



## **MPTS Committee**

**Wednesday 1 November 2017**

**10:00-13:00**

**Room 4.32**

**4<sup>th</sup> Floor, St James's Buildings  
79, Oxford Street, Manchester, M1 6FQ**

## **Agenda**

### **Meeting**

- 1** Chair's business
- 2** Minutes of the meeting on 19 September 2017
- 3** Matters arising
- 4** Chair's report (verbal)
- 5** Executive Manager's report and MPTS Risk Register
- 6** MPTS Committee report to GMC Council
- 7** MPTS Business Plan projects 2018
- 8** Update on GMC appeals
- 9** Training update
- 10** Doctor Contact Service (verbal update by Guy Wilkinson, Tribunals Manager)
- 11** Operational update: MPTS media relations
- 12** Any other business:
  - State-backed indemnity insurance scheme for General Practitioners



1 November 2017

## **MPTS Committee**

**2**

*Draft of 26 September 2017*

## **Minutes of the Meeting on 19 September 2017<sup>1</sup>**

### **Members present**

Dame Caroline Swift, Chair

Richard Davies  
Jacky Hayden

Judith Worthington

### **Others present**

Gavin Brown, Executive Manager, MPTS  
Tamarind Ashcroft, Head of Tribunal  
Development, MPTS (item 5)  
Colin Barker, MPTS Communications  
Manager (Item 8)  
Samantha Bedford, MPTS Case Manager  
(item 6)

Vaishali Fitton, Senior Legal Adviser, MPTS  
Scott Geddes, Head of Operations, MPTS  
(Item 9)  
Dale Langford, Committee Secretary  
Anna Rowland, Assistant Director - Policy,  
Business Transformation and Safeguarding  
(items 6 to 8)

### **Chair's business**

- 1** The Chair welcomed members to the meeting of the MPTS Committee. The Committee noted apologies for absence from Patricia Moultrie.

<sup>1</sup> These Minutes should be read in conjunction with the MPTS Committee papers for this meeting, which are available on our website at <http://www.mpts-uk.org>

- 2 The Chair also welcomed the new MPTS Executive Manager, Gavin Brown, and Vaishali Fitton, who will in the future attend the Committee's meetings as MPTS Senior Legal Adviser.

### **Minutes of the meeting on 3 May 2017**

- 3 The Committee approved the minutes of the meeting on 3 May 2017 as a true record, subject to the date in paragraph 6 being corrected to February 2017.

### **Matters arising**

- 4 The Committee considered the actions arising from the previous meetings of the Committee, including the following points:
  - a In relation to paragraph 8e of the minutes of the meeting on 15 November 2016, self-representation data from the General Dental Council (GDC) had turned out not to be comparable to MPTS data, so the focus would be on MPTS data in future.
  - b In relation to paragraph 8g of the minutes of the meeting on 15 November 2016, the team responsible for the Welcome to UK Practice programme had confirmed that information about doctors' indemnity arrangements is included in the programme but only briefly, because of time constraints. The MPTS Executive Manager agreed to take up with GMC policy officers how doctors might be encouraged to make the necessary arrangements for indemnity cover, including insurance to defend themselves against fitness to practise proceedings.
  - c In relation to paragraph 8h of the minutes of the meeting on 15 November 2016, it was noted that there had been no difficulty in recruiting medical Tribunal members recently and that overall diversity numbers for Tribunal members were 47% female and 21% black and minority ethnic, which compared favourably with UK courts and tribunals.
  - d In relation to paragraph 8i of the minutes of the meeting on 15 November 2016, it was noted that the new MPTS Governance Officer shortly to be appointed would be responsible for the handling of MPTS complaints, in addition to supporting the work of the Committee.
  - e In relation to paragraph 6c of the minutes of the meeting on 8 February 2017, the proposal to review opportunities for making attendance by video conference easier would be taken forward in parallel with the work on paperless hearings, to ensure that all the technology would be compatible.
  - f In relation to paragraph 8g of the minutes of the meeting on 8 February 2017, proposals for changes to performance reporting would be brought forward now that the services of a part-time data manager have been secured and consideration will

be given to what would be feasible and desirable in terms of performance data. A scheduled internal audit by GMC of MPTS data integrity and accuracy was taking place during September 2017, reporting in November 2017.

### **Chair's report**

- 5** The Chair provided an update on work and activities that had taken place since May 2017, noting that she had:
- a** Been closely involved in the recruitment and training of 72 Legally Qualified Chairs (LQCs), the appointment of Gavin Brown, the new Executive Manager to replace the previous post of Assistant Director - MPTS, and the new Senior Legal Adviser.
  - b** Delivered a session on values, ethics and the art of chairing a Tribunal, as part of the training for LQCs.
  - c** Attended the GMC Council, where the draft MPTS Report to Parliament and draft MPTS Vision were positively received, the GMC/MPTS Liaison Group and held regular discussions with the Chair, Chief Executive and Deputy Chief Executive and Chief Operating Officer of the GMC.
  - d** Met the Director of Fitness to Practise (FTP) and Assistant Director – Legal Team to discuss GMC-related delays; and the GMC Equality and Diversity team to consider a research project on diversity.
  - e** Chaired meetings of the Case Management Group, Change Board, Policy Forum and Quality Assurance Group (QAG). The QAG found that determinations were generally of a high standard. A new framework was being developed to make determinations easier to follow and less repetitive.
  - f** Attended meetings of the British Medical Association's GMC Working Party and the BME Doctors Forum and was scheduled to attend the Disciplinary Tribunals Conference, Royal College of General Practitioners Conference and a meeting with the Patients Association.
  - g** Held further discussions on collaboration with other regulators. Some joint training covering areas of mutual relevance for Tribunal members had been arranged with the Nursing and Midwifery Council (NMC) and the NMC was also using some free meeting rooms at the MPTS on an ad hoc basis. A meeting was scheduled between the General Dental Council, GMC and MPTS in mid-October to consider possible areas of collaboration - which will not impinge on the efficiency of the MPTS or the quality of its decision making.

