General Medical Council

Compendium of GMC published findings relating to Fitness to Practise rates (2022)

November 2022

Executive Summary

This compendium summarises findings published by the GMC since 2011 about rates of Fitness to Practise complaints, investigations, and outcomes.

Its purpose is to facilitate navigation of the various publications by summarising commentary we have published relating to how different factors relate to doctors' rates of complaint and investigation, and to case outcomes.

It signposts to sources by linking to publications for reference and further reading, and indicates whether previous findings appear to be still supported by the latest published data, or if this cannot be readily established.

Contents

Introduction

This compendium provides a comprehensive summary of findings published as commentary by the GMC since 2011 about Fitness to Practise (FtP) complaints, investigations, and outcomes.

The purpose is to facilitate navigation of the various publications by summarising commentary the GMC has published relating to how different factors relate to doctors' rates of complaint and investigation, and to case outcomes, linking to full publications for reference and further reading.

- **Section 1: Overview tables of published factors associated with Fitness to Practise rates**

  Tables setting out factors that GMC publications have identified as associated with increased or decreased prevalence of complaints, investigations, and more serious outcomes. Further information is available from the linked summary tables in Section 4.

- **Section 2: Fair to Refer (2019)**

  Independent research commissioned by the GMC to understand causes of disproportionality in FtP referrals by employers, and how they might be addressed.

- **Section 3: Engagement, not personal characteristics, was associated with the seriousness of regulatory adjudication decisions about physicians (2019)**

  Cross-sectional study that investigated factors relating to UK medical tribunal outcomes.

- **Section 4: Summary tables describing published findings about Fitness to Practise rates**

  Summary tables containing:

  - Descriptions and data relating to the factors set out in the overview tables.
  - Findings, not included in the overview tables, that relate to factors having no impact on rates; impacts relating to allegation type; and impacts relating to source of complaint.
  - Links to source publications and page references of findings.
  - An indication of whether findings are supported by the latest available data.

- **Section 5: Log of GMC Fitness to Practise related publications**

  GMC publications (State of Medical Education and Practice reports; Working papers and insights papers; Commissioned research) identified as FtP related, with an indication of whether they include findings relating specifically to FtP rates.

Section 1: Overview tables of published factors associated with Fitness to Practise rates

These tables set out factors that GMC publications have identified as associated with increased or decreased rate of complaint, investigation, and more serious outcomes. They include **only** points pulled out in narrative form, not every item of data from charts, tables, or data publications.

The tables include links to the relevant summary tables (in Section 4), which link to source publications (with page references). It is important to note that to fully understand a finding it is necessary to refer to the original publication for the context of the analysis and other data.

The tables set out, for published findings:

- The characteristic(s) associated with an increased or decreased rate.
- Any comparison characteristic(s), e.g. doctors with a Black and Minority Ethnic (BME) background compared with white doctors.
- The year a finding was reported.
- Whether a finding appears to be supported by the latest published data, i.e. the latest data in the reference tables published with the GMC's *The state of medical education and practice in the UK* (SoMEP) report and the SoMEP workforce report 2022, or by simple analysis of the underlying data, or if it could not be checked using this latest data. This is indicated by the colour of the entry (Table 1 sets out the meaning of the colours). Section 4 explains how findings were checked.

The Section 1 tables concern increased or decreased rates only, and do not contain information on 'no impact' findings, allegation type, and allegation source, which are included in Section 4.

Table 1: Meaning of terms and colours used in tables

	Meaning
Appears to support	The latest published data appears to support (or partly support) the original finding.
Could not check (using latest published data)	The original finding cannot be checked using the latest published data. Usually this is because the original finding was the result of bespoke research or specific analysis, so new work would be needed to check it.
Does not support	The latest published data does not appear to support the original finding.

Format of table entries

The overview tables do not include descriptions written out in full, but state the characteristics, comparison group, and where necessary the area of the finding, as briefly as possible.

- Single group, e.g. '**BME**' indicates 'doctors with a BME background', or more complicated, e.g. '**BME EEA PMQ neither register**' is a doctor with a BME background, Primary Medical Qualification (PMQ) gained in the EEA, who is on neither the GP or Specialist register.
- One or multiple groups are used where multiple characteristics apply, e.g. '**(IMG/BME EEA PMQ) GP**' means 'GPs who are IMGs, and GPs with a BME background and an EEA PMQ'.
- The comparison group follows 'vs' in the same format (not bold), e.g. 'vs (UK PMQ/white EEA PMQ) GP', meaning 'compared with GPs with a UK PMQ and white GPs with an EEA PMQ'.
- Findings more specific than the table's subject are noted after the group description, e.g. '**Non-UK PMQ** (investigation, FtP panel)' concerns both investigations and FtP panels.

Rate of complaint overview

Increased rate of complaint						Decreased rate of complaint	
Age		**Sex**		**Specialty**			
1. **Aged 50+** vs 30–50	2016 2014	35. **Male** vs female	2017 2012	44. **GP** vs other specialities & relative to register	2017, 2016 2013, 2011	5. **Under 30** vs 30–50, 50+ [Age]	2014, 2013
2. **Older IMG** vs middle-age IMG	2012	36. **Male GP/specialist** vs female GP/specialist	2013	45. **Psychiatry** vs other specialities & relative to register	2017, 2014 2012	17. **White EEA PMQ neither register and in training** vs other combinations (except UK PMQ) [Ethnicity]	2017
3. **Older (IMG/EEA PMQ) male GP** vs different PMQ/sex/age GP	2018	37. **Male GP** vs female GP & other register types	2017	46. **Occupational medicine** vs other specialities	2017	31. **UK PMQ neither register and in training** [PMQ]	2017
PMQ		38. **Male medicine** vs female medicine	2017	47. **Obs & gyn** vs other specialities	2014	32. **EEA PMQ (surgery/ medicine)** vs (UK PMQ/IMG) (surgery/medicine) [PMQ]	2017
18. **IMG PMQ GP** relative to register	2017	39. **Male, under 30** vs female, under 30	2013	48. **Surgery** vs other specialities & relative to register	2014, 2012	33. **White EEA PMQ specialist** vs other specialists [PMQ]	2016
19. **IMG PMQ BME GP** vs UK PMQ BME GP	2017	**Ethnicity**		**Other factors**		34. **EEA PMQ specialist** vs (UK PMQ/IMG) specialist [PMQ]	2013
20. **(IMG PMQ/BME EEA PMQ) GP** vs (UK PMQ/white EEA PMQ) GP	2016	6. **BME** vs white	2016 2014	50. **Locum** vs non-locum	2018, 2014	43. **Female under 50 neither register** vs all other sex/age/ register groups [Sex]	2017
21. **IMG PMQ GP** relative to register	2013	7. **Female BME** vs female white	2014	51. **Locum only** vs non-locum/locum and non-locum contracts	2018	49. **Specialty not known** relative to register proportion [Specialty]	2011
22. **UK PMQ, psychiatry** vs non-UK PMQ psychiatry	2017	8. **Male BME UK PMQ**	2014	52. **Full time permanent GP** vs other arrangements	2018	55. **Locum GP** vs non-locum GP [Other factors]	2018
23. **IMG PMQ neither register** vs UK PMQ neither register	2016	9. **Female BME UK PMQ** vs female white UK PMQ	2014	53. **Fewer doctors in workplace GP** vs more doctors in workplace GP	2018	56. **Single locum contract GP** vs other contract arrangement GP [Other factors]	2018
24. **IMG PMQ under 30** vs (UK PMQ/EEA PMQ) under 30	2013	10. **BME EEA PMQ neither register** vs (UK PMQ/IMG/ white EEA PMQ) neither register	2016	54. **Previous complaints** vs no previous complaints	2014, 2013	57. **Neither register** vs GP/specialist register [Other factors]	2017 2016
						58. **Neither register (30+/30-50)** vs (GP/specialist register) (30+/30-50) [Other factors]	2014 2013

