

Fitness to practise statistics 2023

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 2023.
- 2 The tables below show activity at each of the different stages of our fitness to practise process in 2023. They do not track a single cohort of complaints through the system, because cases opened in 2023 will not necessarily reach an outcome in the same year.
- 3 This is the second 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 2023.
- 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 2023 data used in this report were taken from the Siebel case management system on 2 January 2024. 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 2019-23

	2019	2020	2021	2022	2023
Doctors on register	311,356	337,717	350,976	357,198	378,054
Total Enquiries	8,654	8,468	9,074	8,893	10,031
From persons acting in a public capacity (PAPC)	765	580	583	490	476
From members of the public	5,945	6,318	6,785	6,643	7,891
From other sources	1,944	1,570	1,706	1,760	1,664

Agenda item M5**Fitness to Practise annual statistics report**

- 6 We considered 10,031 fitness to practise enquiries in 2023 (*Table 1*), which is an increase of 13% from 2022. This increase is primarily being driven by complaints from the public which have increased 19% in one year. Our preliminary analysis indicates that there is no single factor causing this increase. The tables below do not show a corresponding increase in investigations which indicates that a low proportion of these enquiries are meeting our threshold for investigation.
- 7 The number of referrals from persons acting in a public capacity (PAPC) has decreased by 3% in 2023.
- 8 Enquiries from ‘other sources’ decreased by 5% (from 1,760 to 1,664) in 2023. ‘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 2019-23

	2019	2020	2021	2022	2023
Investigation	1,389	1,043	925	788	761
Provisional Enquiry	602	415	490	476	490
Refer to Employer/Responsible Officer	365	310	258	300	290
Closed	6,298	6,700	7,401	7,329	8,490
Total	8,654	8,468	9,074	8,893	10,031

Table 2b: Outcome of Provisional Enquiries in 2019-2023 (as of 4 March 2024)

	2019	2020	2021	2022	2023
Investigation	1,549	1,119	1,007	851	814
Refer to Employer/Responsible Officer	365	311	258	300	290
Closed	6,740	7,035	7,801	7,725	8,909
Awaiting outcome of PE	0	0	0	0	18
• Total	8,654	8,468	9,074	8,893*	10,031

* Total includes 17 provisional enquiries that were in progress during collation of the 2022 report, but now closed.

Agenda item M5

Fitness to Practise annual statistics report

Table 2c: Outcome of final triage decisions including PE outcomes (as of 4 March 2024)

	2019	2020	2021	2022	2023
Investigation	160	76	82	63	53
Refer to Employer/Responsible Officer	0	1	0	0	0
Closed	442	335	400	396	419
In Progress	0	0	0	0	18
Total	602	415	490	476*	490

- 9 There has been a decrease (3%) in the number of triages promoted to investigation in 2023 (761) at initial triage compared to 2022 (788) (*Table 2a*). The proportion of overall investigations in 2023 (814) (including the number promoted from provisional enquiry) is approximately 4% less than 2022 (851) (*Table 2c*).
- 10 In 2023, the overall number of enquiries closed at triage stage (8,909) increased by 15% compared to 2022 (7,725). The proportion of enquiries closed at triage stage in 2023 is 89% - 2% higher than in 2022.

MPTS Interim Orders Tribunals (IOT)

Table 3: Outcome of interim orders tribunals in 2019-23

	2019	2020	2021	2022	2023
Suspension	52	40	35	34	29
Conditions	225	234	217	184	173
No order made	81	78	56	54	37
Total	358	352	308	272	239

* Total includes 17 provisional enquiries that were in progress during collation of the 2022 report, but now closed.
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Agenda item M5**Fitness to Practise annual statistics report**

11 The total number of interim order tribunals (IOT) (*Table 3*) decreased by 12% to 239 in 2023 from 272 in 2022. The proportion of doctors suspended at IOT in 2023 represents 12% of the total. The number of doctors made subject to conditions decreased by 6% to 173 in 2023 from 184 in 2022. In 2023, no order was made in 37 cases which is a decrease of 31% from 54 in 2022. The proportion of IOTs ending with no order is 15% in 2023 compared to 20% in 2022.

