



Fitness to Practise Annual Statistics 2006

General
Medical
Council

Regulating doctors
Ensuring good medical practice

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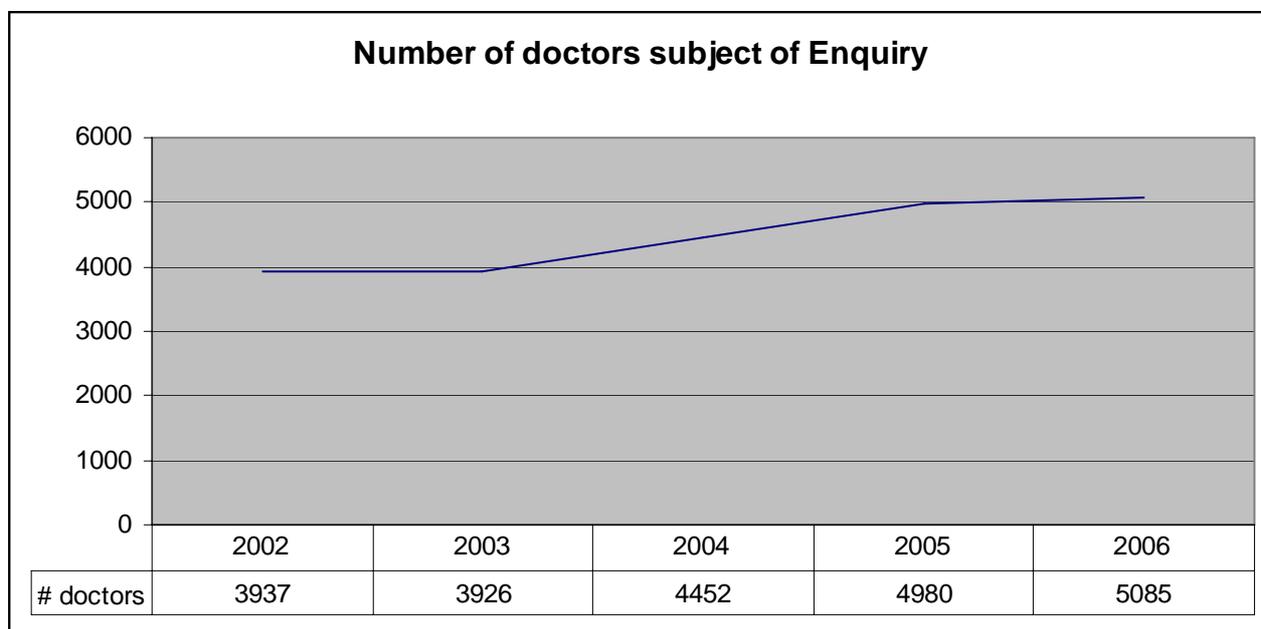
1 FITNESS TO PRACTISE ACTIVITY

Section One of this Report focuses on fitness to practice activity during 2006 (compared to earlier years where appropriate). It takes each key stage in our procedures and shows the volumes of Cases moving through those stages and the outcomes of our decisions made at those stages.

1.1 Incoming Enquiries

1.1.1 Number of doctors subject of an Enquiry 2002 - 2006

The graph below shows the numbers over the last five years of doctors who were the subject of an Enquiry. An Enquiry is defined as information received (from a single source) that may raise concerns about one or more doctors' fitness to practise.



1.1.2 Number of Enquiries received in 2005 and 2006 by source

The table below shows the source of Enquiries received in 2005 and 2006. The term 'person acting in a public capacity' (PAPC) denotes an individual acting on behalf of a public organisation. The majority of Enquiries from this source come from NHS Trusts or from police forces.

Enquiry source	# Enquiry doctors (%)	
	2005	2006
PAPC	947 (19%)	886 (17%)
Member of public	4033 (81%)	4199 (83%)
Total	4980 (100%)	5085 (100%)

1.1.3 Key points

The key points arising from the information above are:

- a. The number of doctors who were the subject of an Enquiry rose by 2.1% between 2005 and 2006. However, in the last five years (since 2002) the number of Enquiries received per year has risen by 29.2%.
- b. In 2005, the proportion of Enquiries which were from PAPC was 19%. In 2006, this proportion fell to 17%.

1.2 Initial assessment of Enquiries (triage)

We assess all Enquiries within one week of receipt. This is commonly referred to as triage. The primary purpose of triage is to determine whether or not the information received raises a question about the doctor's fitness to practice.