- 6 During discussion, the Committee noted that
  - a The introduction of LQCs was welcomed, but further clarity about how those lay Tribunal members who were neither doctors nor lawyers would be used in the future would be helpful.
  - b In carrying out diversity research, some work on not just ethnicity but place of qualification and place of origin in the UK should be included.

### **Assistant Director's report and MPTS Risk Register**

- 7 The Committee considered the Assistant Director's report prepared by the new Executive Manager's predecessor, Lynda Geddes. The Committee noted:
  - a The Assistant Director's report, along with the dashboard of performance details and key performance indicators for the second quarter of 2017 at Annex A and supporting data at Annex B.
  - b The following corrected text for the second sentence of paragraph 2: 'The average number of MPT referrals per month over the last year stands at 22.'
  - c The risk log at Annex C.
- 8 The Chair reported that:
  - a The GMC had now succeeded in all four of its first four appeals, and lessons were being drawn from the Court's judgments and would be communicated to Tribunal members as part of their training. It was noted that, since the GMC acquired the right to appeal, there has been a very low number of appeals by the Professional Standards Authority.
  - b One of the cases successfully appealed related to Tribunal members being able to rely on inference, which was being taken into account during Tribunal member training.
- 9 During discussion, the Committee noted that:
  - a The Committee would be informed how quickly the GMC expected to receive determinations after the conclusion of a Tribunal hearing and whether all members of the Committee were receiving the outcome of appeals.
  - b Risk R16, relating to data security, would also be dependent on GMC data security procedures, so the Executive Manager would raise this in his meetings with the GMC's Information Systems team.

## **Tribunal members resourcing update**

- 10** The Committee considered an update on recent appointments and induction training and planned activity for 2017. The Committee noted the current position with regard to resourcing tribunals, including the following updates:
- a** Legal Assessor only contracts would be ended at the end of March 2018, not December 2017.
  - b** The current plan to end Case Manager contracts at the end of 2017 was being reviewed and might also change to the end of March 2018.
- 11** During discussion, the Committee noted that:
- a** It was anticipated that working alongside LQCs should result in other Tribunal members improving their chairing skills and ability to manage cases.
  - b** The definition of lay members was defined in law, so did include LQCs, but the role played by non-legal and non-medical Tribunal members needed to be reflected on. The training for LQCs included a clear message that they are one of three decision makers in a Tribunal.

## **Case Management – overview and key developments**

- 12** The Committee received a presentation on the case management process, progress to date and forthcoming changes. The Committee noted that:
- a** Case management had been introduced two years earlier and was now the business-as-usual approach for 6-month and 9-month cases, but not straightforward direct listings.
  - b** The case management process was flexible, so that processes could be adapted to non-standard cases. The approach to self-represented doctors was more bespoke, as some would appreciate more pre-hearing meetings, but others find the process too distressing or don't wish to cooperate.
  - c** Key priorities for 2017 and 2018 included implementation of advance bundles for all new hearings, bringing all case management work in-house and giving legally binding directions earlier in the process.
- 13** During discussion, the Committee noted that:
- a** Although the MPTS is subject to a 9-month target for completing cases there should be an opportunity to aim for completing a higher proportion of cases within a shorter time frame.

- b** Data for different stages of the process would be looked at to see where further time savings could be identified.

**14** During discussion, the Committee noted that an information security project would be considered for the Business Plan projects for 2018, for discussion at the Committee's meeting on 1 November 2017.

### **Information security update**

**15** The Committee received a presentation on how information security was handled within the MPTS and GMC, including information security incidents and staff responsibilities. The Committee noted that:

- a** Following the recent cases of hacking and ransomware around the world, the Executive Manager would ask the GMC for reassurance about how the MPTS was protected from cyber attacks.
- b** The data security incidents shown on the graph had been reviewed and were all categorised as minor, such as not following the clear desk policy or locking a laptop away.

### **Update on MPTS Vision**

**16** The Committee noted an update on the development of the MPTS Vision since the Committee's last discussion on the topic at its meeting on 3 May 2017.

**17** During discussion, the Committee noted that the Vision could also include the principle of proportionality, along with a reference to equality and diversity.

### **Medical Practitioners Tribunal adjournments**

**18** The Committee received an update on the work of the MPTS Adjournments Working Group and the scale and impact of Medical Practitioner Tribunal adjournments in the first two quarters of 2017. The Committee noted that:

- a** The Adjournments Working Group had met on 5 September 2017 to identify what could be done to reduce the scale of adjournments, of which there had been 62 during the first half of 2017.
- b** Themes identified among the avoidable causes for adjournments included readiness and preparedness of parties, non-compliance with case management directions, doctor representation not in place, the doctor seeking to engage remotely, time management of the hearing and issues with engagement or understanding of a self-represented doctor.

