



2011 Annual Statistics

Fitness to Practise

General
Medical
Council

Regulating doctors
Ensuring good medical practice

Introduction

This is the report of the 2011 annual statistics for the General Medical Council's (GMC) Fitness to Practise procedures. The report provides data on volumes and outcomes at each stage of the fitness to practise process for the period of January to December 2011.

This report is supplemented by a separately published series of fact sheets on key themes of interest to fitness to practise such as ethnicity, gender, time since qualification, region of primary medical qualification (PMQ), recorded allegations, and area of practice (doctor specialty).

The GMC is the independent regulator for doctors in the UK. Our statutory purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.

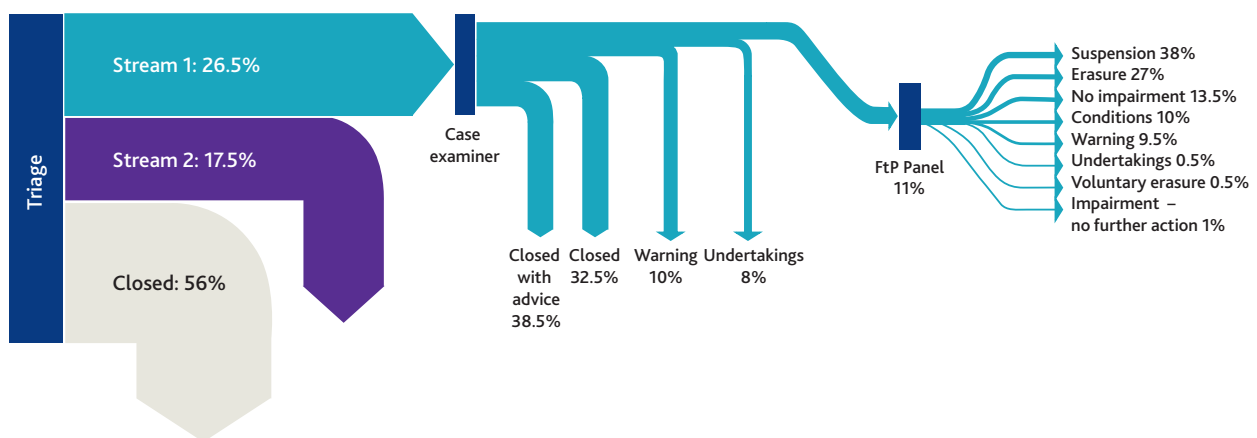
We do that by controlling entry to the medical register and setting the educational standards for medical schools. We also determine the principles and values that underpin good medical practice and we take firm but fair action where those standards have not been met.

The Standards and Fitness to Practise Directorate is responsible for ensuring that we deal firmly, fairly and speedily with those doctors who fail to maintain the standards expected of them. This involves the investigation of concerns raised about individual doctors, and where the investigation calls into question the doctor's fitness to practise, the adjudication of cases before a fitness to practise panel.

The fitness to practise process

This chapter provides an overview of our process, and explains the key terminology used in this report. Subsequent chapters in this report are structured in accordance with the fitness to practise process to allow the reader to follow the volumes and outcomes of cases in a linear order.

Chart 1 – The fitness to practise process



This diagram is based on the 2011 case volumes and outcomes. The proportions are indicative only as there is not necessarily a linear relationship between volumes and outcomes in a 12 month period. We aim to conclude our investigations and commence hearings within 15 months, therefore an enquiry received or triaged in 2011 may not result in a concluded investigation or hearing taking place in the same year.

Here and on the following page we explain the key stages of our process and our terminology.

Enquiries

An enquiry is defined as information received (from a single source) that may raise concerns about one or more doctors' fitness to practise. The term 'person acting in a public capacity' (PAPC) denotes an individual acting on behalf of a public organisation. The majority of enquiries from this source come from health bodies or police forces.

