019.

Investigation outcomes

Table 4: Outcome of case examiner (CE) decisions in 2016-20

	2016	2017	2018	2019	2020
Refer to tribunal	200	200	280	347	276 ¹
Undertakings	144	106	93	76	52
Warning	95	117	69	85	59 ²
Advice	333	225	66	52	38
Conclude	997	709	700	719	641 ³
Total	1,769	1,357	1,208	1,279	1,066

- 12** The total number of CE decisions (1,066) (*Table 4*) completed in 2020 decreased by 17% from 1,279 in 2019. This is a reflection of the impact of the pandemic, and the fact that a significant number of investigations were paused for a period of the year.

¹ This figure includes three decisions where the doctor refused to accept undertakings. It does not include an additional 23 criminal conviction decisions by the registrar to refer to tribunal or 12 non compliance decisions where the CE referred to tribunal.

² This figure includes eight decisions where the doctor refused to accept the warning and were confirmed by Investigation Committee (IC) or subsequently accepted by the doctor.

³ This figure includes 1 decision determined by IC with no further action (NFA) but does not include an additional 44 decisions to grant voluntary erasure by case examiners.

The fact that the CEs made fewer decisions has led to a numerical decrease in all outcomes.

- 13** The proportion of CE decisions to close complaints or close complaints with advice increased to 64% in 2020 from 60% in 2019. 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.
- 14** The proportion of CE decisions to issue a warning decreased slightly from 6.6% in 2019 to 5.5% in 2020. The proportion of CE decisions to agree undertakings also decreased slightly from 6% in 2019 to 5% in 2020.
- 15** The proportion of CE decisions to refer to tribunal has decreased slightly from 27% in 2019 to 26% in 2020.
- 16** There were also an additional 23 doctors referred to tribunal in 2020 where there is a criminal conviction and a custodial sentence were imposed (55 in 2019).

Investigation Committee (IC)

Table 5: Outcome of Investigation Committee hearings in 2016-20

	2016	2017	2018	2019	2020
Warning	10	9	3	3	3
No Further Action	8	7	4	3	1
Refer to MPT	0	0	0	1	0
Total	18	16	7	7	4

- 17** 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.
- 18** There were 4 Investigation Committee hearings in 2020 (*Table 5*), which is three less than were held in 2019. 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 to the pausing of all investigation committee hearings for a period of time due to the pandemic. These hearings are now held remotely.
- 19** The proportion of cases where the Investigation Committee decided to issue a warning was 75% in 2020 compared to 43% in 2019.

MPTS Medical Practitioner Tribunals (MPT)

Table 6: Outcome of medical practitioner tribunals in 2016–20

	2016	2017	2018	2019	2020
Erasure	70	62	65	55	43 ⁴
Suspension	93	76	101	120	52
Conditions	17	13	25	14	14
Undertakings	0	0	0	0	0
No Impairment - Warning	11	13	10	17	17
Impairment - No further action	2	4	2	4	0
No Impairment	34	27	41	44	16 ⁵
Voluntary Erasure	2	0	3	3	2
Total	229	195	247	257	144

- 20** The number of medical practitioner tribunals concluded by the MPTS in 2020 was 144 (*Table 6*). This is a decrease of 44% from 257 in 2019. This reduction is due to the pandemic. Further information about the pausing and restarting of substantive hearings is in the MPTS annual report.
- 21** The proportion of doctors removed from the register by either erasure or suspension slightly decreased in 2020 to 66% from 68% in 2019.
- 22** The proportion of tribunals concluded with no finding of impairment (including warnings) in 2020 is 24%, a small decrease from 25% in 2019.

⁴ This figure does not include an additional 9 erasures by MPT review tribunal in 2020

⁵ This figure includes Order Expire from New & Review tribunals

GMC Appeals

23 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	2020
Successful appeals at Court Hearing	0	10	5	2	3
Unsuccessful appeals at Court hearing	0	1	3	1	1
Cases agreed by consent	0	2	1	0	0
Appeals withdrawn	0	4	0	0	0
Appeals outstanding	0	0	2	4	5
Total	0	17	11	7	9

24 The figures above (Table 7) show the number of appeals that have been lodged since 2016. 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. Even, if the Court of Appeal judgement is challenged / appealed.

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.