- c Actions identified included recruitment of LOCs, extending the provision of bundles to Tribunal members in advance by December 2017, extending case management to all new cases from January 2018 and direct feedback to the GMC on readiness and preparedness.

19 During discussion, the Committee noted that:

- a Future updates would make it easier to compare the savings from cases finishing short with the additional costs of adjournments.
- b Consideration should be given as to how messages on savings and shorter timescales for cases were communicated to Parliament and the wider public.

### **Any other business**

20 The Committee noted that the following papers would be reserved from publication:

- a Annex C to the Assistant Director's report – the MPTS Risk Register.
- b Item 5, Tribunal members resourcing update.
- c Item 7, Information security update.
- d Item 8, the MPTS Vision (until the final version was published).
- e Item 11, Code of Conduct and processes for managing concerns with MPTS Associates (until the documents had been shared with Associates).

21 The Committee noted that its next meeting would be on 1 November 2017.

### **Code of Conduct and processes for managing concerns with MPTS Associates**

22 The Committee received the paper setting out the revised Code of Conduct and processes for managing concerns with MPTS Associates.

23 The Committee noted that references to the Assistant Director MPTS would need to be updated to refer to the Executive Manager.

24 During discussion, the Committee noted that there had previously been a list of dos and don'ts for Tribunal members which could be looked at again and adapted for use in training sessions.



Confirmed

Dame Caroline Swift, Chair

Date: 1 November 2017



<b>Agenda item:</b>	<b>5</b>
<b>Report title:</b>	<b>Executive Manager's report and risk register</b>
<b>Report by:</b>	<b>Gavin Brown</b> , Executive Manager, <a href="mailto:gavin.brown@mpts-uk.org">gavin.brown@mpts-uk.org</a> , 0161 240 8126
<b>Action:</b>	<b>To consider</b>

### **Executive summary**

This report provides an update on our operational performance and includes the front page dashboard for key measures with supporting data provided. The figures are to the end of September 2017. The committee is asked to note the report.

Annex A is the supporting data.

Annex B is the Risk Log, which forms part of the assurance process around the management of risks relating to the Committee's responsibility for ensuring the delivery of an efficient and effective Tribunal Service.

### **Recommendations**

The Committee is asked to:

- a** Consider the report, along with the performance data at Annex A.
- b** Consider the Risk Log at Annex B.

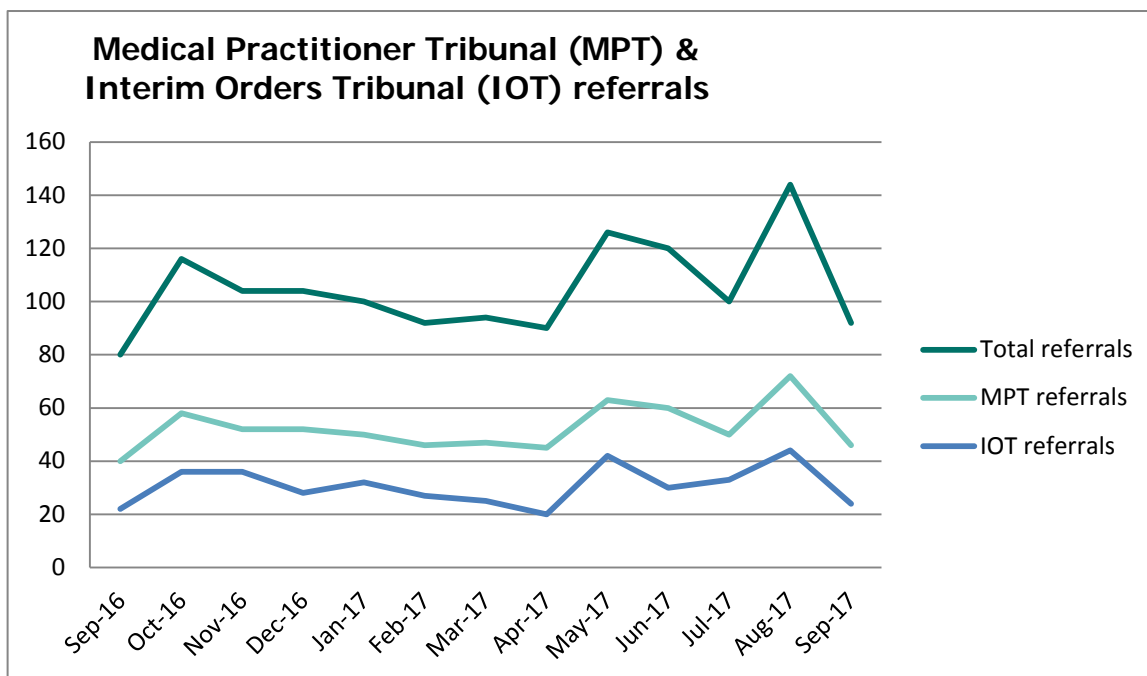
## Operations

1 Service Targets continue to be consistently met with no areas for concern.

Hearing KPIs	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
Commence 100% of IOT hearings within three weeks of referral	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Commence 90% of MPT hearings within nine months of referral	100%	100%	100%	100%	100%	93%	100%	100%	100%			

2 We are continuing to see a decline in referrals to the MPTS, although the pattern is not linear. For instance, we saw a spike in referrals in August.