If the information could never raise such a question, we will close the Enquiry.

If the information raises serious allegations which in themselves, would call into question the doctor's fitness to practice, we will carry out a full investigation. This type of investigation is described as 'Stream 1'.

If the information received is in itself less serious but would be of concern if part of a wider pattern, we would make enquiries with the doctor's employers or contractors to establish if they have any wider concerns about their practice. Once this information has been obtained, we carry out a second assessment to decide whether further investigation is required or not. This process is described as 'Stream 2'.

In 2006, we carried out 664 second assessments of Stream 2 Cases. Of these, the decision was made to investigate further 22 Cases (3.3%) under our Stream 1 procedures. Of these 22 Cases, as at May 2007: 11 were still under investigation; nine had been closed at the Case Examiner stage; one was referred to Investigation Committee (to determine whether a warning was appropriate); and one was awaiting a Fitness to Practise Panel Hearing.

1.2.1 Triage by outcome – 2005 and 2006

The following table shows triage outcomes for every doctor who was the subject of an Enquiry, irrespective of whether they are positively identified or not. The nature of the information received determines the lengths to which we go to identify the doctor. Enquiries where the doctor remains unidentified are likely to be less serious and therefore, closed.

Triage outcome	# Enquiries 2005 (%)	# Enquiries 2006 (%)
Stream 1	2272 (45.6%)	1854 (36.5%)
Stream 2	712 (14.3%)	843 (16.6%)
Closed	1996 (40.1%)	2378 (46.8%)
Total	4980 (100%)	5085 (100%)

1.2.2 Key points

The key points arising from the information above are:

- a. More than half of incoming Enquiries are investigated (Table at 1.2.1).
- b. We triaged 843 Enquiries into Stream 2 in 2006 (Table at 1.2.1). Taking current rates of conversion from Stream 2 to Stream 1 at second assessment, on average 3.3% of these (or 28 Cases) will be investigated further under our Stream 1 procedures.

1.3 Case Examiner decisions

The following table shows all Case Examiner decision outcomes in 2005 and 2006 for Stream 1 Cases. This includes one Investigation Committee Paper Review where the Case Examiners could not agree on a decision.

1.3.1 Case Examiner decisions by outcome – 2005 and 2006

Decision outcome	Total 2005 (%)	Total 2006 (%)
Refer to Hearing	310 (15.9%)	335 (23.3%)
Undertakings	47 (2.4%)	63 (4.4%)
Warning	72 (3.7%)	126 (8.8%)
Conclude with Advice	215 (11%)	306 (21.3%)
Conclude	1311 (67%)	607 (42.2%)
Total	1955 (100%)	1437 (100%)

1.3.2 Key points

The key points arising from the information above are:

- a. The Case Examiners referred a greater proportion of Cases for a Hearing in 2006 (23.3% as opposed to 15.9%). However, in absolute numbers this amounted only to an increase from 310 referrals to 335 (8.1%). So the increased proportion of referrals appears to be the result of changes in the mix of Stream 1 Cases (this is evidenced by the figures in the Table at 1.2.1, which show a decrease – from 45.6% to 36.5% – in Cases dealt with under Stream 1 between 2005 and 2006), rather than a shift in the Case Examiners' thresholds. The change in the mix of Stream 1 Cases reaching the Case Examiners is the result of a change in policy relating to the types of Cases to be dealt with under Stream 2, agreed by the Fitness to Practise Committee in July 2006.
- b. There was an increase in the proportion of Cases resulting in a warning. Warnings were introduced in November 2004 as part of the Fitness to Practise reforms and in practice, were possibly more likely to be applied in Cases first received after that date. We might therefore expect that the rate of warnings is more likely to remain at 2006 levels in future.
- c. The proportion of Cases concluded with no further action (whether with or without advice) was down in 2006. This reflects the trend in volumes of Stream 1 Cases highlighted above at a. Within the set of concluded Cases, a greater proportion of doctors were given advice in 2006.

1.4 Investigation Committee (Oral) Hearings

There were only three Investigation Committee (Oral) Hearings in 2005. Any comparison between 2005 and 2006 would be meaningless, therefore the tables below only include figures for 2006.

1.4.1 Investigation Committee (Oral) Hearings by outcome - 2006

Outcome	Total (%)
Issue Warning	8 (44.4%)
No Further Action	10 (55.6%)
Total	18 (100%)

1.4.2 Key points

The key points arising from the information above are:

- a. Because of the small number of Investigation Committee Hearings no trends can be reliably derived.
- b. The 18 Cases heard by the Investigation Committee where a doctor refused to accept a warning represent a relatively small proportion (14.3%) of the 126 Cases where the Case Examiners offered a warning at the conclusion of the investigation stage.

