General Medical Council

Fitness to Practise

Annual Statistics Report 2022

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Presented to Parliament pursuant to section 52A of the Medical Act 1983 as amended by The Health Care and Associated Professions (Miscellaneous Amendments) Order 2008 (SI No.1774).

General Medical Council

Fitness to practise statistics 2022

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 2022.

2 The tables below show activity at each of the different stages of our fitness to practise process in 2022. They do not track a single cohort of complaints through the system, because cases opened in 2022 will not necessarily reach an outcome in the same year.

3 This year we have also produced data showing the three main stages of the FtP process split by protected characteristics compared to the count of doctors on the register in 2022.

4 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

5 The 2022 data used in this report were taken from the Siebel case management system on 3 January 2023. 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 2018-22

	2018	2019	2020	2021	2022
Doctors on register	298,538	311,356	337,717	350,976	357,198
Total Enquiries	8,573	8,654	8,468	9,074	8,893
From persons acting in a public capacity (PAPC)	815	765	580	583	490
From members of the public	5,677	5,945	6,318	6,785	6,643
From other sources	2,081	1,944	1,570	1,706	1,760

6 We considered 8,893 fitness to practise enquiries in 2022 (Table 1), which is a decrease of 2% from 2021, and represents an overall increase of 4% from 2018 to 2022 (8,573 to 8,893). The number of referrals from persons acting in a public capacity (PAPC) has decreased by 16% in 2022. These referrals are primarily from employers (33% of the total) and the police (22% of the total).

7 We have seen a decrease in the number of enquiries from members of the public by 2% in 2022 (6,643) from 2021 (6,785). However, the proportion of enquiries from members of the public remained at 75% in 2022, the same as in 2021.

8 Enquiries from 'other sources' increased by 3% (from 1,706 to 1,760) in 2022. '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 2018-22

	2018	2019	2020	2021	2022
Investigation	1,402	1,389	1,043	925	788
Provisional Enquiry	519	602	415	490	476
Refer to Employer/Responsible Officer	394	365	310	258	300
Closed	6,258	6,298	6,700	7,401	7,329
Total	8,573	8,654	8,468	9,074	8,893

Table 2b: Outcome of Provisional Enquiries in 2018-2022 (as at 20 March 2023)

	2018	2019	2020	2021	2022
Investigation	148	160	76	82	63
Refer to Employer/Responsible Officer	0	0	1	0	0
Closed	371	442	338	408	396
In Progress	0	0	0	0	17
Total	519	602	415*	490†	476

* Total includes 3 provisional enquiries that were in progress during collation of the 2020 report, but now closed.

† Total includes 8 provisional enquiries that were in progress during collation of the 2021 report, but now closed.

Table 2c: Outcome of **final** triage decisions including PE outcomes (as at 20 March 2023)

	2018	2019	2020	2021	2022
Investigation	1,550	1,549	1,119	1,007	851
Refer to Employer/Responsible Officer	394	365	311	258	300
Closed	6,629	6,740	7,038	7,809	7,725
Awaiting outcome of PE	0	0	0	0	17
Total	8,573	8,654	8,468	9,074	8,893

9 There has been a decrease (15%) in the number of triages promoted to investigation in 2022 (788) at initial triage compared to 2021 (925) (Table 2a). The proportion of overall investigations in 2022 (851) (including the number promoted from provisional enquiry) is approximately 15% less than 2021 (1,007) (Table 2c).

10 The proportion of enquiries closed at triage stage in 2022 is 86% - the same as in 2021.

MPTS Interim Orders Tribunals (IOT)

Table 3: Outcome of interim orders tribunals in 2018-22

	2018	2019	2020	2021	2022
Suspension	48	52	40	35	34
Conditions	247	225	234	217	184
No order made	93	81	78	56	54
Total	388	358	352	308	272

11 The total number of interim order tribunals (Table 3) decreased by 12% to 272 in 2022 from 308 in 2021. The proportion of doctors suspended at IOT in 2022 represents 13% of the total. The number of doctors made subject to conditions decreased by 15% to 184 in 2022 from 217 in 2021. In 2022, no order was made in 54 cases which is a decrease of 4% from 56 in 2020. The proportion of IOTs ending with no order is 20% in 2022 compared to 18% in 2021.

Investigation outcomes

Table 4: Outcome of case examiner (CE) decisions in 2018-22

	2018	2019	2020	2021	2022
Refer to tribunal	280	347	276	257	289*
Undertakings	93	76	52	67	73
Warning	69	85	59	87	90†
Advice	66	52	38	51	53
Conclude	700	719	641	569	460‡
Total	1,208	1,279	1,066	1,031	965

12 The total number of CE decisions (965) (Table 4) completed in 2022 decreased by 6% from 1,031 in 2021.

13 The proportion of CE decisions to close complaints or close complaints with advice decreased to 53% in 2022 from 60% in 2021. 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 8% in 2021 to 9% in 2022. The proportion of CE decisions to agree undertakings increased slightly to 8% in 2022, up from 6% in 2021.