	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	Jul 2017	Aug 2017	Sep 2017	12/12 Average
IOT	22	36	26	28	32	27	25	20	42	30	33	44	24	31
MPT	18	22	16	24	18	19	22	25	21	30	17	28	22	22



- 3** Hearing room utilisation increased in September and we predict that this will continue throughout the rest of the year. This is, in part, due to the rescheduling of adjourned hearings and additional days.

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Average rate
Rate	74%	63%	77%	83%	72%	78%	71%	57%	75%	83%*	88%*	83%*	75%

- 4** At its meeting in September 2017 the Committee received an update on the work of the MPTS Adjournments Working Group and the actions being taken forward to reduce the number of MPT adjournments. The Committee also received key MPT adjournment statistical information relating to the period January to June 2017.
- 5** The Committee noted the working group's expectation that it would be some time before the positive impact of the actions identified, including the greater use of legally qualified chairs and providing tribunal members with bundles in advance, would take effect. An analysis of the Q3 2017 MPT adjournments data has now been completed, which evidences clear and sustained signs of improvement, as follows:
- a** Overall, the total number of additional hearing days required reduced significantly over the three month period July to September 2017 (see table 1).
  - b** For MPT new cases specifically, the total number of additional days required reduced significantly over the four month period June to September 2017 (see table 2).
  - c** The MPT new case adjournments rate has decreased each quarter in 2017 by 2% (see table 3).
- 6** As noted above, it is still early days and work will continue to be undertaken to effect improvement. However, the Q3 2017 adjournments data provides a clear indication that the improvement actions identified should help deliver the required change.

Table 1. MPT adjournments (during hearing month)

Hearing month	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Total
No. New case (including reconvened cases)	4	11	5	13	5	11	7	5	8	69
No. Review case	2	2	2	1	3	2	2	4	4	22
No. Restoration case	1	0	0	0	0	0	1	0	1	3
No. Remittal case	0	0	0	0	0	0	0	3	0	3
Total 'lost' days	7	23	1	4	7	6	0	6	2	56
Total additional days required	50	49	28	64	48	50	31	33	30	383

Table 2. MPT adjournments – new cases *that commenced per hearing month in 2017*

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Total
No. adjournments /new cases commenced (and % adjourned)	4/20 20%	6/17 35%	5/17 29%	5/14 36%	3/16 19%	5/21 24%	3/15 20%	4/12 33%	4/18* 22%	<b>39/150</b> <b>26%</b>
Total additional days required	42	44	24	48	43	22	12	23	21	279

\* Note: Additional (19<sup>th</sup>) case not yet concluded.

**Table 3. MPT new hearings *that commenced per month in 2017* and either finished short, exactly to schedule or adjourned.**

MPT new hearings	Q1 total	Q2 total	Jul 2017	Aug 2017	Sep 2017	Q3 total	Cumulative total Q1-Q3
Short	<b>28 (52%)</b>	<b>19 (37%)</b>	6	2	10	<b>18 (40%)</b>	<b>65 (43%)</b>
Exactly to schedule	<b>11 (20%)</b>	<b>19 (37%)</b>	6	6	4	<b>16 (36%)</b>	<b>46 (31%)</b>
Adjourned	<b>15 (28%)</b>	<b>13 (26%)</b>	3	4	4	<b>11 (24%)</b>	<b>39 (26%)</b>
<b>Total</b>	<b>54 (100%)</b>	<b>51 (100%)</b>	<b>15</b>	<b>12</b>	<b>18*</b>	<b>45 (100%)*</b>	<b>150 (100%)*</b>

\* **Note:** Additional (19<sup>th</sup>) case not yet concluded.

## Appeals

- 7** The number of appeals made by the GMC now totals 21 in the last 12 months. Two appeals were lodged in Quarter 3 but they were related to previous ongoing review hearings where the GMC had already appealed the original decision.
- 8** Further details of the appeals will be provided to the MPTS Committee later in the meeting.

## User Group Meeting

- 9** The MPTS User Group Meeting was held on 9 October 2017 and covered various topics including
- An update on Legally Qualified Chairs
  - Pre-reading of bundles
  - Adjournments
  - Draft guidance and listing reconvened hearings

## Tribunal Development

- 10** We have been continuing the annual MPTS Tribunal members' training and early feedback from these sessions will be shared later in this meeting.

## Finance

- 11** The 2017 MPTS budget was £9,393,764 (a reduction of £1,180,000 against 2016) and we are currently forecasting to spend £8,861,920 by year end, a variance of £531,844 or 5.7%.
- 12** There are a number of reasons for this including:
- Headcount has been around 10% lower than budget, as between late 2016 and March 2017 a number of staff left the Operations team, usually to other roles in the MPTS and GMC.
  - Reduced number of hearing days, providing underspend on MPTS Tribunal members' fees and expenses.
  - The use of Legally Qualified Chairs, reducing the number of Legal Assessor days required.
  - A slight reduction in average hearing length.
- 13** The 2018 MPTS Business Scrutiny meeting was held on 9 October 2017. We put forward a draft budget of £8,685,681 for 2018. The budget included two growth bids, the movement of the MPTS Communications team from a GMC budget code and took account of a predicted reduction in hearing days.
- 14** The budget was approved as presented and it will now go to the GMC Executive Board in November (with the overall GMC budget) prior to approval by the GMC Council in December.