Rate of investigation overview

Increased rate of investigation						Decreased rate of investigation	
Age		**Sex**		**Other factors**			
59. **Under 30** vs 30+	2013	74. **Male** vs female	2015, 2013 2011	82. **Locum** vs non-locum	2018 2014	62. **Older** (more time since PMQ) vs younger [Age]	2011
60. **(IMG/EEA PMQ) male GP 50+** vs all GP, male EEA PMQ GP	2018	75. **Male medicine** vs female medicine	2017	83. **Agency locum only** vs other arrangements (non-locum, non-agency locum, several contracts)	2018	73. **EEA PMQ (surgery/ medicine)** vs (UK PMQ/IMG) (surgery/medicine) [PMQ]	2017
Ethnicity		**Specialty**		84. **Full time permanent GP** vs other GP	2018	76. **Female** (investigation, closed immediately, closed with no further action) vs male [Sex]	2014 2011
63. **BME** vs white	2015, 2014	77. **GP** (investigation, FtP panel) vs other specialties	2017, 2012 2011	85. **Locum GP** vs single full-time permanent contract GP	2018		
64. **Male BME UK PMQ**	2014	78. **Obstetrics & gynaecology** vs other specialties	2017	86. **Fewer doctors in workplace GP** vs more doctors in workplace GP	2018	81. **Anaesthetics/intensive care medicine** vs other large specialist groups [Specialty]	2017
PMQ		79. **Psychiatry/ surgery/GP/ obstetrics & gynaecology** (patient relationships) vs other specialties	2012	87. **Neither register** vs GP register/specialist register	2016	90. **Locum GP** vs locum other specialties [Other factors]	2018
66 – 69. **Non-UK PMQ** (investigation, FtP panel) vs UK PMQ	2015, 2013 2012, 2011			88. **Neither register 30+** vs (GP register/specialist register) 30+	2013	**FtP research**	
						91. **Audit of fairness of FtP decisions** No evidence of bias; in line with guidance	2021
70. **EEA PMQ psychiatry** (investigation) vs (IMG/UK PMQ) psychiatry	2017	80. **Radiology/ anaesthetics/ obstetrics & gynaecology** vs other specialties	2011	89. **Previous complaints** vs no previous complaints	2014 2013	92. **Review of FTP decision making** No evidence of bias or discriminatory practices (PMQ, ethnicity, sex, age) in documentation or sampled cases	2014

Rate of more serious outcome overview

Increased rate of more serious outcome

Age

93. **50+** vs under 50	2016
94. **30 – 50** vs 50+	2014
95. **Older** (erased) vs younger	2011
96. **Under 30** vs GPs/specialists	2014 2013

Ethnicity

98 – 99. **BME** vs white	2016 2014
100. **BME (EEA/UK PMQ) neither register and not in training** vs other groups	2017
101. **BME EEA PMQ on neither register** vs other (ethnicity/PMQ) groups on neither register	2016
102. **No recorded ethnicity GP** vs other groups	2017

Specialty

129. **Obs & gyn, surgery** vs other specialties	2017 2014
130. **Psychiatry** vs other specialties	2014
131. **GP** (erased) relative to register proportion	2011

PMQ

105 – 106. **Non-UK PMQ** vs UK PMQ	2016, 2014
107. **Non-UK PMQ** vs UK PMQ	2011
108. **EEA PMQ** vs UK PMQ/IMG	2016
109. **IMG** vs UK PMQ	2014, 2012
110. **Non-UK PMQ GP** vs other groups	2017
111. **Non-UK PMQ GP no recorded ethnicity** relative to register proportion	2017
112. **Non-UK PMQ male 50+** vs UK PMQ male 50+ and relative to register proportion	2013
113. **Non-UK PMQ male GP 30–50** vs UK PMQ male GP 30-50 and relative to register proportion	2013
114. **EEA PMQ psychiatry** vs (UK PMQ/IMG) psychiatry	2017
115. **EEA PMQ specialist register** vs (UK PMQ/IMG) specialist reg.	2016
116. **EEA PMQ GP register** vs (UK PMQ/IMG) GP register	2016
117. **EEA PMQ male surgery 50+** vs UK PMQ male surgery 50+	2013
118. **IMG neither register** vs UK PMQ neither register	2016

Sex

120 – 122. **Male** vs female	2017, 2016 2014, 2013
123. **Female** (suspended) vs male	2011
124. **Male under 50 neither register and not in training** vs female under 50 neither register and not in training	2017
125. **Male over 50** vs all doctor average	2014

Other factors

133. **Non-attendance, lack of legal representation**	2019
134. **Locum** vs non-locum	2014
135. **Neither register (30+/30–50) vs** GP/Specialist Register and relative to proportion of complaints	2014 2013
136. **Older at time of joining register** vs younger at time of joining register	2014

Decreased rate of more serious outcome

97. **Younger** (suspended vs erased) [Age]	2011
119. **IMG** vs UK/EEA PMQ [PMQ]	2012
127. **Female** vs male (sanction/warning) [Sex]	2014
128. **Female under 50 (specialist/neither register and in training)** low sanction/ warning rate [Sex]	2017
132. **GP** relative to proportion of complaints [Specialty]	2013

FtP research

Engagement associated with outcomes Non-attendance, lack of representation, relate to outcomes No association: age/ ethnicity/PMQ/sex/area [Section 3]	2019

Section 2: Fair to Refer?

Published in June 2019, Fair to Refer?[1] is independent research commissioned by the GMC to understand the causes of disproportionality in FtP referrals and how they might be addressed. It is not included in the tables in this compendium because its findings concern the causes of FtP disproportionality rather than disproportionality itself, and it does not include new commentary on this area, but it is a significant piece of research that provides important context.

Why was the research commissioned and what did it involve?

Employers and healthcare providers are more likely to refer doctors who obtained their PMQ outside the UK, and those from a BME background, than UK qualified or white doctors. This is particularly important because complaints from employers are more likely to result in investigation, and sanction, than complaints from other sources. This research was commissioned to understand this disparity and how to reduce it. Across the UK:

- In primary care, interviews and focus groups were carried out with 41 doctors.
- In secondary care, 15 case studies of organisations were undertaken; in each case study doctors of all levels of seniority and other relevant staff (e.g. HR directors) took part in interviews and focus groups.

Key findings

Six key factors were identified that help explain higher rates of referrals from employers of certain groups of doctors. These factors are not always present together but do often compound each other.

- Doctors in diverse groups do not always receive effective, honest, timely feedback because some managers avoid difficult conversations (particularly if manager and doctor are from different ethnic groups) meaning concerns may not be addressed.
- Some doctors are provided with inadequate induction and/or ongoing support in transitioning to new social, cultural and professional environments.
- Doctors working in isolated or segregated roles or locations lack exposure to learning experiences, senior mentors, support and resources.

[1] See commissioned research table, Section 5.

- Some leadership teams are remote and inaccessible, not seeking the views of less senior staff and not welcoming challenge – can allow divisive cultures to develop.
- Some organisational cultures respond to things going wrong by trying to identify who to blame rather than focusing on learning. This creates particular risks for doctors who are 'outsiders'.
- In groups and out groups exist in medicine including relating to qualifications (including by country and within the UK by medical school) and ethnicity (including within BME populations). Members of in groups can receive favourable treatment and those in out groups are at risk of bias and stereotyping.

Recommendations to help address identified issues

- Improve induction, feedback and support for doctors new to the UK or the NHS or whose role is likely to isolate them (such as SAS doctors and locums).
- Address systemic issues that prevent a focus on learning, rather than blame, when something goes wrong.
- Ensure engaged, positive, inclusive leadership is more consistent across the NHS.
- Develop a UK-wide mechanism to ensure delivery of the recommendations.

Section 3: Engagement, not personal characteristics, was associated with the seriousness of regulatory adjudication decisions about physicians

This 2019 cross-sectional study[2] investigated what factors relate systematically to the outcomes of UK medical tribunals around doctors' ability to practise. It concluded that, all else equal, in the UK doctors' personal characteristics or place of first qualification were unrelated to seriousness of outcomes. Engagement (attendance and legal representation), allegation type, and referral source were importantly associated to outcomes.