1.5 Fitness to Practise Panel Hearings

1.5.1 Fitness to Practise Panel Hearings by outcome – 2005 and 2006

Outcome	Total 2005 (%)	Total 2006(%)
Erasure	36 (13.7%)	54 (17.8%)
Suspension	89 (34%)	96 (31.7%)
Conditions	80 (30.5%)	65 (21.5%)
Undertakings	2 (0.8%)	8 (2.6%)
Warning	4 (1.5%)	16 (5.3%)
Reprimand	16 (6.1%)	1 (0.3%)
Impairment (No Action)	18 (6.9%)	8 (2.6%)
No Impairment	17 (6.5%)	52 (17.2%)
VE Granted	N/A ¹	3 (1.0%)
Total	262 (100%)	303 (100%)

1.5.2 Key points

The key points arising from the information above are:

- a. The number of Hearing outcomes is up by 15.7% in 2006, reflecting increased Hearing capacity.
- b. The proportion of Cases with an outcome of No Impairment is up from 6.5% to 17.2% in 2006. However, taking Reprimand (which is an outcome only for 'Old Rules' Cases), Impairment (No Action) and No Impairment together, the proportions are more comparable between 2005 (19.5%) and 2006 (20.1%). The proportion of Cases with an outcome of erasure, suspension or conditions was not very different in 2005 (78.2%) and 2006 (71.0%)
- c. The proportion of Cases with Erasure as an outcome is up in 2006, whilst the proportions for both Suspension and Conditions are down.

¹ The previous database in operation did not distinguish when VE was granted in our processes

1.6 Interim Orders Panel (IOP) Hearings

In 2005, the FPD database recorded only the fact that a doctor had been referred to the Interim Orders Panel as opposed to the fact that such a decision had been sought. For that reason, the Table below at 1.6.1 does not compare 2006 with 2005.

1.6.1 Case Examiner IOP decisions by outcome - 2006

Outcome	Total (%)
Refer	259 (92.5%)
Do Not Refer	21 (7.5%)
Total	280 (100%)

1.6.2 IOP Hearings by outcome – 2005 and 2006

Outcome	Total 2005 (%)	Total 2006 (%)
Suspension	116 (42.3%)	104 (40.2%)
Conditions	106 (38.7%)	112 (43.2%)
No Order	52 (19%)	43 (16.6%)
Total	274 (100%)	259 (100%)

1.6.3 Key points

The key points arising from the information above are:

- a. The large majority (92.5%) of Case Examiner decisions was to refer.
- b. At IOP, action is taken on registration in most Cases (81% in 2005 and 83.4% in 2006).

2 FITNESS TO PRACTISE ACTIVITY BY PLACE OF PRIMARY MEDICAL QUALIFICATION (PMQ)

The following Section of this Report again considers volumes of cases handled at each key stage in our procedures in 2006 – and the outcomes of the decisions made at those key stages, but cuts this data by reference to doctors' place of primary medical qualification (PMQ). This data has its own value, but it should be seen as no more than a starting point for further research, to be commissioned by the GMC. This will explore issues around how and why different groups of doctors (by place of PMQ and by ethnicity) come to be the subject of complaints or referrals to the GMC – and how those complaints or referrals are handled, both by the GMC and by others.

2.1 Enquiries by PMQ

2.1.1 Enquiry Doctors by PMQ Region – 2005 and 2006

The table below shows the number and percentage of positively identified doctors by place of PMQ who have been the subject of an Enquiry received in 2005 and 2006.

The total number of Enquiries included in the Table below differs from the overall totals of Enquiries found in the Tables in Section 1.1 above because those Tables include Enquiries about unidentified doctors (for whom we cannot ascribe a place of PMQ). As stated previously, the lengths to which we go to positively identify doctors who are not immediately identifiable from the information contained in the Enquiry will depend on the nature of the allegations.

PMQ Region	# Enquiries 2005(%)	# Enquiries 2006(%)
UK	2562 (64%)	2334 (61.3%)
International	1094 (27%)	1143 (30%)
EU	303 (8%)	309 (8.1%)
Other Europe	23 (1%)	20 (0.6%)
Total	3982 (100%)	3806 (100%)

2.1.2 Enquiry Doctors by PMQ Region and source - 2006

The table below shows the percentage of Enquiries from each source type by each geographical category of PMQ.