Triage

We aim to assess all enquiries within one week of receipt. This is commonly referred to as triage. The primary purpose of triage is to determine whether or not the information received raises a question about the doctor's fitness to practise. If the information could never raise such a question, we will close the enquiry. However, if the information raises serious allegations which in themselves would call into question the doctor's fitness to practise, we will carry out a full investigation. This type of investigation is described as 'Stream 1'.

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

Case examiners

At the end of the investigation into allegations against a doctor, the case will be considered by two senior GMC staff known as case examiners (one medical and one non-medical). They can:

- conclude the case with no further action
- conclude the case with advice
- issue a warning
- agree undertakings with doctors
- refer the case to a fitness to practise panel hearing.

In addition to case examiner decisions, it is possible for an assistant registrar to refer a case to a panel. An assistant registrar can make a

panel referral when:

- a doctor has been convicted of a serious offence
- a doctor refuses to agree to undertakings
- a doctor fails to comply with a request for a performance / health assessment.

Investigation Committee

There are two distinct categories of case considered by the committee:

- case examiners have been unable to agree on a suitable outcome
- a doctor has refused to accept a warning and has elected to have an oral hearing or where the case examiners feel this is appropriate.

Interim orders panel

At any stage of an investigation we may refer the doctor to an interim orders panel. An interim orders panel can suspend or restrict a doctor's practice while the investigation continues.

Fitness to practise panel

Our fitness to practise panels hear the cases against doctors, decide whether the facts are proven, whether they amount to impaired fitness to practise and, if so, what, if any, sanctions are appropriate. Impaired fitness to practise hearing outcomes comprise erasure, suspension, conditions, undertakings and impairment – no further action.

Enquiries about doctors

The number of enquiries about doctors has continued to rise in 2011 alongside a rise in enquiries from members of the public.

Findings

- We received 8,781 enquiries in 2011, up from 7,153 in 2010, an increase of 23%.
- The annual number of enquiries received has increased by 3,586 (69%) since 2008.
- Enquiries from members of the public have increased by 1,140 (25%) since 2010.
- The number of enquiries received from PAPC has increased to 1,481 in 2011, up by 6% from 1,395 in 2010. The number previously increased by 767 between 2008 and 2010, a rise of 122%.
- The other¹ category, increased from 1,233 in 2010 to 1,635 in 2011, a 33% rise.

Chart 2– Number of doctors subject to an enquiry 2008–2011

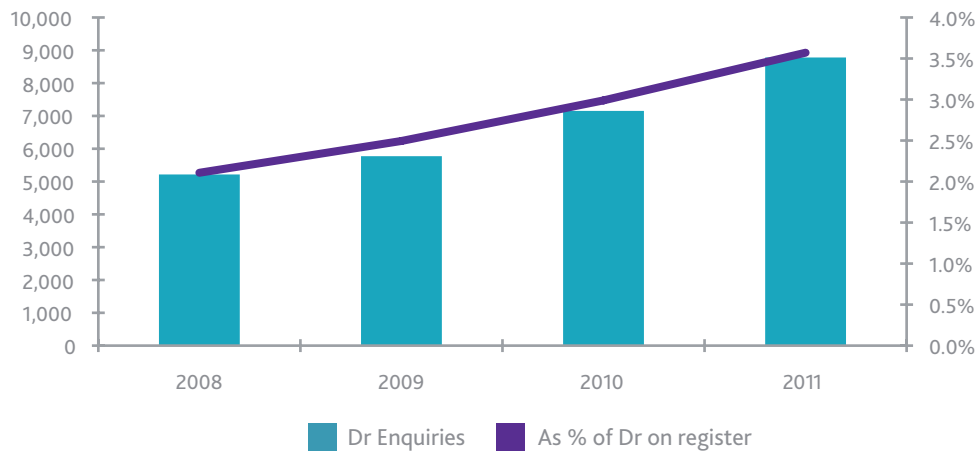
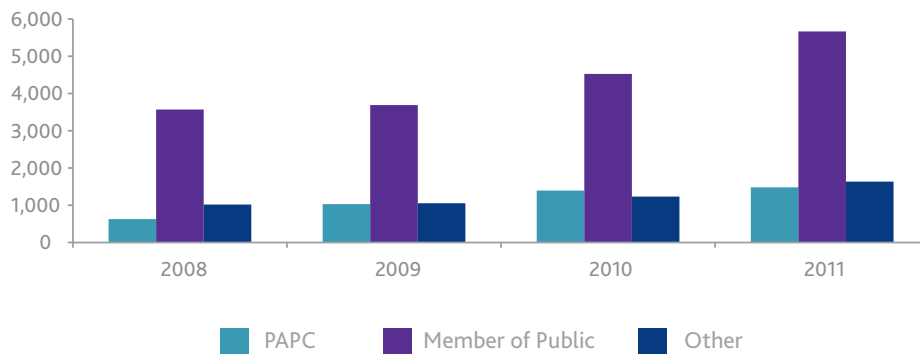