- No systematic association between seriousness of outcomes and age, race, sex, domestic/ international qualification, or area of practice, except specialists tended to receive outcomes milder than suspension or erasure.
- An apparent relationship of outcomes to age or domestic/international qualification disappeared once controlling for hearing attendance.
- Both non-attendance and lack of legal representation were consistently related to more serious outcomes.

Multivariate, step-wise, statistical modelling used to analyse cases which received a Medical Practitioners Tribunal Service (MPTS) hearing outcome between 1 June 2012 and 31 May 2017. 1236 MPTS hearings concluded in this period, involving 1049 physicians. Where a physician was involved in more than one hearing, only the first was included. Hearing attendance was recorded throughout, legal representation was recorded from 2015.

Study design

Studies on referrals and complaints examine the relationship between a set of variables and whether the physician was referred or not. Some studies also look at regulatory outcomes and reach conclusions about all physicians in the population, whether referred or not. Such design does not separate the decisions made by initial referrers from the outcome decisions of public bodies. Outcome decisions are better studied separately, comparing only referred physicians, to remove the factor of referrers' decisions.

[2] See working papers and insights papers table, Section 5.

Section 4: Summary tables describing published findings about Fitness to Practise rates

These summary tables set out descriptions and data relating to the factors set out in the overview tables. They also include links to source publications, with page references for the clearest presentation of the finding. The tables also include findings (not included in the overview tables) that relate to factors having no impact; impacts relating to allegation type; and impacts relating to complaint source.

These Section 4 tables do not include information from all identified FtP publications (i.e. all those in Section 5), only those that include findings that relate to FtP rates.

Findings checked using latest published data

Findings are presented based on the original documents in which they appeared. Where possible the findings have been checked using our latest publicly available data, or simple analysis of the underlying data, to see if the finding still appears to be supported by this latest published data.

Published SoMEP reference tables and analysis of underlying data

Data used in the FtP reference tables published with the GMC's The State of Medical Education and Practice in the UK (SoMEP) report and SoMEP workforce report 2022 were used to check the findings. The reference tables include full descriptions of their contents. The majority of findings concerned information not available in the published tables; to check these, simple analysis was undertaken to produce data relating to combinations of variables not included in the standard reference tables, where this could be done using data available in the underlying dataset.

A full analysis was not conducted, so where data has been checked using the reference tables or simple analysis of the underlying data it is only possible to say that it appears to support, or partly support, the original finding.

The Section 4 tables identify where the latest published data does not appear to support the original finding. Note that this is **not** an assessment or comment on the validity of the finding as it appeared originally, on the basis of analysis of the data available at that time.

The tables indicate findings that could not be checked using the latest published data. Usually findings could not be checked because the original finding was produced by bespoke research or specific analysis, so it could not be checked without undertaking new work.

Table 1 (page 5) sets out the meaning of the different entries in the 'Latest data' column of the tables in this section, produced by checking the findings using the latest published data.

Complaints – age

[Go to rate of complaint overview]

Impact		Characteristics	Finding	Source	Latest data
Increased rate of complaint	1	Aged 50 years and over	Data added this year have not changed the broad conclusion that doctors aged 50 years and over are at greater risk of being complained about. SoMEP 2014 found that the proportion of doctors over 50 complained about was double that of doctors aged 30–50.	SoMEP 2016 (p81) SoMEP 2014 (p87)	Appears to support
	2	Older IMG	Among IMG doctors, fewer complaints per doctor for middle-age doctors and noticeably more for older doctors.	SoMEP 2012 (p60)	Appears to support
	3	Older, IMG/EEA PMQ, male, GP	Older IMG male GPs and EEA male GPs have a relatively high rate of complaint. Male IMG GPs aged 50 or over had the highest rate of being complained about (27%) compared to the overall average for GPs of 14%. 22% of male EEA GPs aged 50 or over were complained about.	What our data tells us about GPs working for the NHS in England and Scotland, 2018 (p17)	Appears to support
Increased rate of particular complaint type	4	Aged 30-50 years	Cases in 'Other criminality' category of doctors aged 30–50 (10%) more than double that of doctors over 50 (4.3%).	SoMEP 2014 (p87)	Appears to partly support[3]

Decreased rate of complaint	5	Under 30 years	Younger doctors, mostly in training, had a relatively low probability of being complained about. Only 4% of doctors under 30 years received a complaint between 2007– 2012, compared with 8% aged 30–50 years, 13% over 50 years old.	SoMEP 2014 (p74) SoMEP 2013 (p65)	Appears to support

Complaints – ethnicity

[Go to rate of complaint overview]

Impact		Characteristics	Finding	Source	Latest data
Increased rate of complaint	6	BME	SoMEP 2016 stated that the latest data supported the previous finding that BME doctors are at higher risk of being complained about. SoMEP 2014 found that BME doctors of all types and ages were more likely to be complained about than white doctors.	SoMEP 2016 (p81) SoMEP 2014 (p80)	Does not support
	7	Female BME	Female BME doctors more likely to be complained about than white counterparts (except doctors over 50 not on the GP or Specialist Register).	SoMEP 2014 (p80)	Does not support
	8	Male BME UK graduates	Male BME UK graduates more likely to be complained about.	SoMEP 2014 (p80)	Does not support
	9	Female BME UK graduates	Female BME UK graduates more complained about than female white UK graduates, (similar proportions led to investigations/sanctions/warnings).	SoMEP 2014 (p80)	Does not support
	10	BME EEA PMQ on neither register	Doctors on neither register in 2011–15: Small group of BME EEA graduates more likely to be complained about (11% vs 8–9% of IMGs, 4–5% of white EEA graduates, UK graduates).	SoMEP 2016 (p83)	Does not support
Increased rate of	11	BME	BME doctors' cases in 'Other criminality' category (9.1%) nearly double that of white doctors (5.2%).	SoMEP 2014 (p98)	Appears to support

particular complaint type	12	BME	In relation to cases from employers about criminality (excluding those also linked to health): 7.6% of BME doctors' cases related to criminality compared with 3.2% for white doctors.	SoMEP 2014 (p99)	Appears to support
	13	White	In relation to cases from employers involving health allegations: 24% of white doctors' cases related to health compared with 13% for BME doctors.	SoMEP 2014 (p99)	Appears to support
Increased rate of complaint from particular source	14	BME	Research and data shows employers and healthcare providers are more likely to refer doctors from a BME background than white doctors.	Our data supporting the Medical Workforce Race Equality Standard in England (2021) (p8)	Appears to support
	15	BME	Employers and healthcare providers more likely to make FtP referrals about doctors from BME background than white doctors.	SoMEP 2019 (p115)	Appears to support
		BME	BME doctors overrepresented in police/employer complaints.	SoMEP 2018 (p129)	Appears to support
No impact	16	Ethnicity	No evidence ethnicity plays a role in doctors' likelihood of being complained about, though ethnicity data available for only 75% of doctors on the register. Do not know ethnicity of one in four doctors who went through FtP procedures in 2010. From data available, no evidence of ethnicity playing a role in the likelihood of a doctor facing a complaint in 2010.	SoMEP 2012 (p39) SoMEP 2011 (p85)	Could not check
Decreased rate of complaint	17	White, EEA PMQ, neither register and in training	White EEA graduates who are on neither register and in training had the joint lowest rate (with BME and white UK graduates on neither register) of being complained about (4%) across all the groups.	SoMEP 2017 (p107)	Does not support

Complaints – PMQ

[Go to rate of complaint overview]

