

Fitness to practise statistics 2021

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 2021.
- 2** The tables below show activity at each of the different stages of our fitness to practise process in 2021. They do not track a single cohort of complaints through the system, because cases opened in 2021 will not necessarily reach an outcome in the same year.
- 3** Fitness to Practise data broken down by protected characteristics will be published alongside *The state of medical education and practice in the UK* as in previous years and we are considering providing a more detailed breakdown of the data by protected characteristics in this paper in future.

Data collection

- 4** The 2021 data used in this report were taken from the Siebel case management system on 5 January 2022. 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 2017-21

	2017	2018	2019	2020	2021
Doctors on register	288,521	298,538	311,356	337,717	350,976
Total Enquiries	8,546	8,573	8,654	8,468	9,074
From persons acting in a public capacity (PAPC)	807	815	765	580	583
From members of the public	5,714	5,677	5,945	6,318	6,785
From other sources	2,025	2,081	1,944	1,570	1,706

- 5** We considered 9,074 fitness to practise enquiries in 2021 (*Table 1*), which is an increase of 7% from 2020, and represents an overall increase of 6% from 2017 to 2021 (8,546 to 9,074). The number of referrals from persons acting in a public capacity (PAPC) – primarily employers and the police, has remained almost the same (583) in 2021 compared to 2020 (580).
- 6** We have seen an increase in the number of enquiries from members of the public by 7% in 2021 (6,785) from 2020 (6,318). The proportion of enquiries from members of the public remained steady at 75% in 2021, the same as in 2020.
- 7** Enquiries from 'other sources' increased by 9% (from 1,570 in to 1,706) in 2021. '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 2017-21

	2017	2018	2019	2020	2021
Investigation	1,306	1,402	1,389	1,043	925
Provisional Enquiry	614	519	602	415	490
Refer to Employer/Responsible Officer	493	394	365	310	258
Closed	6,133	6,258	6,298	6,700	7,401
Total	8,546	8,573	8,654	8,468	9,074

Table 2b: Outcome of Provisional Enquiries in 2017-2021 (as at 4 April 2022)

	2017	2018	2019	2020	2021
Investigation	203	148	160	76	82
Refer to Employer/Responsible Officer	4	0	0	1	0
Closed	407	371	442	335	400
In Progress	0	0	0	3	8
Total	614	519	602	415	490

Table 2c: Outcome of final triage decisions including PE outcomes (as at 4 April 2022)

	2017	2018	2019	2020	2021
Investigation	1,509	1,550	1,549	1,119	1,007
Refer to Employer/Responsible Officer	497	394	365	311	258
Closed	6,540	6,629	6,740	7,035	7,801
Awaiting outcome of PE	0	0	0	3	8
Total	8,546	8,573	8,654	8,468	9,074

- 8** There has been a decrease (11%) in the number of triages promoted to investigation in 2021 (925) at initial triage compared to 2020 (1,043) (*Table 2a*). The proportion of overall investigations in 2021 (1,007) (including the number promoted from provisional enquiry) is the approximately 10% less than 2020 (1,117) (*Table 2c*).
- 9** In 2021, the overall number of enquiries closed at triage stage (7,801) increased by 11% compared to 2020 (7,018). The proportion of enquiries closed at triage stage in 2021 is 86%.
- 10** In 2021 we saw a significant increase in complaints from members of the public and complaints from members of the public are significantly more 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 2017-21

	2017	2018	2019	2020	2021
Suspension	43	48	52	40	35
Conditions	238	247	225	234	217
No order made	71	93	81	78	56
Total	352	388	358	352	308

- 11** The total number of interim order tribunals (IOT) (*Table 3*) decreased by 12.5% to 308 in 2021 from 352 in 2020. The proportion of doctors suspended at IOT in 2021 represents 11%, the same percentage as in 2020. The number of doctors made subject to conditions decreased by 7% to 217 in 2021 from 234 in 2020. In 2021, no order was made in 56 cases which is a decrease of 28% from 78 in 2020. The proportion of IOTs ending with no order is 18% in 2021 compared to 22% in 2020.