PMQ Region	# Enquiries (%)	
	Member of public	PAPC
UK	1991 (85.3%)	343 (14.7%)
International	808 (70.7%)	335 (29.3%)
EU	224 (72.5%)	85 (27.5%)
Other Europe	9 (45%)	11 (55%)

2.1.3 Key points

The key points arising from the information above are:

- a. The Medical Register shows 60% of registered doctors qualified in the UK, as against 27.7% IMGs and 11.6% EU qualifiers. It appears then that the split of incoming Enquiries by PMQ region (see 2.1.1 above) closely mirrors the proportions of doctors from each PMQ region in the population of registered doctors.

- b. Whilst the proportion of Enquiries received from PAPC was 17% overall (see Section 1.1.2 above), it varied quite considerably for the groups of doctors with different place of PMQ (see Table at 2.1.2 above). For UK qualified doctors, 14.7% of Enquiries were from PAPC. For International Medical Graduates (IMGs), the proportion was almost double that at 29.3%.

NOTE:

The further research to be commissioned by the GMC, and mentioned above, will consider issues around incoming Enquiries and the differences in the make up of of the sets of Enquiries about doctors with different place of PMQ and different ethnicity.

2.2 Triage by PMQ

The following table shows the proportions of triage outcomes for each geographical category of PMQ. As with Section 2.1 above, this analysis excludes any doctors that remain unidentified. Therefore, comparison of the percentages below with those in the Table at 1.2.1 is not meaningful.

The total number of triage outcomes contained in the Table below does not match exactly the number of doctors subject of an Enquiry referred to above (in Section 2.1). This is because Enquiries received in the last few days of 2006 will be triaged in 2007, whilst Enquiries received late in 2005 will be included in the total of triages for 2006.

2.2.1 Triage by outcome and PMQ Region - 2006

PMQ Region	# doctors by triage outcome (%)			
	Stream 1	Stream 2	Closed	Total
UK	958 (41.1%)	468 (20%)	907 (38.9%)	2333 (100%)
International	603 (52.9%)	195 (17.1%)	341 (30%)	1139 (100%)
EU	158 (51.1%)	44 (14.3%)	107 (34.6%)	309 (100%)
Other Europe²	8 (40%)	1 (5%)	11 (55%)	20 (100%)

2.2.2 Key points

The key points arising from the information above are:

- A greater proportion of Enquiries about UK qualifiers (UKQs) was closed at triage (38.9% as against 30% for IMGs).
- Similarly, a greater proportion of Enquiries about UKQs was handled as Stream 2 Cases (20% as opposed to 17.1% for IMGs).
- Accordingly, a smaller proportion of Enquiries about UKQs was handled as Stream 1 Cases (41.1% as against 52.9% for IMGs).
- The small numbers of triages for Enquiries about European qualified doctors mean that no meaningful conclusions can be drawn.

NOTE:

The majority of Enquiries from PAPC are treated as Stream 1 Cases (these being mainly referrals from Police Forces about doctors convicted/under investigation or referrals from NHS Trusts). This may explain some of statistical difference in outcomes for IMGs (as opposed to UKQs) at triage (where there is a larger percentage of Enquiries about IMGs put into Stream 1), given that there is a higher proportion of Enquiries about IMG doctors which are from PAPC (see Table at 2.1.2 above). As mentioned above, further research is to be commissioned by the GMC, to explore other factors which may impact on our decisions at this stage.

² The percentages for doctors with 'Other Europe' PMQ represent only 20 Cases in total and therefore, no clear conclusions should be drawn.

2.3 Case Examiner decisions by PMQ

2.3.1 Case Examiner decisions by outcome and PMQ Region – 2005 and 2006

PMQ Region	# by decision outcome 2006 (%) [# (% 2005)]				
	Refer to Hearing	Undertakings	Warnings	Conclude with Advice	Conclude
UK	127 (15.6%) [135 (11.1%)]	35 (4.3%) [30 (2.5%)]	63 (7.8%) [40 (3.3%)]	179 (22.1%) [118 (9.6%)]	407 (50.2%) [898 (73.5%)]
International	167 (33.7%) [139 (24.1%)]	21 (4.2%) [14 (2.4%)]	50 (10.1%) [24 (4.2%)]	103 (20.8%) [87 (15.1%)]	155 (31.2%) [312 (54.2%)]
EU	39 (31%) [31 (22.3%)]	7 (5.6%) [2 (1.5%)]	12 (9.5%) [7 (5%)]	24 (19%) [10 (7.2%)]	44 (34.9%) [89 (64%)]
Other Europe	2 (50%) [5 (26.3%)]	0 (0%) [1 (5.3%)]	1 (25%) [1 (5.3%)]	0 (0%) [1 (0%)]	1 (25%) [12 (63.1%)]