Chart 3 – Source of enquiries about a doctor's fitness to practise 2008–11



¹ The main types of enquiry in the 'Other' category are enquiries from public organisations (465 enquiries in 2011), doctors (893), and issues identified by the GMC through press cuttings (175)

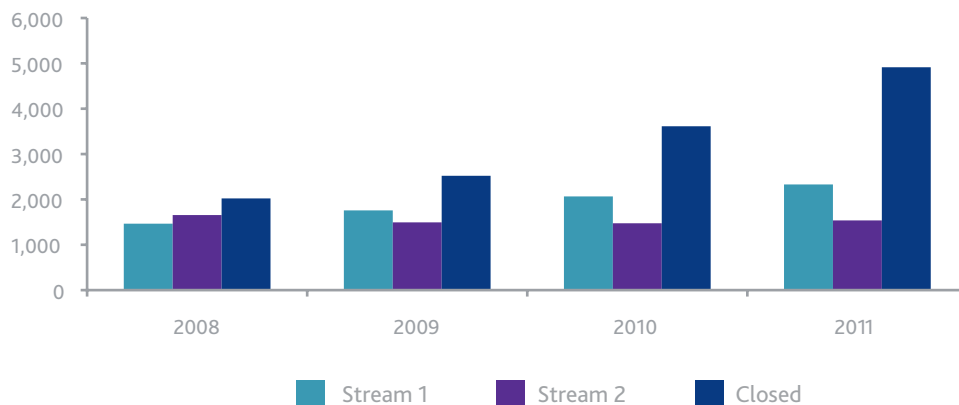
Triage decisions

The number of Stream 1 investigations has increased by 13% in 2011 compared to 2010.

Findings

- Of the 8,781 triaged, 4,914 (56%) of the enquiries were closed with no further action required.
 - The number of triage decisions to investigate as Stream 1 increased from 2,066 in 2010 to 2,330 in 2011, a rise of 13%.
 - The number of triage decisions to investigate as Stream 2 increased from 1,474 in 2010 to 1,537 in 2011, a rise of 4%.
- In 2011, most case examiner decisions were to close a case or close it with advice. At the same time, the number of decisions to refer cases to a fitness to practise panel decreased compared to 2010.
- We made 1,917 case examiner decisions in 2011.
 - The proportion of decisions to close or close with advice rose, for the third consecutive year, from 61% in 2010 to 71% in 2011.

Chart 4 – Triage outcomes 2008–2011



Case examiner decisions

- The number of decisions by case examiners to refer to a panel decreased from 314 in 2010 (20% of all decisions) to 212 in 2011 (11% of all decisions).
- The number of decisions by case examiners to recommend undertakings increased by 45% from 102 in 2010 to 148 in 2011.