15 Whilst the proportion of CE decisions to refer to tribunal has increased from 25% in 2021 to 30% in 2022, the overall number is in line with previous years.

16 There were also an additional 23 doctors referred to tribunal in 2022 where there is a criminal conviction and a custodial sentence was imposed (28 in 2021).

*This figure includes six 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 8 non-compliance decisions where the AR referred to tribunal.

† This figure includes six 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 39 decisions to grant voluntary erasure by case examiners and one further decision by the IC as no further action (NFA) for 2022.

Investigation Committee (IC)

Table 5: Outcome of Investigation Committee hearings in 2018-22

	2018	2019	2020	2021	2022
Warning	3	3	3	7	3
No Further Action	4	3	1	0	3
Refer to MPT	0	1	0	0	0
Total	7	7	4	7	6

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 6 Investigation Committee hearings in 2022 (Table 5), which is one less than were held in 2021.

19 The proportion of cases where the Investigation Committee decided to issue a warning was 50% in 2022 compared to 100% in 2021.

MPTS Medical Practitioner Tribunals (MPT)

Table 6: Outcome of medical practitioner tribunals in 2018–22

	2018	2019	2020	2021	2022
Erasure	65	55	43	58	68
Suspension	101	120	52	91	101
Conditions	25	14	14	14	18
Undertakings	0	0	0	1	1
No Impairment - Warning	10	17	17	28	21
Impairment - No further action	2	4	0	2	4
No Impairment	41	44	16	71	58
Voluntary Erasure	3	3	2	4	2
Total	247	257	144	269	273

20 The number of medical practitioner tribunals concluded by the MPTS in 2022 was 273 (Table 6) a slight increase from 269 in 2021

21 The proportion of doctors removed from the register by either erasure or suspension increased from 55% in 2021 to 62% in 2022.

22 The proportion of tribunals concluded with no finding of impairment (including warnings) decreased from 37% in 2021 to 29% in 2022.

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

	2018	2019	2020	2021	2022
Successful appeals at Court Hearing	5	2	3	1	0
Unsuccessful appeals at Court hearing	3	1	1	0	1
Cases agreed by consent	1	0	0	0	9
Appeals withdrawn	0	0	0	0	0
Appeals outstanding	2	4	5	9	0
Total	11	7	9	10	10

24 The figures above (Table 7) show the number of appeals that have been lodged since 2018. 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.

Characteristics of doctors in our processes 2022

25 The data in the below table relates to all triages, cases and tribunals completed in 2022.

26 The below table shows the three main stages of the FtP process split by demographics compared to the count of doctors on the register in 2022. This counts decisions at each stage in 2022 – it does not follow a cohort of doctors through the process. Doctors may be counted more than once if their case moves through the stages within the year or if they have more than one case started.

27 At triage stage we do not have all the information regarding the individuals complained about. As such the percentage where we do not know the characteristics are higher.

28 We are aware that doctors with certain protected characteristics are over represented in our processes. A summary of research and data exploring these issues in more detail is available here: https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/medical-practice-statistics-and-reports/fitness-to-practise.

29 Research and analysis of data shows that the largest predictor of outcome in fitness to practise processes is the source of the information and the allegation type. We receive information from a range of sources for example patients, employers and the Police. Complaints from patients are much more likely to conclude at triage. A much higher proportion of employer referrals result in an investigation (77% versus 9% from the public). Our data shows that black and minority ethnic doctors are nearly twice as likely as white doctors to be referred by their employer and are therefore more likely to be investigated.

30 Research we commissioned with employers "Fair to Refer" to understand why this disparity exists and to identify steps that can be taken to reduce it can be found here: https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/fair-to-refer. Following the research we addressed the recommendations for us as well as discussing the findings with other bodies. As part of that wider work we have established targets for addressing disproportionality in referrals from employers to the GMC as well as in medical training. For further information about the targets please see: Our targets to address areas of inequality - GMC (gmc-uk.org).

31 It is of note that the gap in employer fitness to practise referral rates between licensed ethnic minority doctors and white doctors has fallen from 0.28% (0.30% white, 0.58% ethnic minority), during 2016-2020, to 0.24% (0.26% white, 0.50% ethnic minority) during 2017-

2021. The information is correct as of 10 March 2022 and taken from our 2022 Equality, diversity and inclusion - targets, progress and priorities report.

32 We know that these issues are complex and, regardless of ethnicity, there are several other factors that increase the risk of complaints and referrals including gender, age and specialty.