Investigation outcomes

Table 4: Outcome of case examiner (CE) decisions in 2017-21

	2017	2018	2019	2020	2021
Refer to tribunal	200	280	347	276	257*
Undertakings	106	93	76	52	67
Warning	117	69	85	59	87 [†]
Advice	225	66	52	38	51
Conclude	709	700	719	641	569 [‡]
Total	1,357	1,208	1,279	1,066	1,031

*This figure includes three decisions where the doctor refused to accept undertakings. It does not include an additional 28 criminal conviction decisions by the registrar to refer to tribunal or 7 non-compliance decisions where the CE referred to tribunal.

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

[‡] This figure does not include an additional 46 decisions to grant voluntary erasure by case examiners.

- 12** The total number of CE decisions (1,031) (*Table 4*) completed in 2021 decreased by 3% from 1,066 in 2020.
- 13** The proportion of CE decisions to close complaints or close complaints with advice decreased to 60% in 2021 from 64% in 2020. 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 increased slightly from 6% in 2020 to 8% in 2021. The proportion of CE decisions to agree undertakings increased slightly to 6% in 2021, up from 4.9% in 2020.
- 15** The proportion of CE decisions to refer to tribunal has decreased slightly from 26% in 2020 to 25% in 2021.
- 16** There were also an additional 28 doctors referred to tribunal in 2021 where there is a criminal conviction and a custodial sentence was imposed (23 in 2020).

Investigation Committee (IC)

Table 5: Outcome of Investigation Committee hearings in 2017-21

	2017	2018	2019	2020	2021
Warning	9	3	3	3	7
No Further Action	7	4	3	1	0
Refer to MPT	0	0	1	0	0
Total	16	7	7	4	7

- 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 7 Investigation Committee hearings in 2021 (*Table 5*), which is three more than were held in 2020.
- 19** The proportion of cases where the Investigation Committee decided to issue a warning was 100% in 2021 compared to 75% in 2020.

MPTS Medical Practitioner Tribunals (MPT)

Table 6: Outcome of medical practitioner tribunals in 2017–21

	2017	2018	2019	2020	2021
Erasure	62	65	55	43	58
Suspension	76	101	120	52	91
Conditions	13	25	14	14	14
Undertakings	0	0	0	0	1
No Impairment - Warning	13	10	17	17	28
Impairment - No further action	4	2	4	0	2
No Impairment	27	41	44	16	71
Voluntary Erasure	0	3	3	2	4
Total	195	247	257	144	269

- 20** The number of medical practitioner tribunals concluded by the MPTS in 2020 was 269 (*Table 6*). This represents a significant increase from 2020 and is higher than pre-pandemic levels in 2019. Further information about the pandemic recovery work will be in the MPTS annual report.
- 21** The proportion of doctors removed from the register by either erasure or suspension slightly decreased in 2021 to 55% from 66% in 2020.
- 22** The proportion of tribunals concluded with no finding of impairment (including warnings) in 2021 is 36.8%, an increase from 23% in 2020 and a change from previous years where the proportion has remained broadly similar (ranging from 18.5% to 23.5%). We have developed a process to review all cases where there is a finding of no impairment to identify any themes or learning and provide feedback as appropriate. There is no one reason for this increase.

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

	2017	2018	2019	2020	2021
Successful appeals at Court Hearing	10	5	2	3	1
Unsuccessful appeals at Court hearing	1	3	1	1	0
Cases agreed by consent	2	1	0	0	0
Appeals withdrawn	4	0	0	0	0
Appeals outstanding	0	2	4	5	9
Total	17	11	7	9	10

- 24** The figures above (Table 7) show the number of appeals that have been lodged since 2017. 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.