

Agenda item:	M6
Report title:	Fitness to Practise Annual Statistics Report 2016
Report by:	Joanna Farrell , Assistant Director of Investigation joanna.farrell@gmc-uk.org , 0161 923 6507
Considered by:	Performance and Resources Board
Action:	To consider

Executive summary

This paper sets out the key statistics on Fitness to Practise activity in 2016. The main points to note are:

- The number of enquiries received from persons acting in a public capacity (primarily employers) fell from 1,105 in 2015 to 744 in 2016.
- The number of new full investigations opened fell, from 2,306 in 2015 to 1,296 in 2016. This was partly due to the expansion of Provisional Enquiries and partly due to the reduction in the number of referrals from employers.
- The number of cases referred to a Medical Practitioners Tribunal reduced to 200 in 2016 from 279 in 2015, however as a proportion of CE decisions, this remained the same as 2015 representing 11% of all decisions.
- The total number of doctors erased has remained broadly similar since 2014 at 70.
- The number of suspensions has also remained at similar numbers at 93.

Recommendations

Council is asked to:

- a** Note the key figures and trends identified in fitness to practise activity in 2016.
- b** Approve the submission of the Fitness to Practise Annual Statistics Report 2016 to the Privy Council to be laid before the Houses of Parliament alongside the Trustees' Annual Report and Accounts 2016 (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 2016. 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 2016 will be submitted to the Privy Council to be laid before the Houses of Parliament alongside the Trustees' Annual Report and Accounts 2016 (which also includes information about our fitness to practise work) before the summer recess.

Key points

Enquiries

- 4 The GMC considered 9146 fitness to practise enquiries in 2016, which is a small decrease of 2.8% on 2015. This is similar to the small decrease seen in 2015 of 2.9%. The most significant change is the decrease in enquiries from Persons Acting in a Public Capacity (PAPC) (primarily employers), of 32.7% from 2015. The numbers of referrals from employers has been steadily decreasing since 2013. As a proportion of all complaints we receive, those from PAPC has decreased to 8.1% from 12% over the last two years.
- 5 We think the reduction in referrals from employers may be to some extent explained by the introduction of the Employer Liaison Service (ELS) and Revalidation in 2012. The ELS has changed our relationship with employers and we believe has helped Responsible Officers (ROs) to better manage some doctors locally and reduce inappropriate referrals to the GMC, which could have reduced the need for premature or unnecessary GMC involvement.
- 6 There is emerging evidence to suggest that the introduction of revalidation may have driven improvements in clinical governance and appraisal systems, which may have prompted the earlier identification and management of concerns. This could be linked to the reduction in referrals.
- 7 We have carried out a detailed review of the advice provided by the ELS to ROs in two ELA regions during 2014 and 2015. Using this data as a guide, we have estimated that the ELS are helping ROs to manage over 3,000 doctors locally, across the UK. Clearly not all of these doctors would have previously been referred to the GMC, but some of them probably would have been. We believe that this goes some way to explain the reduction in referrals over the past four years.

- 8 We have seen an increase in the number of enquiries from members of the public by 2.2% from 2015 and the proportion of all enquiries increase to 73.1% from 70% in 2015.
- 9 Enquiries from other sources decreased by 2.9%. 'Other sources' comprises public organisations such as other regulators and patient organisations, individual doctors and press cuttings.
- 10 In 2016 we have continued to see a rise in the number and proportion of enquiries closed at triage stage. The proportion of enquiries closed at triage stage in 2016 increased to 74% up from 66% in 2015. This is linked to the increase in complaints from members of the public and reduction in referrals from employers.
- 11 The most notable change in 2016 is a drop in the number of enquiries that reach our threshold for investigation, this being a reduction of 40% from 2015. The proportion of enquiries promoted to a full investigation at triage was 15.6% in 2016 down from 25% in 2015.
- 12 This significant change is explained, in part, by the expansion of the provisional enquiries process which was introduced in 2014. In 2016 we identified 616 cases that were suitable for a provisional enquiry, 64% of completed provisional enquires were closed which saved the need for a full investigation. This has contributed to the significant drop in the number of enquiries leading to a full investigation.
- 13 The other contributing factor in the reduction in enquiries reaching the threshold for investigation appears to relate to the significant reduction in the number of referrals from employers. Referrals from employers are more likely to result in full investigations than enquiries received from other sources. Historically approximately 65% of referrals result in a full investigation, compared with 18% of complaints from members of the public and 38% of enquiries received from other sources.

Investigation outcomes

- 14 The proportion of Case Examiner decisions to close complaints or close complaints with advice decreased to 75% in 2016 from 78% in 2015. This is due to the introduction of provisional enquiries as these cases would previously have been fully investigated and had a case examiner decision to conclude.
- 15 The number of cases referred to a medical practitioners tribunal has decreased in 2016 to 200, from 279 in 2015. The proportion of cases referred to a tribunal

remained the same in 2016 as 2015 at 11% and has remained broadly similar in recent years.

Medical Practitioner Tribunals

- 16** The number of medical practitioner tribunals held by the Medical Practitioner Tribunal Service (MPTS) in 2016 was 229 this is a slight decrease from 239 in 2015.
- 17** The total number of doctors erased decreased slightly from 72 to 70; while the number of suspensions has also fallen slightly from 95 to 93. This means that more than two thirds (71.2%) of the tribunals in 2016 (70% in 2015) resulted in the removal of the doctor from the register by either erasure or suspension.
- 18** 33 tribunals resulted in a finding of no impairment a drop of 1.5% from 38 in 2015 representing 14.4% of all tribunals in 2016 (16% in 2015). This proportion has been on a downward trend for the last 5 years.

MPTS Interim Orders Tribunals

- 19** Referrals to the Interim Orders Tribunal (IOT) decreased by 15.9% to 339 in 2016 from 522 in 2015. However, there was a small increase in the number of doctors suspended by the IOT. The number of conditions issued has dropped by 7.2% to 333 from 359 but the proportion increased to 75.9% from 69%. No Order was made in 48 cases which is a significant reduction on previous years and represents 14% of IOT outcomes, compared with 22% in 2015.

Investigation Committee

- 20** 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.
- 21** There were 18 Investigation Committee hearings in 2016 which is a small increase from 2015 when 16 were held.
- 22** In 2016 the proportion of cases where a decision was taken to issue a warning was 55%.

Equality and diversity

- 23** This paper does not raise any issues around equality and diversity.