2.3.2 Key points

The key points arising from the information above are:

- The percentages for doctors with 'Other Europe' PMQ represent only four decisions in total and therefore, no clear conclusions should be drawn.
- A greater proportion of IMGs was referred for a hearing compared to UK qualifiers (33.7% as against 15.6% in 2006).
- At the Case Examiner decision stage, 72.3% of decisions about UK qualifiers were that we should conclude (with or without advice). This compares to 52% for IMGs.

NOTE:

The fact that there are proportionally more Cases about IMGs (as opposed to UK qualifiers) which are brought to our attention by PAPC (see Table at 2.1.1 above) again comes into play here. As the Policy Studies Institute (PSI) and the York Health Economics Consortium (YHEC)³ have both concluded in the past, this fact explains some, though not all, of the seeming disparity in outcomes for these two groups of doctors at the interim decision-making stage. The further research to be commissioned by the GMC, and mentioned above, will explore other factors which may impact on our decisions at this stage.

³ The PSI reported their research on our fitness to practise procedures in 1996, 2000 and 2003; the YHEC reported in 2006 on data relating to fitness to practise activity in 2004 and 2005.

2.4 Investigation Committee (Oral) Hearings by PMQ

As stated above (Section 1.4), there were only three Investigation Committee (Oral) Hearings in 2005. Any comparison between 2005 and 2006 would be meaningless, therefore the tables below only include figures for 2006.

2.4.1 Investigation Committee (Oral) Hearings by outcome and PMQ Region - 2006

PMQ Region ⁴	% by Hearing outcome		
	Issue Warning	No Further Action	Total
UK	5 (55.6%)	4 (44.4%)	9 (100%)
International	2 (28.6%)	5 (71.4%)	7 (100%)
EU	1 (50%)	1 (50%)	2 (100%)

2.4.2 Key points

The key points arising from the information above are:

- a. Because of the small number of Investigation Committee hearings no trends can be reliably identified.
- b. Subject to that reservation, the proportion of UK qualifiers who received a warning at this stage (55.6%) is nearly double that for IMGs (28.6%).

⁴ There were no 'Other Europe' PMQ doctors who went to an IC (Oral) Hearing in 2006

2.5 Fitness to Practise Panel Hearings by PMQ

2.5.1 Fitness to Practise Panel Hearings by outcome and PMQ Region – 2005 and 2006

PMQ Region	# by Hearing outcome 2006 (%)									
	Erasure	Suspension	Conditions	Undertakings	Warning	Reprimand	Impairment (no action)	No Impairment	VE Granted	Total
UK	19 (13.4%) [25 (16.1%)]	50 (35.2%) [42 (27.1%)]	34 (23.9%) [59 (38%)]	7 (4.9%) [2 (1.3%)]	8 (5.6%) [0 (0%)]	1 (0.7%) [8 (5.2%)]	4 (2.8%) [11 (7.1%)]	19 (13.4%) [8 (5.2%)]	0 (0%) [N/A]	142 (100%) 155 (100%)
International	27 (21.1%) [8 (9.5%)]	33 (25.8%) [40 (47.6%)]	26 (20.3%) [15 (17.9%)]	1 (0.8%) [0 (0%)]	5 (3.9%) [3 (3.6%)]	0 (0%) [7 (8.3%)]	4 (3.1%) [6 (7.1%)]	30 (23.4%) [5 (6%)]	2 (1.6%) [N/A]	128 (100%) 84 (100%)
EU	8 (25.8%) [3 (14.3%)]	12 (38.7%) [5 (23.8%)]	5 (16.1%) [6 (28.5%)]	0 (0%) [0 (0%)]	3 (9.7%) [1 (4.8%)]	0 (0%) [1 (4.8%)]	0 (0%) [0 (0%)]	2 (6.5%) [5 (23.8%)]	1 (3.2%) [N/A]	31 (100%) 21 (100%)
Other Europe	0 (0%) [0 (0%)]	1 (50%) [2 (100%)]	0 (0%) [0 (0%)]	0 (0%) [0 (0%)]	0 (0%) [0 (0%)]	0 (0%) [0 (0%)]	0 (0%) [0 (0%)]	1 (50%) [0 (0%)]	0 (0%) [N/A]	2 (100%) 2 (100%)
Total 2006	54 (17.8%)	96 (31.7%)	65 (21.5%)	8 (2.6%)	16 (5.3%)	1 (0.3%)	8 (2.6%)	52 (17.2%)	3 (1%)	303 (100%)
Total 2005	[36 (13.7%)]	[89 (34%)]	[80 (30.5%)]	[2 (0.8%)]	[4 (1.5%)]	[16 (6.1%)]	[17 (6.5%)]	[18 (6.9%)]	[N/A]⁵	[262 (100%)]