Impact		Characteristics	Finding	Source	Latest data
Increased rate of complaint	18	IMG PMQ, GP	2016 data does not change finding that IMG GPs have a higher rate of being complained about.	SoMEP 2017 (p104)	Appears to support
	19	IMG PMQ, BME, GP	23% of IMG BME GPs were complained about compared with 17% of UK PMQ BME GPs.	SoMEP 2017 (p107)	Appears to support
	20	IMG PMQ/ BME EEA PMQ, GP	Doctors on the GP Register in 2011–15: Over a quarter of non-UK graduates and of BME EEA graduates were complained about, compared with a fifth of BME UK graduates and a little fewer white UK and EEA graduates.	SoMEP 2016 (p82)	Appears to support
	21	IMG PMQ, GP	GP Register: 25% of IMGs received a complaint vs 15%/17% of UK/EEA graduates.	SoMEP 2013 (p72)	Appears to support
	22	UK PMQ, psychiatry	Between 2012 and 2016 UK graduates in psychiatry were most complained about, compared with IMG and EEA PMQ doctors in this specialty group.	SoMEP 2017 (p110)	Appears to support
	23	IMG PMQ, on neither register	Doctors on neither register in 2011–15: higher proportion of IMGs complained about.	SoMEP 2016 (p83)	Does not support
	24	IMG PMQ, under 30 years	IMGs under 30 more likely to be complained about than UK or EEA graduates.	SoMEP 2013 (p67)	Does not support
Increased rate of particular	25	Non-UK PMQ	Higher proportion of non-UK graduates' cases are in 'Other criminality' category (EEA 7.0%, IMG 9.6%) compared with UK graduates (5.9%).	SoMEP 2014 (p98)	Appears to support
	26	Non-UK PMQ	18% of IMGs' cases and 21% of EEA graduates' cases are in 'Other professional performance' category, compared with 14% of UK graduates' cases.	SoMEP 2014 (p98)	Appears to support

complaint type	27	IMG PMQ	Cases from employers about criminality (excluding those also linked to health): 8.1% of IMGs' cases related to criminality compared with 3.5% for UK and 2.2% for EEA graduates.	SoMEP 2014 (p99)	Appears to support
	28	UK PMQ	Cases from employers involving health allegations: 26% of UK graduates' cases related to health compared with 13% for non-UK graduates.	SoMEP 2014 (p99)	Appears to support
Increased rate complaint from particular source	29	Non-UK PMQ	Employers and healthcare providers more likely to make FtP referrals about doctors with PMQ from outside the UK than UK qualified doctors.	SoMEP 2019 (p115)[4]	Appears to support
No impact	30	Non-UK PMQ	Doctors with non-UK PMQ no more likely to complained about than UK qualified doctors; proportion of complaints about doctors qualified in the UK, rest of Europe and rest of the world broadly consistent with register representation.	SoMEP 2012 (p59)	Does not support
Decreased rate of complaint	31	UK PMQ, neither register and in training	BME and white UK graduates on neither register and in training had the joint lowest rate of being complained about (4%) across all groups.	SoMEP 2017 (p107)	Appears to support
	32	EEA PMQ, surgery, medicine	EEA surgeons and EEA medicine specialists less complained about than UK qualified/IMG surgeons and medicine specialists.	SoMEP 2017 (p109)	Appears to support

ıg papers and insights papers table, Section 5.

	33	White, EEA PMQ, specialist	Doctors on the Specialist Register in 2011–15: 13%–15% of all ethnicity/PMQ groups complained about, except white EEA graduates (9%).	SoMEP 2016 (p82)	Appears to support
	34	EEA PMQ, specialist	Specialists: 12%/13% of UK graduates/IMGs complained about, vs 8% of EEA graduates.	SoMEP 2013 (p72)	Appears to support

Complaints – sex

[Go to rate of complaint overview]

Impact		Characteristics	Finding	Source	Latest data
Increased rate of complaint	35	Male	2016 data does not change broad conclusion that male doctors have a higher rate of being complained about. 73% of all complaints in 2011 were about male doctors, though only 57% of registered doctors were men.	SoMEP 2017 (p104) SoMEP 2012 (p39)	Appears to support
	36	Male, GP/specialist	Male doctors twice as likely as female doctors to be complained about. • 22% of male GPs received a complaint (11% of female GPs). • 13% of male specialists received a complaint (7% of female specialists).	SoMEP 2013 (p71)	Appears to support
	37	Male, GP	Male GPs have the highest rate of being complained about compared with female GPs and other register types Nearly a quarter of male GPs complained about; rate of being complained about same for male GPs aged over and under 50 years (22%).	SoMEP 2017 (p105)	Appears to support
	38	Male, medicine	Male doctors in medicine were more complained about than female doctors in medicine.	SoMEP 2017 (p109)	Appears to support

	39	Male, under 30 years	Male doctors under 30 were twice as likely as female doctors under 30 to be complained about.	SoMEP 2013 (p67)	Appears to support
Increased rate of particular complaint type	40	Male	Higher proportion for male doctors in 'Other criminality' category (8.1%) than female doctors (4.8%).	SoMEP 2014 (p98)	Appears to support
	41	Female	Cases from employers involving health allegations: 25% of female doctors' investigations involved health compared with 16% for male doctors.	SoMEP 2014 (p99)	Appears to support
	42	Male, medical student	Male medical students more likely to face complaints about conduct. Issues can range from low level concerns to more serious cases.	SoMEP 2012 (p55)	Could not check
Decreased rate of complaint	43	Female, under 50 years old, neither register	Lowest rate of being complained about: female doctors under 50 on neither register – only 3% complained about between 2012 and 2016.	SoMEP 2017 (p105)	Appears to support

Complaints – specialty

[Go to rate of complaint overview]

Impact		Characteristics	Finding	Source	Latest data
Increased rate of complaint	44	GP	GPs have the highest rate of being complained about. Only 3% of licensed doctors were subject to FtP complaint in 2015. Rose to 5% for those on the GP Register, was lower for those on neither register. GPs aged 30 and over received more complaints during 2007–12 than specialists or other doctors aged 30 and over, accounting for 46% of all complaints. Quarter of all doctors GPs, but half of complaints in 2010 were about GPs.	SoMEP 2017 (p105) SoMEP 2016 (p11) SoMEP 2013 (p69) SoMEP 2011 (p87)	Appears to support

	45	Psychiatry	Around one in five specialists in psychiatry specialty complained about in the five years from 2012, compared with about one in 20 other specialists. Doctors in psychiatry were among the specialty groups particularly likely to be complained about. 8% of complaints were against psychiatrists, who represented 3.5% of the register.	SoMEP 2017 (p96) SoMEP 2014 (p92) SoMEP 2012 (p39)	Appears to support
	46	Occupational medicine	Around one in five specialists in occupational medicine complained about in the five years from 2012, compared with about one in 20 other specialists.	SoMEP 2017 (p96)	Appears to support
	47	Obstetrics & gynaecology	Doctors in obstetrics and gynaecology were among the specialty groups particularly likely to be complained about.	SoMEP 2014 (p92)	Appears to support
	48	Surgery	Doctors in surgery were among the specialty groups particularly likely to be complained about. Surgeons received 11% of complaints, compared with their representation on the register of 5%.	SoMEP 2014 (p92) SoMEP 2012 (p39)	Appears to support
Decreased rate of complaint	49	Specialty not known	Specialty 'not known' category considerably underrepresented. Category includes any registered doctor not on the Specialist or GP Registers: doctors in training grades and those whose specialty could not be identified (may include staff grade and associate specialist (SAS) doctors). Disproportionately small number of complaints consistent with analysis of 'time since PMQ' as this group will include younger doctors working in closely supervised training settings.	SoMEP 2011 (p88)	Appears to support

Complaints – other factors

[Go to rate of complaint overview]