Chart 5 – Number of Case Examiner decisions 2008–2011

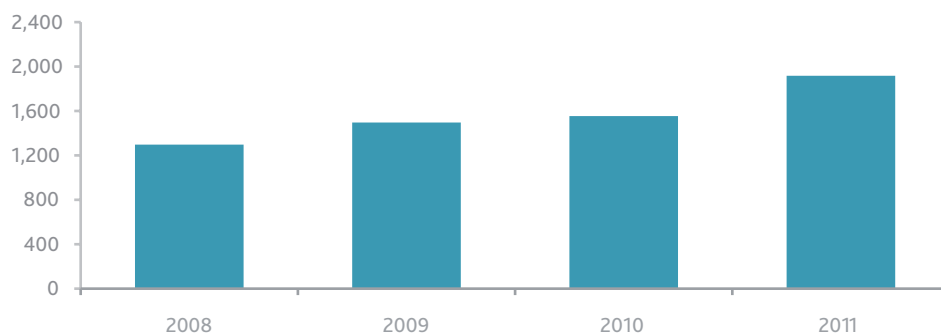
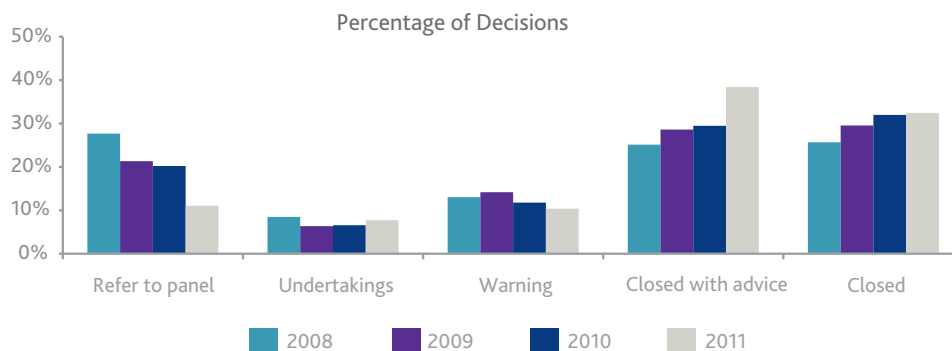


Chart 6 – Case Examiner decision outcomes 2008–2011



Investigation committee hearings

The number of investigation committee hearings increased in 2011 and for the second year there were fewer warnings issued than no further action.

Findings

- The number of cases where an allegation has been referred to the investigation committee for an oral hearing has risen by 10% from 29 in 2010 to 32 in 2011.

- In 2011, 10 (31%) warnings were issued by the investigation committee. This is the second year there were fewer warnings than no further action, 22 (69%).

Chart 7 – Number of investigation committee hearings 2008–2011

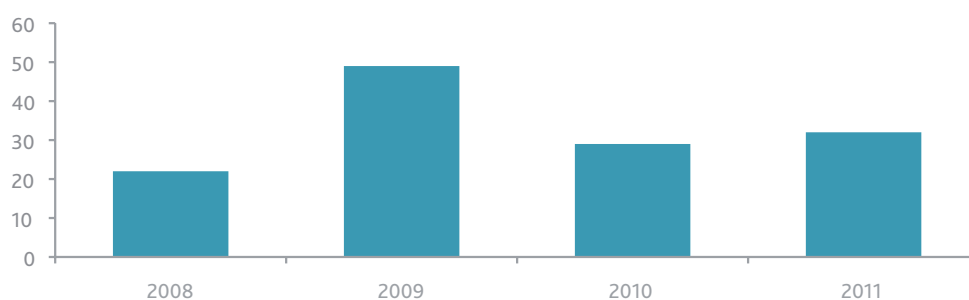
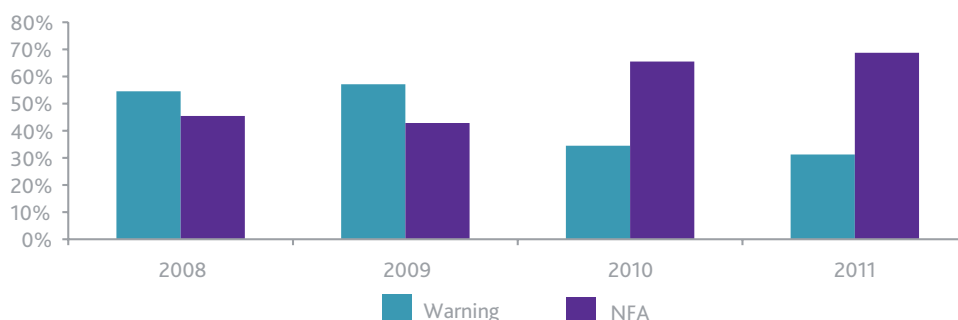