## Business Plan 2018

- 15** Work is progressing on the MPTS Business Plan for 2018, the details of which will be shared later in this meeting for the Committee's consideration.

## Staffing

- 16** A new Legal and Case Management Adviser, David Maguire, started on 23 October 2017. He will support both the MPTS Senior Legal Adviser and the MPTS Case Manager.
- 17** Following a successful recruitment campaign for the new post of MPTS Governance Officer, the successful candidate will start before the end of 2017.

## Facilities

- 18** A number of desk moves took place on 16 October 2017, in particular the MPTS Change Team has moved to the Operations area. This not only frees up space for the new legal and governance staff but also means that Operations staff and the Change Team can more closely collaborate on the Business Plan 2018 programmes.
- 19** We have also held initial discussions in relation to moving the MPTS Reception at SJB, consolidating operations on the 7<sup>th</sup> floor and the associated option of reducing the MPTS footprint on the 4<sup>th</sup> floor.





Annex A:  
Performance Data  
Executive Manager's Report  
November 2017

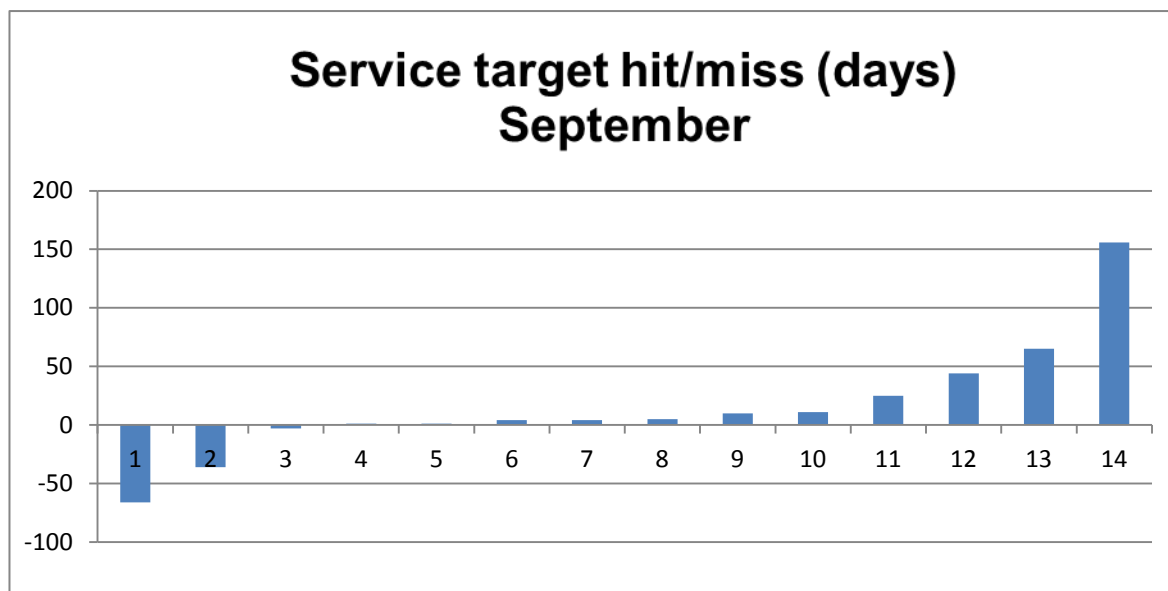
**1. Monthly referrals to IOT and MPT**

	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	Jul 2017	Aug 2017	Sep 2017	12/12 Average
<b>IOT</b>	22	36	26	28	32	27	25	20	<b>42</b>	30	33	<b>44</b>	24	31
<b>MPT</b>	18	22	16	24	18	19	22	25	21	<b>30</b>	17	<b>28</b>	22	22

**2. Hearing KPIs**

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
<b>To commence 100% of IOT hearings within three weeks of referral</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%			
<b>To commence 90% of MPT hearings within nine months of referral</b>	100%	100%	100%	100%	100%	93%	100%	100%	100%			

### 3. MPT September 2017 service target spread (-66 days to +156 days)



1. **Dr Greek** (-66 days): originally listed within ST, to commence Jun 17, but postponed on 16 Jun [after second application], as Dr ill.
2. **Dr Wilkinson** (-33 days): conviction hearing originally listed within ST [to commence 10 Apr 17] but additional health matter received by GMC. The new matter under consideration, hearing date moved to Sep 17 at the GMC's request [for conviction & addition of possible health matter].
3. **Dr Zafar** (-3 days): originally listed within ST, to commence 30 Aug 17 for eight days. On 3 Aug hearing length reduced by agreement, to start 4 Sep i.e. within original hearing dates, for five days.