Impact		Characteristics	Finding	Source	Latest data
Increased rate of complaint	50	Locum	Greater proportions of locum doctors are complained about than non-locum doctors. The main register groups responsible for locums as a whole having a greater proportion of complaints are the two groups for locums on neither register ('Neither and in training', 'Neither and not in training'). Doctors attached to a locum agency were a little more likely to be complained about.	What our data tells us about locum doctors, 2018 (p19) SoMEP 2014 (p91)	Could not check
	51	Locum only	Figure 17 shows that all doctors who are locums only are more likely to be complained about.	What our data tells us about locum doctors, 2018 (p20)	Could not check
	52	Full time permanent GP contract	GPs with a single full-time permanent contract had the highest rate of being complained about (21%), compared with 11% for single part-time permanent contract GPs. 14% of all GPs were complained about between 2013 and 2016.	What our data tells us about GPs working for the NHS in England and Scotland, 2018 (p14)	Could not check
	53	Fewer doctors in workplace, GP	GPs working alongside fewer licensed doctors are more complained about. Doctors working in places with only one or two licensed doctors had a higher rate of complaint.	What our data tells us about GPs working for the NHS in England and Scotland, 2018 (p17)	Could not check
	54	Previous complaints	Broadly, analysis shows that doctors with previous complaints are at greater risk of future complaints.	SoMEP 2014 (p87)	Could not check

			GMC data show previous complaints, even those that did not meet the investigation threshold, have been leading indicator of future complaints.	SoMEP 2013 (p76)	
Decreased rate of complaint	55	Locum, GP	GPs have highest rates of being complained about but, unlike locum doctors of other register types, locum GPs have lower rates than non-locum GPs.	What our data tells us about locum doctors, 2018 (p19)	Could not check
	56	Single locum contract, GP	7% of GPs with a single locum GP contract were complained about, the lowest rate among the different contract groups, though other groups had similar levels (one locum GP & one permanent contract (8%), three or more contracts (8%)).	What our data tells us about GPs working for the NHS in England and Scotland, 2018 (p14)	Could not check
	57	Neither register	Doctors on neither the GP nor the Specialist Register have a lower rate of being complained about, particularly those who are in training. Doctors on neither register in 2011–15: Doctors on neither register are much less likely to be the subject of a complaint.	SoMEP 2017 (p105) SoMEP 2016 (p83)	Appears to support
	58	Neither register, aged 30 and over/ 30 to 50 years	Doctors not on the GP or Specialist Register aged 30–50 years had a relatively low probability of being complained about. Doctors aged 30 years and over not on the GP or Specialist Register were less likely to be complained about than GPs or specialists.	SoMEP 2014 (p87) SoMEP 2013 (p69)	Appears to support

Investigations – age

[Go to rate of investigation overview]

Impact		Characteristics	Finding	Source	Latest data
	59	Under 30 years old	Of all complaints 2007 - 2012, 60% about doctors under 30 fully investigated, compared with 41% about doctors aged 30 and over.	SoMEP 2013 (p66)	Appears to support

Increased rate of investigation	60	IMG/EEA PMQ, male, GP, aged 50 or over	Older IMG male GPs and EEA male GPs have a relatively high rate of investigation. 11% of male IMG GPs aged 50 or over investigated, compared to 4% overall. 8% of male EEA GPs were investigated.	What our data tells us about GPs working for the NHS in England and Scotland, 2018 (p17)	Appears to support
Increased rate of investigation for particular issue	61	Less time since PMQ	Greater proportion of recently qualified doctors investigated for probity issues than older doctors, particularly doctors in their first year out of medical school (probity accounted for more than 60% of the allegations about this group, compared with 20% of all doctors).	SoMEP 2012 (p57)	Could not check
Decreased rate of investigation	62	More time since PMQ	At the initial assessment stage, complaints against doctors were more likely to be closed without action as the age (time since PMQ) increased.	SoMEP 2011 (p83)	Could not check

Investigations – ethnicity

[Go to rate of investigation overview]

		Characteristics	Finding	Source	Latest data
	63	BME	BME doctors overrepresented in investigations. Large proportion of non-UK doctors are from a BME background (66%), so a bigger proportion of BME doctors investigated 2010-2014 (55 per 1,000 doctors). BME doctors who were UK graduates were subject to a slightly higher proportion of GMC investigations than white UK graduates (41 per 1,000 doctors compared with 35 per 1,000). BME doctors of all types and ages were more likely to have complaints investigated than their white counterparts. For those with complaints against them, BME doctors were more likely to face investigation by the GMC than their white counterparts.	SoMEP 2015 (p24) SoMEP 2014 (p80/88)	Appears to support

	64	BME, male, UK PMQ	Male BME UK graduates more likely to have complaints fully investigated.	SoMEP 2014 (p80)	Appears to support
No impact	65	Ethnicity	Independent study of fitness to practise data for April 2006 to March 2008 (described on pp84-85) found that complaints 'concerning UK qualified doctors showed no association between ethnicity and decision outcome at any stage of the process… Among non-UK qualified doctors…outcomes were generally similar for those whose ethnicity was white or Black and minority ethnic'.	SoMEP 2011 (p86)	Could not check

Investigations – PMQ

[Go to rate of investigation overview]

Impact		Characteristics	Finding	Source	Latest data
Increased rate of investigation	66	Non-UK PMQ	Between 2010 and 2014, a greater proportion of doctors who graduated outside the UK were investigated (59 per 1,000 doctors) than UK graduates (38 per 1,000 doctors).	SoMEP 2015 (p24)	Appears to support
	67		IMGs (51%) and EEA graduates (53%) more likely to have a complaint that led to a full investigation than UK graduates (35%), irrespective of which register they were on.	SoMEP 2013 (p72)	Appears to support
	68		Larger proportion of complaints about overseas qualified doctors sent to FtP panel following investigation.	SoMEP 2012 (p60)	Appears to support
	69		Lower proportion of complaints against overseas qualified doctors closed compared with doctors with a UK PMQ. A higher proportion of complaints against overseas qualified doctors were sent for immediate investigation, and a higher proportion were referred to a FtP panel.	SoMEP 2011 (p83)	Appears to support

	70	EEA PMQ, psychiatry	Between 2012 and 2016 EEA doctors in psychiatry were most investigated compared with IMG and UK PMQ doctors in this specialty group.	SoMEP 2017 (p110)	Appears to support
Increased rate of investigation for particular issue	71	Non-UK PMQ	Doctors qualified outside the UK proportionally more likely to be investigated about issues such as poor clinical skills and knowledge, lack of knowledge of the law or codes, and inadequate participation in medical education. They were more likely to be investigated about these within the first two years of joining the UK register.	SoMEP 2012 (p60)	Appears to partly support[5]
Increased rate of investigation from particular source	72	Non-UK PMQ	63% of investigations from concerns raised by employers and 52% arising from concerns from others acting in a public capacity were about non-UK graduates. Compared with only 38% of investigations arising from concerns raised by doctors and 38% arising from complaints made by the public.	SoMEP 2015 (p24)	Appears to support
Decreased rate of investigation	73	EEA PMQ, surgery/ medicine	EEA surgeons and EEA medicine specialists less investigated than UK qualified/IMG surgeons and medicine specialists.	SoMEP 2017 (p109)	Appears to support

Investigations – sex

[Go to rate of investigation overview]

Impact		Characteristics	Finding	Source	Latest data

Increased rate of investigation	74	Male	Men significantly more likely to be investigated than women, especially criminality. 75% of all investigations were about men; 82% of criminality investigations were about men. Fully investigated complaints more likely for male doctors (43%) than female doctors (36%). Male doctors investigated were on average 70% more likely than female doctors to be referred to a public hearing in 2010.	SoMEP 2015 (p24) SoMEP 2013 (p71) SoMEP 2011 (p82)	
	75	Male, medicine	Male doctors in medicine were more investigated than female doctors in medicine.	SoMEP 2017 (p109	
Decreased rate of investigation	76	Female	Female doctors much less likely than male counterparts to be investigated. Complaints about women were more likely to be closed immediately and those that were investigated further were more likely to be closed with no further action.	SoMEP 2014 (p87) SoMEP 2011 (p82)	

Investigations – specialty

[Go to rate of investigation overview]