Chart 8 – Investigation committee hearing outcomes 2008–2011



Fitness to practise panel hearings

The number of fitness to practise panel hearings decreased by 26% in 2011 compared to 2010.

Findings

- 242 fitness to practise panel hearings took place in 2011 compared to 326 in 2010 – a decrease of 26%.
- 76% of all doctors that appeared before a fitness to practise panel hearing in 2011 were found to be impaired². This is compared to 69% the previous year.
- A total of 65 doctors (27% of all panel outcomes) were erased from the medical register at a fitness to practise panel in 2011, a similar number to the previous two years. A further 19 doctors were erased at fitness to practise review hearings³.
- The most common hearing outcome in 2011 was suspension (93), accounting for 38% of all outcomes for doctors.

Chart 9 – Number of fitness to practise panel hearings 2008–2011

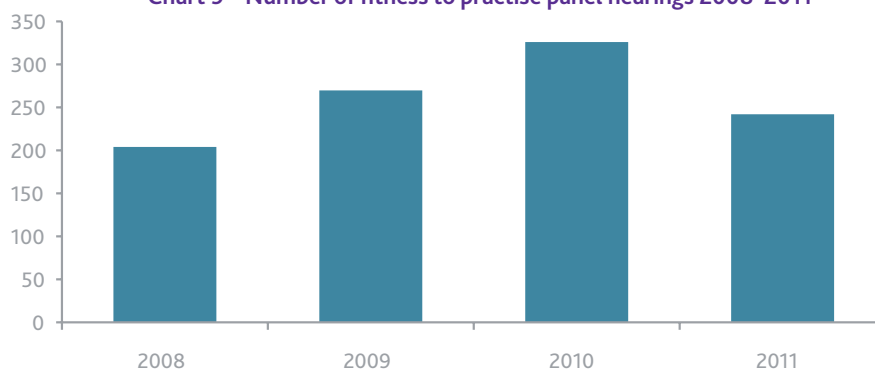


Chart 10 – Fitness to practise panel hearing outcomes 2008–2011



² Impaired fitness to practise hearing outcomes comprise erasure, suspension, conditions, undertakings, and impairment – no further action.

³ An fitness to practise review hearing convenes to review a doctor's compliance with restrictions placed on their registration and has the power to erase.

Interim order panel hearings

There has been an increase of 4% in the number of interim order panel hearings in 2011 compared to 2010.

Findings

- 489 interim order panel hearings took place in 2011, a 4% increase from 2010.
- In 2011, sanctions (either suspension or conditions) were imposed in 81% of hearings, as opposed to 76% in 2010.