**4. Weekday hearing room utilisation rate [%] – target 80%**

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Average rate
<b>Rate</b>	74%	63%	77%	83%	72%	78%	71%	57%	75%	83%	88%	83%	75%

**5. IOT performance data**

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
<b>New case orders imposed</b>	89%	88%	71%	77%	73%	74%	86%	82%	88%			
<b>RoP cases</b>	30	21	22	25	41	28	33	30	27			
<b>Interim orders in place (end of month)</b>	403	410	396	385	380	373	381	389	396			

**6. IOT postponements**

Q3 2017	Doctor	GMC	MPTS	Total
<b>Applications received</b>	23	0	0	23
<b>Applications granted</b>	9	0	0	9

Q3 2017	Opposed	Not opposed
<b>Application by doctor</b>	16	7
<b>Granted</b>	2	7

**7. MPT postponements**

Q3 2017	Doctor	GMC	MPTS	Total
Applications received	10	1	0	11
Applications granted	5	0	0	5

Q3 2017	Opposed	Not opposed
Application by doctor	7	3
Granted	3	2

### 8. MPT adjournments (during hearing month)

Hearing month	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
No. New case (including reconvened cases)	4	11	5	13	5	11	7	5	8			
No. Review case	2	2	2	1	3	2	2	4	4			
No. Restoration case	1	0	0	0	0	0	1	0	1			
No. Remittal case	0	0	0	0	0	0	0	3	0			
Total 'lost' days	7	23	1	4	7	6	0	6	2			
Total additional days required	50	49	28	64	48	50	31	33	30			

### 9. MPT adjournments – new cases *that commenced per hearing month in 2017*

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Total
<b>No. adjournments /new cases commenced (and % adjourned)</b>	4/20 (20%)	6/17 (35%)	5/17 (29%)	5/14 (36%)	3/16 (19%)	5/21 (24%)	3/15 (20%)	4/12 (33%)	4/18* (22%)				<b>39/150 (26%)</b>
<b>Total additional days required</b>	42	44	24	48	43	22	12	23	21				279

\* **Note 10/10:** Additional case (No. 19) not yet concluded.

**10. MPT new hearings *that commenced per month in 2017* and either finished short, exactly to schedule or adjourned.**

MPT new hearings	Jan 2017	Feb 2017	Mar 2017	Q1 Total	Apr 2017	May 2017	June 2017	Q2 total	Cumulative total Q1-Q2
Short	11	7	10	<b>28 (52%)</b>	2	6	11	<b>19 (37%)</b>	<b>47 (45%)</b>
Exactly to schedule	5	4	2	<b>11 (20%)</b>	7	7	5	<b>19 (37%)</b>	<b>30 (28.5%)</b>
Adjourned	4	6	5	<b>15 (28%)</b>	5	3	5	<b>13 (26%)</b>	<b>28 (26.5%)</b>
<b>Total</b>	<b>20</b>	<b>17</b>	<b>17</b>	<b>54 (100%)</b>	<b>14</b>	<b>16</b>	<b>21</b>	<b>51 (100%)</b>	<b>105 (100%)</b>

MPT new hearings	Jul 2017	Aug 2017	Sep 2017	Total Q3	Cumulative total Q1-Q3

Short	6 (40%)	2 (17%)	10 (56%)	<b>18 (40%)</b>	<b>65 (43%)</b>
Exactly to schedule	6 (40%)	6 (50%)	4 (22%)	<b>16 (36%)</b>	<b>46 (31%)</b>
Adjourned	3 (20%)	4 (33%)	4 (22%)	<b>11 (24%)</b>	<b>39 (26%)</b>
<b>Total</b>	<b>15 (100%)</b>	<b>12 (100%)</b>	<b>18 (100%)*</b>	<b>45 (100%)*</b>	<b>150 (100%)*</b>

\* Note 10/10: Additional case (No. 19) not yet concluded.

### 11. MPT reconvened hearing days (during hearing month)

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Average rate
<b>New case days</b>	12	28	18	24	36	34	27	15	45				
<b>Review case days</b>	2	1	1	5	0	1	0	1	3				
<b>Total days</b>	14	29	19	29	36	35	27	16	48				

### 12. MPT new hearings – doctor representation and attendance January-September 2017

Category	Jan 2017	Feb 2017	Mar 2017	Q1 total	Apr 2017	May 2017	Jun 2017	Q2 total	Cumulative total Q1-Q2
Dr represented and either present or not present	10 (50%)	10 (59%)	11 (65%)	<b>31 (57%)</b>	7 (50%)	8 (50%)	11 (52%)	<b>26 (51%)</b>	<b>57 (54%)</b>
Dr not represented but present	3 (15%)	3 (18%)	2 (12%)	<b>8 (15%)</b>	4 (29%)	4 (25%)	3 (14%)	<b>11 (22%)</b>	<b>19 (18%)</b>
Dr not represented or present	7 (35%)	4 (23%)	4 (23%)	<b>15 (28%)</b>	3 (21%)	4 (25%)	7 (33%)	<b>14 (27%)</b>	<b>29 (28%)</b>
<b>Total</b>	<b>20 (100%)</b>	<b>17 (100%)</b>	<b>17 (100%)</b>	<b>54 (100%)</b>	<b>14 (100%)</b>	<b>16 (100%)</b>	<b>21 (100%)</b>	<b>51 (100%)</b>	<b>105 (100%)</b>

Category	Jul 2017	Aug 2017	Sep 2017	Q3 Total	Cumulative total Q1-Q3
Dr represented and either present or not present	8 (53.3%)	8 (67%)	9 (47.5%)	<b>25 (54%)</b>	<b>82 (54%)</b>
Dr not represented but present	2 (13.3%)	3 (25%)	1 (5%)	<b>6 (13%)</b>	<b>25 (17%)</b>
Dr not represented or present	5 (33.3%)	1 (8%)	9 (47.5%)	<b>15 (33%)</b>	<b>44 (29%)</b>
<b>Total</b>	<b>15 (100%)</b>	<b>12 (100%)</b>	<b>19 (100%)</b>	<b>46 (100%)</b>	<b>151 (100%)</b>