Impact		Characteristics	Finding	Source	Latest data
Increased rate of investigation	77	GP	GPs have the highest rate of having a complaint investigated. In 2011, higher proportion of allegations about clinical care investigated for some specialties, from 56% of allegations about GPs to 31% for emergency medicine. GPs overrepresented at FtP panels; the largest proportion (36.8%) of doctors appearing before a FtP panel in 2010 were GPs.	SoMEP 2017 (p105) SoMEP 2012 (p65) SoMEP 2011 (p88)	Does not support

	78	Obstetrics & gynaecology	Nearly half of complaints in obstetrics and gynaecology investigated, higher than other areas. Also most investigated, 7.6%, compared with 5.9% in surgery, 4.5% in occupational medicine and 3.9% in psychiatry.	SoMEP 2017 (p96)	Appears to support
	79	Psychiatry, surgery, GP, obstetrics & gynaecology	Differences in allegations about patient relationships: psychiatrists, surgeons, obstetricians and gynaecologists, and GPs more likely to be investigated for this.	SoMEP 2012 (p65)	Appears to support
	80	Radiology, anaesthetics, obstetrics & gynaecology	After assessment stage, immediate investigation most likely for complaints against doctors on Specialist Register for Radiology, Anaesthetics and Obstetrics and Gynaecology.	SoMEP 2011 (p88)	Appears to partly support[6]
Decreased rate of investigation	81	Anaesthetics, intensive care medicine	Of the larger specialist groups, anaesthetics and intensive care medicine were the least investigated.	SoMEP 2017 (p96)	Appears to support

Investigations – other factors

[Go to rate of investigation overview]

Impact		Characteristics	Finding	Source	Latest data

/ not among highest.

Increased rate of investigation	82	Locum	Locum doctors are more likely to have complaints that reach full investigation threshold. Doctors attached to a locum agency were more likely to have complaints investigated	What our data tells us about locum doctors, 2018 (p20) SoMEP 2014 (p91)	Could not check
	83	Agency locum only	Complaints about doctors who are agency locums only are particularly likely to be investigated.	What our data tells us about locum doctors, 2018 (p21)	Could not check
	84	Full time permanent GP	GPs with a single full-time permanent contract are more investigated (6%) than other groups of doctors (4% overall).	What our data tells us about GPs working for the NHS in England and Scotland, 2018 (p14)	Could not check
	85	Locum GP	Greater proportion of complaints against single locum contract GPs were investigated than for any other group. 36% of complaints about GPs with a single locum GP contract were investigated compared to 27% of single full-time permanent contract GPs.	What our data tells us about GPs working for the NHS in England and Scotland, 2018 (p15)	Could not check
	86	Fewer doctors in workplace, GP	GPs working alongside fewer licensed doctors are more investigated. Doctors working in places with only one or two licensed doctors had a higher rate of being investigated	What our data tells us about GPs working for the NHS in England and Scotland, 2018 (p17)	Could not check
	87	Neither register	Doctors on neither register in 2011–15: complaints more likely to be investigated.	SoMEP 2016 (p83)	Appears to support
	88	Neither register, aged 30 and over	Doctors aged 30 and over not on the GP or Specialist Register were around twice as likely as GPs/specialists aged 30 and over to receive a complaint that led to a full investigation (2007-12).	SoMEP 2013 (p69)	Appears to support

	89	Previous complaints	Risk of 2013 investigation 7% if doctor complained about twice or more between 2007 and 2012, compared with 1% if doctor received no complaints between 2007 and 2012. Doctors who received no complaints between 2007 and 2011 had a 1% risk of a full investigation in 2012. If a doctor was complained about twice or more between 2007 and 2011, risk increased to 8%.	SoMEP 2014 (p87) SoMEP 2013 (p64)	Could not check
Decreased rate of investigation	90	Locum GP	Despite having the highest rates of being complained about, GPs had the lowest rates of complaints which reached the threshold for investigation.	What our data tells us about locum doctors, 2018 (p20)	Could not check

Investigations – FtP research

[Go to rate of investigation overview]

	Characteristics	Finding	Source
91	N/A	No evidence of bias found in how FtP decision makers interpreted guidance. In all cases audited, decisions found to be in line with the guidance provided.	Audit of the fairness of decisions in the General Medical Council's fitness to practise procedure, 2021 (page 31)
92	PMQ, ethnicity, sex, age	No evidence found of bias or discriminatory practices identified (on basis of PMQ, ethnicity, sex, age), either in the GMC's guidance and criteria documentation for decision-makers or sampled case files.	Review of decision making in the General Medical Council's fitness to practise procedures, 2014 (page 8)

Outcomes – age

[Go to rate of more serious outcome overview]

Impact		Characteristics	Finding	Source	Latest data

Increased rate of more serious outcome	93	50 years and over	No change to broad conclusions reached previously that doctors aged 50 years and over are a group at higher risk of a sanction or a warning.	SoMEP 2016 (p81)	Does not support
	94	30 – 50 years	Doctors aged 30–50 more likely to receive sanction/warning for complaints investigated. Chance of investigation leading to sanction/warning is higher even after controlling for allegation categories the groups receive, i.e. considering each category separately; doctors aged 30–50 years at higher risk of a sanction or a warning for some categories of case.	SoMEP 2014 (p87, 99, 100)	Does not support
	95	Older	At panel hearings, the older (i.e. more time since PMQ) the doctor the more likely on average they were to be erased from the register.	SoMEP 2011 (p83)	Does not support
	96	Under 30 years	A greater proportion of the complaints about doctors under 30 years old, most of whom are in training, led to a sanction or a warning than for complaints about GPs and specialists. For doctors under 30 years old, 35% of investigated complaints resulted in a sanction or warning compared with 27% for doctors aged 30–50 and 20% for doctors over 50. Partly because more likely to supervised; less likely to have clinical care allegations, therefore proportion of allegations linked to health and probity much higher (53%) - such allegations more likely to reach investigation threshold and lead to sanction or warning.	SoMEP 2014 (p87) SoMEP 2013 (p66)	Appears to support
Decreased rate of more serious outcome	97	Younger	At a panel hearing younger (i.e. less time since PMQ) doctors were more likely to be suspended rather than erased.	SoMEP 2011 (p83)	Appears to support

Outcomes – ethnicity

[Go to rate of more serious outcome overview]

Impact		Characteristics	Finding	Source	Latest data
Increased rate of more serious outcome	98	BME	No change to broad finding that BME doctors have higher risk of sanction or warning. When comparing doctors with the same place of PMQ (UK, EEA, or IMG), BME doctors more likely to receive a sanction or a warning (2011–15) than white doctors.	SoMEP 2016 (p81/82)	Appears to support
	99		Investigations about BME doctors were more likely to lead to sanction or warning. Of those investigated, higher proportion of BME doctors received a sanction or warning (except EEA PMQ doctors on GP Register and IMGs on Specialist Register). Among UK graduates, BME doctors roughly 30% more likely to receive a sanction/warning. BME doctors at higher risk of a sanction or a warning for some categories of case after controlling for allegation categories (i.e. considering each category separately).	SoMEP 2014 (p80, 88, 99/100)	Appears to support
	100	BME, EEA/UK PMQ, neither register	1.77% of BME EEA doctors on neither the GP nor the Specialist Register and not in training had a sanction or warning. BME UK doctors on neither register and not in training also had a relatively high sanction and warning rate (0.93%).	SoMEP 2017 (p107)	Appears to support
	101	BME, EEA PMQ, neither register	Of doctors on neither register, small group of BME EEA PMQ doctors much more risk of sanction/warning in 2011–15 (2.5% vs ~1% or less for other five ethnicity/PMQ groups). Much more likely for complaints to result in sanction/warning (23%, almost double the proportion of the other five groups).	SoMEP 2016 (p83)	Appears to support
	102	No recorded ethnicity, GP	2016 data have not changed the broad conclusions that groups with a higher rate of receiving a sanction or a warning include GPs with no recorded ethnicity.	SoMEP 2017 (p104)	Does not support