Investigation outcomes

Table 4: Outcome of case examiner (CE) decisions in 2019-23

	2019	2020	2021	2022	2023
Refer to tribunal	347	276	257	289	210*
Undertakings	76	52	67	73	74
Warning	85	59	87	90	90 [†]
Advice	52	38	51	53	39
Conclude	719	641	569	460	429 [‡]
Total	1,279	1,066	1,031	965	842

- 12** The total number of CE decisions (842) (*Table 4*) completed in 2023 decreased by 13% from 965 in 2022.
- 13** The proportion of CE decisions to close complaints or close complaints with advice increased to 56% in 2023 from 53% in 2022. 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 9% in 2022 to 11% in 2023. The proportion of CE decisions to agree undertakings increased slightly to 9% in 2023, up from 8% in 2022.
- 15** The proportion of CE decisions to refer to tribunal has decreased from 30% in 2022 to 25% in 2023.
- 16** There were also an additional 21 doctors referred to tribunal in 2023 where there is a criminal conviction and a custodial sentence was imposed (23 in 2022).

*This figure includes six decisions where the doctor refused to accept undertakings. It does not include an additional 21 criminal conviction decisions by the registrar to refer to tribunal or 9 non-compliance decisions where the CE referred to tribunal.

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

[‡] This figure does not include an additional 35 decisions to grant voluntary erasure by case examiners and two further decision by the IC as no further action (NFA) for 2023.

Agenda item M5

Fitness to Practise annual statistics report

Investigation Committee (IC)

Table 5: Outcome of Investigation Committee hearings in 2019-23

	2019	2020	2021	2022	2023
Warning	3	3	7	3	3
No Further Action	3	1	0	3	2
Refer to MPT	1	0	0	0	1
Total	7	4	7	6	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 2023 (*Table 5*), the same number that were held in 2022.
- 19** The proportion of cases where the Investigation Committee decided to issue a warning was 50% in 2023, the same as the previous year.

MPTS Medical Practitioner Tribunals (MPT)

Table 6: Outcome of medical practitioner tribunals in 2019–23

	2019	2020	2021	2022	2023
Erasure	55	43	58	68	60
Suspension	120	52	91	101	109
Conditions	14	14	14	18	13
Undertakings	0	0	1	1	0
No Impairment - Warning	17	17	28	21	15
Impairment - No further action	4	0	2	4	2
No Impairment	44	16	71	58	49
Voluntary Erasure	3	2	4	2	2
Total	257	144	269	273	250

- 20** The number of medical practitioner tribunals concluded by the MPTS in 2023 was 250 (*Table 6*) a decrease from 273 in 2022.
- 21** The proportion of doctors removed from the register by either erasure or suspension increased from 62% in 2022 to 68% in 2023.

Agenda item M5**Fitness to Practise annual statistics report**

- 22** The proportion of tribunals concluded with no finding of impairment (including warnings) decreased from 29% in 2022 to 26% in 2023.

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

	2019	2020	2021	2022	2023
Successful appeals at Court Hearing	2	3	1	0	1
Unsuccessful appeals at Court hearing	1	1	0	1	0
Cases agreed by consent	0	0	0	9	0
Appeals withdrawn	0	0	0	0	0
Appeals outstanding	4	5	9	0	1
Total	7	9	10	10	2

- 24** The figures above (Table 7) show the number of appeals that have been lodged since 2019. 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 2023

- 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 2023. This counts decisions at each stage in 2023 – 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>.

Agenda item M5

Fitness to Practise annual statistics report

- 29** Research and analysis of data shows that of the factors most importantly related to outcomes in fitness to practise processes are the source of the information and the allegation types. For example, 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 (70% versus 5% from the public). Our data shows that black and minority ethnic doctors are referred more often by their employer than white doctors and therefore are investigated more often.
- 30** Research we commissioned with employers to understand why this disparity exists and to identify steps that can be taken to reduce it can be found [on our website](#). 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 visit this webpage: [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 0.19% (0.22% white, 0.41% ethnic minority) during 2018-2022. The information is correct as of April 2023 and taken from our 2023 [Equality, diversity and inclusion - targets, progress and priorities 2023 \(gmc-uk.org\)](#) report.
- 32** Since it shows only raw aggregated data, the table below should be interpreted cautiously. Any apparent association of FtP incidence and progression to protected characteristics, may well not be about the protected characteristic itself. Instead, may be due to another factor that needs to be accounted for statistically before drawing reliable conclusions.*
- 33** 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.

* An example of this is in a study we recently published in a peer-reviewed journal (<https://pubmed.ncbi.nlm.nih.gov/31771585/>). In it, summary data akin to the table below, suggested that being older or having graduated outside of the UK related to receiving more serious outcomes at the MPTS. However, we showed that this was instead due to older doctors and non-UK graduates attending their MPTS hearings less often than younger or UK-graduated ones. Therefore, indicating that seriousness of MPTS outcomes related to attendance, and not to age or place of qualification. This study also demonstrated that MPTS outcomes were unrelated to the gender or ethnicity of the doctor heard.