General Medical Council

Table 8: Decisions at each FTP stage split by protected characteristic

			2022 FTP Activities				
Demographics	Demographics details	% on the register (# on the register)	% Triages (# Triages)	% CE Outcomes (#CE outcomes)	**% CE outcomes where the decision was to take action or refer to tribunal (#CE outcomes take action or refer)	% MPTS Outcomes (# MPTS Outcomes)	***% MPTS outcomes of erasure or suspension (# MPTS outcomes erasure or suspension)
Gender	Man	52.6% (187,755)	50.1% (4,451)	79.3% (765)	81.0% (366)	78.4% (214)	79.3% (134)
	Woman	47.4% (169,443)	23.3% (2,068)	20.7% (200)	19.0% (86)	21.6% (59)	20.7% (35)
	Not known*		26.7% (2,374)				
Ethnicity	Asian or Asian British	29.4% (104,847)	21.6% (1924)	36.3% (350)	39.4% (178)	41.0% (112)	39.1% (66)
	Black or Black British	5.9% (20,903)	3.8% (338)	7.7% (74)	7.7% (35)	7.0% (19)	4.7% (8)
	Mixed	2.6% (9,163)	1.7% (152)	2.0%(19)	2.4% (11)	1.8% (5)	2.4% (4)
	Not stated	2.7% (9,645)	1.7% (148)	1.9% (18)	2.2% (10)	3.3% (9)	4.1%(7)
	Other Ethnic Groups	5.4% (19,227)	2.8% (246)	5.9% (57)	5.5% (25)	4.8% (13)	4.7% (8)
	Not known	4.3% (15,195)	32.2% (2,863)	5.4% (52)	5.3% (24)	9.9% (27)	11.2% (19)
	White	49.9% (178,218)	36.2% (3,222)	40.9% (395)	37.4% (169)	32.2% (88)	33.7%(57)
Sexual Orientation	Bisexual	0.8% (2,977)	0.5% (47)	1.2% (12)	2.2% (10)	0.4% (1)	0.6% (1)
	Heterosexual/Straight	68.6% (245,188)	43.7% (3,890)	66.4% (641)	64.8% (293)	64.5% (176)	62.1% (105)
	Lesbian/Gay	1.5% (5,261)	1.2%(108)	1.7% (16)	2.4% (11)	1.1% (3)	1.8% (3)
	Other	0.3% (1,107)	0.3% (25)	0.9% (9)	1.5%(7)	0.0%	0.0%
	Prefer not to say	9.4% (33,402)	5.9%(527)	7.8% (75)	9.1%(41)	7.3%(20)	8.9%(15)
	Not known	19.4% (69,263)	48.3% (4,296)	22.0% (212)	19.9% (90)	26.7% (73)	26.6% (45)
Religion	Buddhist	1.8% (6,565)	1.1%(101)	1.5% (14)	1.1% (5)	1.5% (4)	1.8% (3)
	Christian (all together)	25.8% 92,259)	16.7% (1,484)	23.5% (227)	20.4% (92)	22.7% (62)	20.1% (34)
	Hindu	7.8% (27,809)	6.0% (534)	10.4% (100)	13.5% (61)	12.5% (34)	13.0% (22)

	Jewish	0.7%(2,322)	1.0% (87)	0.7% (7)	0.7% (3)	0.7% (2)	1.2% (2)
	Muslim	14.3% (51,150)	7.8% (690)	15.4% (149)	16.4% (74)	16.1% (44)	13.6% (23)
	No religion	20.8% (74,434)	12.6% (1,123)	16.6% (160)	16.6% (75)	12.1% (33)	15.4% (26)
	Other	0.9% (3,137)	0.6% (55)	1.8% (17)	2.0% (9)	0.7% (2)	0.0%
	Prefer not to say	7.7% (27,484)	5.1% (452)	6.9% (67)	8.4% (38)	6.2% (17)	8.3% (14)
	Sikh	0.8% (2,778)	0.8%(71)	1.2% (12)	1.1% (5)	0.7% (2)	0.0%
	Not known	19.4% (69,260)	48.3% (4,296)	22.0% (212)	19.9% (90)	26.7% (73)	26.6% (45)
Disability recorded?	N	95.4% (340,646)	69.5% (6,182)	100.0% (965)	100.0% (452)	100.0% (273)	100.0% (169)
	Y	4.6% (16,552)	3.8% (337)				
	Not known*		26.7% (2,374)				

* Sometimes there isn't enough information at the triage stage to identify the doctor or the issues can't be identified; ***Not known*** gender relates to these unknown doctor triages.

**% CE outcomes where the decision was to take action or refer to tribunal include Warnings, Undertakings and refer to Tribunal outcomes only.

*** % MPTS outcomes which resulted in doctor's erasure or suspension from the medical register.

The way disability is recorded means we cannot differentiate between those who tick 'No disability' and those who have not provided any information ('not known'). We assume the rates of 'not known' would be similar to Religion and Sexual Orientation (26% for CE/MPTS decisions) as all three started being collected at the same time (2016).

Further information about the characteristics of doctors in our FtP processes can be found in our State of Medical Education and Practise Report (SOMEP) data tables.

General Medical Council

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.