### 13. IOT new hearings – doctor representation and attendance January-September 2017



Category	Jan 2017	Feb 2017	Mar 2017	Q1 total	Apr 2017	May 2017	Jun 2017	Q2 total	Cumulative total Q1-Q2
Dr represented and either present or not present	14 (74%)	22 (65%)	13 (62%)	<b>49 (66%)</b>	20 (77%)	23 (77%)	20 (64%)	<b>63 (72%)</b>	<b>112 (70%)</b>
Dr not represented but present	1 (5%)	3 (9%)	3 (14%)	<b>7 (10%)</b>	2 (8%)	1 (3%)	3 (10%)	<b>6 (7%)</b>	<b>13 (8%)</b>
Dr not represented or present	4 (21%)	9 (26%)	5 (24%)	<b>18 (24%)</b>	4 (15%)	6 (20%)	8 (26%)	<b>18 (21%)</b>	<b>36 (22%)</b>
<b>Total</b>	<b>19 (100%)</b>	<b>34 (100%)</b>	<b>21 (100%)</b>	<b>74 (100%)</b>	<b>26 (100%)</b>	<b>30 (100%)</b>	<b>31 (100%)</b>	<b>87 (100%)</b>	<b>161 (100%)</b>

Category	Jul 2017	Aug 2017	Sep 2017	Q3 Total	Cumulative total Q1-Q3
Dr represented and either present or not present	29 (80.5%)	25 (66%)	19 (59.5%)	<b>73 (69%)</b>	<b>185 (69%)</b>
Dr not represented but present	2 (5.5%)	6 (16%)	2 (6%)	<b>10 (9%)</b>	<b>23 (9%)</b>
Dr not represented or present	5 (14%)	7 (18%)	11 (34.5%)	<b>23 (22%)</b>	<b>59 (22%)</b>
<b>Total</b>	<b>36 (100%)</b>	<b>38 (100%)</b>	<b>32 (100%)</b>	<b>106 (100%)</b>	<b>267 (100%)</b>

**14. Tribunal actual hearing days compared with the same period in 2016 (in brackets)**

Tribunal	September 2017		Year to end September 2017
	Manchester	Outside Manchester	
MPT Conviction	8 (7)	0 (0)	86 (57)
MPT Determination	0 (0)	0 (0)	5 (1)
MPT Health	2 (4)	0 (0)	37 (79)
MPT Misconduct	109 (193)	0 (0)	877 (1326)
MPT Performance	2 (21)	0 (0)	65 (46)
MPT English language	0 (0)	0 (0)	3 (6)
MPT Multi-factorial	36 (19)	0 (0)	288 (384)
MPT Non-compliance	5 (2)	0 (0)	13 (5)
MPT Restoration	4 (2)	0 (0)	56 (43)
Interim Orders Tribunal	23 (23)	0 (0)	204 (279)
<b>Total</b>	<b>189 (271)</b>	<b>0 (0)</b>	<b>1634 (2226)</b>

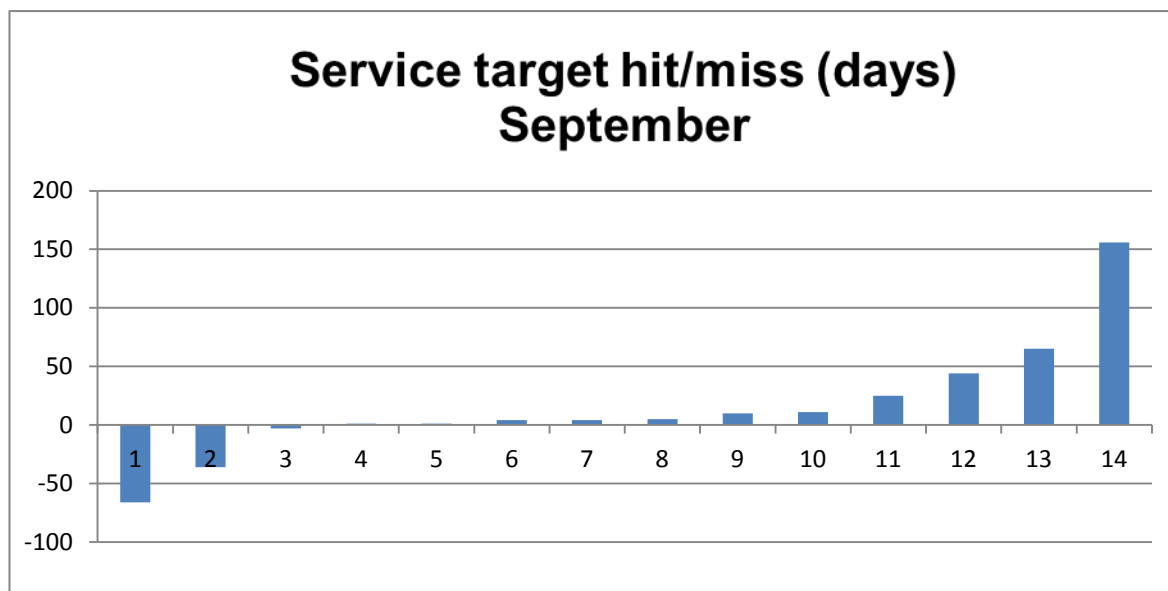
**1. Monthly referrals to IOT and MPT**

	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	Jul 2017	Aug 2017	Sep 2017	12/12 Average
<b>IOT</b>	22	36	26	28	32	27	25	20	<b>42</b>	30	33	<b>44</b>	24	31
<b>MPT</b>	18	22	16	24	18	19	22	25	21	<b>30</b>	17	<b>28</b>	22	22