No impact	103	Ethnicity	GMC data analysis and audits indicate that processes do not introduce disproportionate outcomes for doctors of particular ethnicities.	SoMEP 2018 (p129)	Could not check
	104		Independent study of FtP data (April 2006 to March 2008) (described on pp84-85) found that complaints 'concerning UK qualified doctors showed no association between ethnicity and decision outcome at any stage of the process… Among non-UK qualified doctors… outcomes were generally similar for those whose ethnicity was white or Black and minority ethnic'.	SoMEP 2011 (p86)	

Outcomes – PMQ

[Go to rate of more serious outcome overview]

Impact		Characteristics	Finding	Source	Latest data
Increased rate of more serious outcome	105	Non-UK PMQ	2015 data have not changed broad conclusion that groups at higher risk of a sanction or a warning include non-UK graduates (EEA graduates and IMGs).	SoMEP 2016 (p81)	Appears to support
	106		Non-UK graduates at higher risk of a sanction or a warning for some categories of case after controlling for allegation categories received, i.e. considering each category separately. At panel hearings, non-UK graduates are less likely to have shown sufficient insight, making a more serious sanction more likely.	SoMEP 2014 (p100, 108)	
	107		Independent research found FtP data for April 2006 to March 2008 'suggest that non-UK qualified doctors are more likely to receive "high impact" decisions at each stage of the General Medical Council's fitness to practise process. This association is partially explained, but cannot be fully accounted for, by confounding with other inquiry related and doctor related characteristics that are themselves associated with high impact outcomes'	SoMEP 2011 (p84)	Could not check

	108	EEA PMQ	EEA graduates (BME and white) more likely to receive a sanction or a warning in 2011–15 than UK PMQ doctors and IMGs.	SoMEP 2016 (p82)	Appears to support
	109	IMG	Most IMGs are BME; BME IMGs 39% more likely than white UK graduates to receive sanction/warning. Small group of white IMGs also 27% more likely than white UK graduates to receive sanction/warning. Once at panel, IMG doctors more likely to be erased than UK PMQ doctors.	SoMEP 2014 (p88) SoMEP 2012 (p60)	Appears to support
	110	Non-UK PMQ, GP	2016 data have not changed the broad conclusion that groups with a higher rate of receiving a sanction or a warning include GPs who graduated outside the UK (EEA graduates, IMGs)	SoMEP 2017 (p104)	Appears to support
	111	Non-UK PMQ, GP, no recorded ethnicity	1.49% of EEA GPs with no recorded ethnicity had a sanction or a warning. IMG GPs with no recorded ethnicity also had a relatively high sanction and warning rate (1.36%).	SoMEP 2017 (p107)	Appears to support
	112	Non-UK PMQ, male, over 50	Male doctors over 50 with EEA PMQ and IMGs more than twice as likely as those with UK PMQ to receive sanction/warning in 2007–12 (2.1%, 1.9% vs 0.8%) (for all of GPs, specialists, doctors on neither register). Non-UK PMQ male doctors over 50 accounted for 60% of the sanctions/warnings given to male doctors over 50, though they accounted for only 38% of these doctors on the register.	SoMEP 2013 (p74)	Appears to support
	113	Non-UK PMQ, male, GP, aged 30–50 years	Male GPs aged 30–50 with EEA PMQ and IMGs more likely than those with UK PMQ to receive sanction/warning in 2007–12. Non-UK PMQ male GPs aged 30–50 received 37% of sanctions/warnings given to male GPs 30–50, although they accounted for only 24% of these doctors on the GP Register.	SoMEP 2013 (p74)	Appears to support

	114	EEA PMQ, psychiatry	Between 2012 and 2016 EEA doctors in psychiatry were most sanctioned or warned. compared with IMG and UK PMQ doctors in this specialty group.	SoMEP 2017 (p110)	Appears to support
	115	EEA PMQ, specialist register	EEA PMQ doctors on the Specialist Register at substantially higher risk of a sanction/warning in 2011–15 than IMGs and UK PMQ. Pattern persists for BME doctors (1.4% EEA PMQ, 0.7% IMGs, 0.4% UK PMQ) and white doctors (0.9% EEA PMQ, 0.5% IMGs, 0.4% UK PMQ).	SoMEP 2016 (p82/83)	Appears to support
	116	EEA PMQ, GP register	Of doctors on the GP Register, a higher proportion of EEA PMQ GPs complained about received sanction/warning in 2011–15 (6.7% BME, 7.1% white) than IMGs (5.1% BME, 4.2% white), UK PMQ (4.3% BME, 3.0% white). Among BME GPs, 1.9% of EEA PMQ doctors received sanction/ warning compared with 1.4% of IMGs, 0.8% of UK PMQ. Same pattern for white GPs: 1.3% of EEA PMQ, 1.1% of IMGs and 0.8% of UK PMQ received a sanction/warning.	SoMEP 2016 (p82)	Appears to support
	117	EEA PMQ, male, surgery, over 50 years	A higher proportion of EEA male surgeons over 50 years old received a sanction or warning: 2.5%, compared with 1.1% of those who were UK graduates. A higher proportion of male EEA graduates over 50 years old worked in surgery compared with UK graduates (32% versus 22%). As a result, surgeons accounted for 44% of all the sanctions and warnings issued to EEA male specialists over 50 years old but only 32% of sanctions and warnings issued to UK graduates in the same group.	SoMEP 2013 (p75)	Appears to support
	118	IMG, neither register	Of doctors on neither register, IMGs more likely to receive a sanction or a warning than UK PMQ doctors in 2011–15. This reflects that higher proportion of IMGs complained about, not differences in likelihood of complaint resulting in sanction/warning.	SoMEP 2016 (p83)	Appears to support
Decreased rate of more	119	IMG	Once at panel, IMG doctors more likely than UK/EEA doctors to be found not impaired and have case closed with no further action.	SoMEP 2012 (p60)	Does not support

serious outcome					

Outcomes – sex

[Go to rate of more serious outcome overview]

Impact		Characteristics	Finding	Source	Latest data
Increased rate of more serious outcome	120	Male	2016 data have not changed the broad conclusion that groups with a higher rate of receiving a sanction or a warning include male doctors. 2015 data have not changed the broad conclusion that groups at higher risk of a sanction or a warning include male doctors.	SoMEP 2017 (p104) SoMEP 2016 (p81)	Appears to support
	121		Male doctors at higher risk of a sanction or a warning for some categories of case even after controlling for allegation categories the groups receive, i.e. considering each category separately. Male doctors were far more likely to receive a sanction or a warning if the allegation was about criminality, or, to a lesser extent, if the allegation was about professional performance.	SoMEP 2014 (p100)	Appears to partly support[7]
	122		Male doctors three times as likely to receive sanction/warning (2007-12) as female doctors (1.3% vs 0.4%), irrespective of type, age, or place of PMQ.	SoMEP 2013 (p74)	Appears to support

[7] Supported for most allegations, but not health and professional performance.