Chart 11 – Number of interim order panel hearings 2008–2011

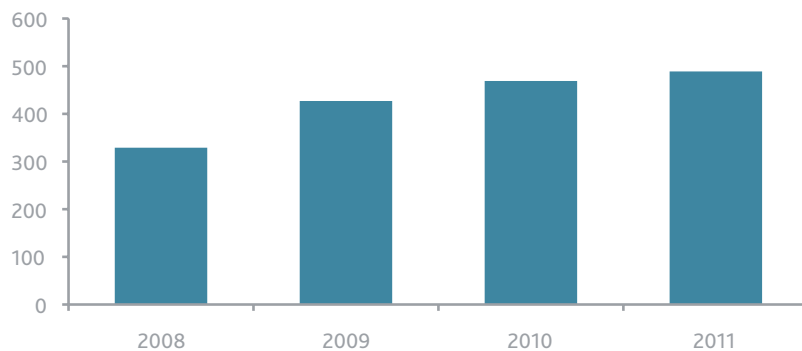


Chart 12 – Interim order panel hearing outcomes 2008–2011



Annex – data used in the charts and text

Data collection covers data recorded on our case management system from January 2008 to 7 March 2012. The publication of this document has been planned to complement our report on the *State of Medical Education and Practice 2012*.

The information used for our 2011 statistics was taken from the case management system at 08:00 on 7 March 2012 and was correct at that time. The dynamic nature of fitness to practise casework means that there may have been some minor updates to these figures since the data extract.

Table 1: Enquiries regarding a doctor's fitness to practise

	2008	2009	2010	2011
Doctors on register	247,530	231,415	239,292	245,918
Enquiries	5,195	5,773	7,153	8,781
Enquiries from PAPC	628	1,030	1,395	1,481
Enquiries from members of public	3,569	3,689	4,525	5,665
Enquiries from other sources	1,019	1,054	1,233	1,635

The method of counting enquiries changed in 2009, hence older data may not always reconcile.

Other sources comprise public (organisation), doctor, press cuttings, and the Independent Safeguarding Authority.

Table 2: Outcome of triage decisions

	2008	2009	2010	2011
Stream 1	1,465	1,758	2,066	2,330
Stream 2	1,655	1,494	1,474	1,537
Closed	2,022	2,521	3,613	4,914
Total	5,142	5,773	7,153	8,781

Table 3: Case examiner decisions

	2008	2009	2010	2011
Refer to panel	359	319	314	212
Undertakings	110	95	102	148
Warning	169	212	183	199
Closed with advice	326	428	458	736
Closed	333	442	497	622
Total	1,297	1,496	1,554	1,917

There were also 54 (36 in 2010) referrals to panel by an assistant registrar. In addition, the case examiners granted 123 (97) doctors voluntary erasure from the register.

Table 4: Investigation committee outcomes

	2008	2009	2010	2011
Warning	12	28	10	10
No further action	10	21	19	22
Total	22	49	29	32

Table 5: Fitness to practise panel outcomes

	2008	2009	2010	2011
Erasure	42	68	73	65
Suspension	75	77	106	93
Conditions	30	48	37	24
Undertakings	3	3	5	1
Warning	22	22	29	23
Impairment – no further action	4	5*	4	2
No Impairment	28	44	65	33
Voluntary erasure	0	3	7	1
Total	204	270	326	242

A further 19 doctors were erased at a fitness to practise review panel.

* This figure includes one outcome of 'reprimand' which is no longer in use

Table 6: Interim order panel outcomes

	2008	2009	2010	2011
Suspension	132	156	144	158
Conditions	133	184	214	236
No order	64	87	111	95
Total	329	427	469	489

Email: gmc@gmc-uk.org
Website: www.gmc-uk.org
Telephone: **0161 923 6602**

General Medical Council, 3 Hardman Street, Manchester M3 3AW

This information can be made available in alternative formats or languages. To request an alternative format, please call us on **0161 923 6602** or email us at publications@gmc-uk.org.

Published October 2012

© 2012 General Medical Council

The text of this document may be reproduced free of charge in any format or medium providing it is reproduced accurately and not in a misleading context. The material must be acknowledged as GMC copyright and the document title specified.

The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750)

GMC/2011AS/1012

**General
Medical
Council**

Regulating doctors
Ensuring good medical practice