⁵ The previous database in operation did not distinguish when VE was granted in our processes

2.5.2 Key points

The key points arising from the information overleaf are:

- a. When comparing hearing outcomes for IMGs and UK qualifiers in 2006, a number of points stand out. First, the proportion of IMGs erased was higher (at 21.1% as opposed to 13.4% for UK qualifiers). However, the proportion of UK qualifiers suspended or given conditions was in both cases higher (35.2% and 23.9% as opposed to 25.8% and 20.3% for IMGs). Also, the proportion of IMGs with a finding of no impairment was higher (23.4% vs 13.4%).
- b. To summarise the points made above, 72.5% of UK qualifiers had one of the more serious outcomes (erasure, suspension or conditions) compared to 67.2% of IMGs.
- c. There is a similar comparison for 2005, with 81.2% of UK qualifiers having one of the more serious outcomes (erasure, suspension or conditions) compared to 75% of IMGs. However, in 2005 by contrast to 2006 UK qualifiers were also erased in greater proportions (16.1% vs 9.5%).
- d. Since there were only 2 doctors from 'Other Europe' who appeared before a Panel in 2006, we can draw no conclusions from that data. It may also be argued that the data on EU doctors (31 doctors) cannot be relied upon to offer insight into any trends.

NOTE:

The further research to be commissioned by the GMC, and mentioned above, will consider issues around Hearing outcomes for doctors with different place of PMQ and different ethnicity.

2.6 Interim Orders Panel Hearings by PMQ

In 2005, the FPD database recorded only the fact that a doctor had been referred to the Interim Orders Panel as opposed to the fact that such a decision had been sought. For that reason, the table below at 2.6.1 does not compare 2006 with 2005.

2.6.1 Case Examiner IOP Decisions by outcome and PMQ Region - 2006

PMQ Region	# by decision outcome (%)		
	Refer	Do Not Refer	Total
UK	122 (93.1%)	9 (6.9%)	131 (100%)
International	107 (94.7%)	6 (5.3%)	113 (100%)
EU	29 (82.9%)	6 (17.1%)	35 (100%)
Europe non EU	1 (100%)	0 (0%)	1 (100%)

2.6.2 IOP Hearings by outcome and PMQ Region- 2005 and 2006

PMQ Region	# by hearing outcome 2006 (%)			
	Suspension	Conditions	No Order	Total
UK	50 (41.3%) [53 (42.1%)]	55 (45.5%) [57 (45.2%)]	16 (13.2%) [16 (12.7%)]	121 (100%) [126 (100%)]
International	37 (34.3%) [47 (40.9%)]	46 (42.6%) [39 (33.9%)]	25 (23.1%) [29 (25.2%)]	108 (100%) [115 (100%)]
EU	17 (58.6%) [15 (46.9%)]	10 (34.5%) [10 (31.1%)]	2 (6.9%) [7 (22%)]	29 (100%) [32 (100%)]
Europe non EU	0 (0%) [1 (100%)]	1 (100%) [0 (0%)]	0 (0%) [0 (0%)]	1 (100%) [1 (100%)]

2.6.3 Key points:

The key points arising from the information above are:

- The large majority of Case Examiner decisions were to refer and referral rates for PMQ groupings were comparable.
- At IOP, action was taken on registration in 83.4% of cases. A slightly greater proportion of UK qualifiers had action taken on registration (86.8%) compared to IMGs (76.9%).
- The numbers of EU and non-EU European qualifiers was so small that no meaningful conclusions can be drawn from the data.

NOTE:

The further research to be commissioned by the GMC, and mentioned above, will consider issues around IOP referrals and outcomes for doctors with different place of PMQ and different ethnicity.