Agenda item M5

Fitness to Practise annual statistics report

2023 Decisions at each FTP stage split by protected characteristic

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	52.0% (196,775)	48.5% (4,870)	76.5% (644)	76.5%(286)	84.8% (212)	81.7% (138)
	Woman	48.0% (181,279)	22.3% (2,233)	23.5% (198)	23.5%(88)	15.2% (38)	18.3% (31)
	Not known		29.2% (2,928)				
Ethnicity	Asian or Asian British	31.0% (117,037)	22.1% (2,218)	35.6% (300)	32.6% (122)	39.2% (98)	45.0% (76)
	Black or Black British	6.3% (23,939)	3.8% (385)	7.4% (62)	8.6% (32)	8.8% (22)	6.5% (11)
	Mixed	2.6% (9,901)	1.7% (175)	3.0% (25)	2.4% (9)	2.4% (6)	1.8% (3)
	Prefer not to say	2.9% (10,835)	1.7% (173)	2.6% (22)	1.1% (4)	3.6% (9)	3.6% (6)
	Other Ethnic Groups	5.9% (22,244)	2.8% (283)	7.8% (66)	8.3% (31)	7.2% (18)	6.5% (11)
	Not Known	3.3% (12,591)	33.3% (3,336)	4.0% (34)	2.4% (9)	5.2% (13)	5.9% (10)
	White	48.0% (181,507)	34.5% (3,461)	39.5% (333)	44.7% (167)	33.6% (84)	30.8% (52)
Sexual Orientation	Bisexual	0.9% (3,548)	1.5% (13)	1.5% (13)	2.4% (9)	0.8% (2)	1.2% (2)
	Heterosexual/Straight	72.7% (274,853)	70.4% (593)	70.4% (593)	71.1% (266)	66.0% (165)	62.7% (106)
	Lesbian/Gay	1.5% (5,748)	1.3% (11)	1.3% (11)	2.1% (8)	1.2% (3)	1.8% (3)
	Other	0.3% (1,285)	0.5% (4)	0.5% (4)	0.3% (1)	0.4% (1)	0.6% (1)
	Prefer not to say	9.8% (37,194)	9.0% (76)	9.0% (76)	7.8% (29)	11.2% (28)	12.4% (21)
	Not Known	14.7% (55,426)	17.2% (145)	17.2% (145)	16.3% (61)	20.4% (51)	21.3% (36)

Agenda item M5

Fitness to Practise annual statistics report

Demographics	Demographics details	% on the register (# on the register)	% Triage (# Triage)	% 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)
Religion	Buddhist	2.1% (7,778)	0.7% (68)	1.3% (11)	1.3% (5)	1.6% (4)	1.2% (2)
	Christian (all together)	26.6% (100,561)	17.4% (1,748)	24.3% (205)	30.7% (115)	21.6% (54)	17.8% (30)
	Hindu	8.5% (32,252)	6.8% (681)	10.9% (92)	11.2% (42)	8.0% (20)	7.7% (13)
	Jewish	0.7% (2,486)	0.8% (83)	0.6% (5)	0.3% (1)	0.8% (2)	0.6% (1)
	Muslim	16.2% (61,425)	8.5% (857)	18.1% (152)	15.8% (59)	23.2% (58)	25.4% (43)
	No religion	21.5% (81,434)	13.4% (1,346)	17.1% (144)	16.6% (62)	12.8% (32)	13.6% (23)
	Other	0.9% (3,439)	0.6% (62)	1.7% (14)	0.8% (3)	1.2% (3)	1.2% (2)
	Prefer not to say	8.0% (30,158)	5.7% (572)	7.7% (65)	5.6% (21)	9.2% (23)	9.5% (16)
	Sikh	0.8% (3,098)	0.5% (50)	1.1% (9)	1.3% (5)	1.2% (3)	1.8% (3)
	Not Known	14.7% (55,423)	45.5% (4,564)	17.2% (145)	16.3% (61)	20.4% (51)	21.3% (36)
Disability recorded?	N	95.1% (359,579)	67.4% (6,762)	90.9% (765)	87.4% (327)	91.6% (229)	92.9% (157)
	Y	4.9% (18,475)	3.4% (341)	9.1% (77)	12.6% (47)	8.4% (21)	7.1% (12)
	Not Known		29.2% (2,928)				

* 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.

Agenda item M5

Fitness to Practise annual statistics report

*** % 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 \(SOMEPE\) data tables](#).

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.

Agenda item M5

Fitness to Practise annual statistics report

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.