	123	Female	Of doctors that appeared at a panel hearing, higher proportion of women than men were suspended.	SoMEP 2011 (p82)	Appears to support
	124	Male, under 50, neither register and not in training	Male doctors under 50 on neither register and not in training had a 0.93% sanction/warning rate; female doctors under 50 on neither register and not in training were half as likely to receive sanction/warning (0.42%).	SoMEP 2017 (p105)	Appears to support
	125	Male, over 50	All groups (PMQ and ethnicity) of male doctors over 50 are above the 0.6% average of all doctors who received a sanction/warning, except white UK graduates (0.6%).	SoMEP 2014 (p88)	Appears to support
No impact	126	Male/female	Of doctors that appeared at a panel hearing, men and women equally likely to be erased from the register.	SoMEP 2011 (p82)	Does not support
Decreased rate of more serious outcome	127	Female	Female doctors much less likely than male doctors to receive a sanction or warning.	SoMEP 2014 (p87)	Does not support
	128	Female, under 50, specialist/neither register and in training	Female specialists under 50 years old had a sanction/warning rate of 0.2%. Female doctors on neither register and in training aged under 50 years also had a low sanction/warning rate (0.28%).	SoMEP 2017 (p105)	Does not support

Outcomes – specialty

[Go to rate of more serious outcome overview]

Impact		Characteristics	Finding	Source	Latest data

Increased rate of more serious outcome	129	Obstetrics & gynaecology, surgery	Sanction/warning rate broadly similar across specialty groups, slightly higher for doctors in obstetrics & gynaecology and surgery; 0.6% of doctors in these areas received a sanction/warning (double the rate of 0.3% for medicine, the largest specialty). Obstetrics & gynaecology and surgery (with psychiatry) stand out as having the highest proportion of doctors who received a sanction or a warning.	SoMEP 2017 (p96) SoMEP 2014 (p92)	Appears to support
	130	Psychiatry	Psychiatry (with obstetrics & gynaecology and surgery) stands out as having the highest proportion of doctors who received a sanction or a warning.	SoMEP 2014 (p92)	Appears to partly support[8]
	131	GP	Very small number of doctors from different specialties go through public hearings. But, of the 73 doctors erased in 2010, 27 were GPs, a higher proportion than GPs on the register.	SoMEP 2011 (p88)	Does not support
Decreased rate of more serious outcome	132	GP	GPs accounted for nearly half (46%) of all complaints, but only 35% of all sanctions/warnings.	SoMEP 2013 (p69)	Appears to support

Outcomes – other factors

[Go to rate of more serious outcome overview]

Impact		Characteristics	Finding	Source	Latest data

[8] Though psychiatry has a relatively high rate it is lower than rates for obstetrics & gynaecology and surgery (and emergency medicine has the same rate as psychiatry).

Increased rate of more serious outcome	133	Non-attendance, lack of legal representation	Non-attendance and lack of legal representation consistently related to more serious outcomes. An apparent relationship to age or UK/non-UK PMQ disappeared once hearing attendance controlled for.	Engagement, not personal characteristics, was associated with the seriousness of regulatory adjudication decisions about physicians: a cross-sectional study, 2019	Could not check
	134	Locum	Locum doctors more likely to receive a sanction or warning.	SoMEP 2014 (p91)	Could not check
	135	Neither register, 30 and over/30 – 50 years old	Greater proportion of the complaints about doctors not on the GP or Specialist Register aged 30–50 years led to a sanction or warning than complaints about GPs/specialists. Doctors aged 30 and over not on the GP or Specialist Register were more likely to receive a complaint that led to a sanction or warning (2007-12). These doctors accounted for 18% of all complaints, but 38% of sanctions/warnings.	SoMEP 2014 (p87) SoMEP 2013 (p69)	Appears to support
	136	Older at time of joining register	The older a doctor was when they joined the register, the more likely they were to receive a sanction/warning – true for male/female doctors, UK PMQ/non-UK PMQ. Vast majority of UK PMQ doctors join the register aged under 30; substantial proportion of non-UK PMQ doctors join aged 30–40, 40–50.	SoMEP 2014 (p83)	Could not check

Section 5: Log of GMC Fitness to Practise related publications

The tables in this section set out the GMC publications (State of Medical Education and Practice reports; Working papers and insights papers; Commissioned research) identified as FtP related. Only publications that include findings relating specifically to FtP rates are represented in the overview and summary tables.

The State of Medical Education and Practice in the UK

Since 2011 the GMC has produced State of Medical Education and Practice reports, with varying FtP coverage. FtP reference tables have been supplied with SoMEP reports since 2015.

Report	Link	Findings relating to FTP rates?
The State of Medical Education and Practice 2011	https://www.gmc-uk.org/-/media/documents/somep---report-about-the-state-of-medical-education-and-practice-in-the-uk-73730345.pdf	Yes
The State of Medical Education and Practice 2012	https://www.gmc-uk.org/-/media/documents/somep---final-report--the-state-of-medical-education-and-practice-in-the-uk-73728543.pdf	Yes
The State of Medical Education and Practice 2013	https://www.gmc-uk.org/-/media/documents/somep-2013-web_pdf-53703867.pdf	Yes
The State of Medical Education and Practice 2014	https://www.gmc-uk.org/-/media/documents/somep-2014-final_pdf-58751753.pdf	Yes
The State of Medical Education and Practice 2015	https://www.gmc-uk.org/-/media/documents/somep-2015_pdf-63501874.pdf	Yes
The State of Medical Education and Practice 2016	https://www.gmc-uk.org/-/media/documents/somep-2016-full-report-lo-res_pdf-68139324.pdf	Yes

The State of Medical Education and Practice 2017	https://www.gmc-uk.org/-/media/gmc-site-images/about/what-we-do-and-why/data-and-research/somep-2017/somep-2017-final-full.pdf	Yes
The State of Medical Education and Practice 2018	https://www.gmc-uk.org/-/media/gmc-site-images/about/what-we-do-and-why/data-and-research/somep-2018/version-one---0412pm/somep-book-20187.pdf	Yes
The State of Medical Education and Practice 2019	https://www.gmc-uk.org/-/media/documents/somep-2019---full-report_pdf-81131156.pdf	No
The State of Medical Education and Practice 2020	https://www.gmc-uk.org/-/media/documents/somep-2020_pdf-84684244.pdf	No
The State of Medical Education and Practice 2021	https://www.gmc-uk.org/-/media/documents/somep-2021-full-report_pdf-88509460.pdf	No

Working papers and insights papers

From the research and insight archive.

Report	Date	Link	Findings relating to FTP rates?
What our data tells us about locum doctors	April 2018	https://www.gmc-uk.org/-/media/documents/what-our-data-tells-us-about-locum-doctors_pdf-74371150.pdf	Yes
What our data tells us about GPs working for the NHS in England and Scotland	May 2018	https://www.gmc-uk.org/-/media/documents/what-our-data-tells-us-about-gps_pdf-74830685.pdf	Yes
Engagement, not personal characteristics, was associated with the seriousness of regulatory adjudication decisions about	November 2019	https://pubmed.ncbi.nlm.nih.gov/31771585/	Yes

physicians: a cross-sectional study			
Our data supporting the Medical Workforce Race Equality Standard in England	July 2021	https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/our-data-supporting-the-medical-workforce-race-equality-standard-in-england	Yes

Commissioned research

From the research and insight archive.

Report	Date	Link	Findings relating to FTP rates?
Risk factors at medical school for subsequent professional misconduct	April 2010	https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/risk-factors-at-medical-school-for-subsequent-professional-misconduct	No
Research into fitness to practise referrals from persons acting in a public capacity	January 2011	https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/research-into-fitness-to-practise-referrals-from-papcs	No
Exploring the experience of doctors who have been through the GMC's complaints procedures	March 2013	https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/doctor-experiences-of-our-complaints-process	No
Understanding the rise in fitness to practise complaints from members of the public	July 2014	https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/understanding-the-rise-in-fitness-to-practise-complaints-from-members-of-the-public	No

Exploring the experience of public and patient complainants who have been through the GMC's Fitness to Practise procedures	July 2014	https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/public-and-patient-experiences-of-our-complaints-process	No
Review of decision making in the General Medical Council's fitness to practise procedures	December 2014	https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/review-of-decision-making-in-our-fitness-to-practise-procedures	Yes
Understanding employers' referrals of doctors to the General Medical Council	January 2017	https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/understanding-employers-referrals-of-doctors-to-the-gmc	No
Fairness of decisions to refer doctors to the Medical Practitioners Tribunal Service Interim Orders Tribunal	July 2018	https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/fairness-of-decisions-to-refer-doctors-to-the-mpts-interim-orders-tribunal	No
Fair to refer?	June 2019	https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/fair-to-refer	No
Audit of the fairness of decisions in the General Medical Council's fitness to practise procedure	July 2021	https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/audit-of-the-fairness-of-decisions-in-our-fitness-to-practise-procedures	Yes