**2. Hearing KPIs**

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
<b>To commence 100% of IOT hearings within three weeks of referral</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%			
<b>To commence 90% of MPT hearings within nine months of referral</b>	100%	100%	100%	100%	100%	93%	100%	100%	100%			

### 3. MPT September 2017 service target spread (-66 days to +156 days)



1. **Dr Greek** (-66 days): originally listed within ST, to commence Jun 17, but postponed on 16 Jun [after second application], as doctor ill.
2. **Dr Wilkinson** (-33 days): conviction hearing originally listed within ST [to commence 10 Apr 17] but additional health matter received by GMC. The new matter under consideration, hearing date moved to Sep 17 at the GMC's request [for conviction & addition of possible health matter].
3. **Dr Zafar** (-3 days): originally listed within ST, to commence 30 Aug 17 for eight days. On 3 Aug hearing length reduced by agreement, to start 4 Sep i.e. within original hearing dates, for five days.

**4. Weekday hearing room utilisation rate [%] – target 80%**

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Average rate
<b>Rate</b>	74%	63%	77%	83%	72%	78%	71%	57%	75%	83%	88%	83%	75%

**5. IOT performance data**

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
<b>New case orders imposed</b>	89%	88%	71%	77%	73%	74%	86%	82%	88%			
<b>Review on Papers (RoP) cases</b>	30	21	22	25	41	28	33	30	27			
<b>Interim orders in place (end of month)</b>	403	410	396	385	380	373	381	389	396			

**6. IOT postponements**

Q3 2017	Doctor	GMC	MPTS	Total
<b>Applications received</b>	23	0	0	23
<b>Applications granted</b>	9	0	0	9

Q3 2017	Opposed	Not opposed
<b>Application by doctor</b>	16	7
<b>Granted</b>	2	7

**7. MPT postponements**

Q3 2017	Doctor	GMC	MPTS	Total
<b>Applications received</b>	10	1	0	11
<b>Applications granted</b>	5	0	0	5

Q3 2017	Opposed	Not opposed
<b>Application by doctor</b>	7	3
<b>Granted</b>	3	2

**8. MPT adjournments (during hearing month)**

Hearing month	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
<b>No. New case (including reconvened cases)</b>	4	11	5	13	5	11	7	5	8			
<b>No. Review case</b>	2	2	2	1	3	2	2	4	4			
<b>No. Restoration case</b>	1	0	0	0	0	0	1	0	1			
<b>No. Remittal case</b>	0	0	0	0	0	0	0	3	0			
<b>Total ‘lost’ days</b>	7	23	1	4	7	6	0	6	2			
<b>Total additional days required</b>	50	49	28	64	48	50	31	33	30			

**9. MPT adjournments – new cases *that commenced per hearing month in 2017***

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Total
<b>No. adjournments /new cases commenced (and % adjourned)</b>	4/20 (20%)	6/17 (35%)	5/17 (29%)	5/14 (36%)	3/16 (19%)	5/21 (24%)	3/15 (20%)	4/12 (33%)	4/18* (22%)				<b>39/150 (26%)</b>
<b>Total additional days required</b>	42	44	24	48	43	22	12	23	21				279

\* **Note 10/10:** Additional case (No. 19) not yet concluded.

**10. MPT new hearings *that commenced per month in 2017* and either finished short, exactly to schedule or adjourned.**

MPT new hearings	Jan 2017	Feb 2017	Mar 2017	Q1 Total	Apr 2017	May 2017	June 2017	Q2 total	Cumulative total Q1-Q2
Short	11	7	10	<b>28 (52%)</b>	2	6	11	<b>19 (37%)</b>	<b>47 (45%)</b>
Exactly to schedule	5	4	2	<b>11 (20%)</b>	7	7	5	<b>19 (37%)</b>	<b>30 (28.5%)</b>
Adjourned	4	6	5	<b>15 (28%)</b>	5	3	5	<b>13 (26%)</b>	<b>28 (26.5%)</b>
<b>Total</b>	<b>20</b>	<b>17</b>	<b>17</b>	<b>54 (100%)</b>	<b>14</b>	<b>16</b>	<b>21</b>	<b>51 (100%)</b>	<b>105 (100%)</b>

MPT new hearings	Jul 2017	Aug 2017	Sep 2017	Total Q3	Cumulative total Q1-Q3
Short	6 (40%)	2 (17%)	10 (56%)	<b>18 (40%)</b>	<b>65 (43%)</b>
Exactly to schedule	6 (40%)	6 (50%)	4 (22%)	<b>16 (36%)</b>	<b>46 (31%)</b>
Adjourned	3 (20%)	4 (33%)	4 (22%)	<b>11 (24%)</b>	<b>39 (26%)</b>
<b>Total</b>	<b>15 (100%)</b>	<b>12 (100%)</b>	<b>18 (100%)*</b>	<b>45 (100%)*</b>	<b>150 (100%)*</b>

\* Note 10/10: Additional case (No. 19) not yet concluded.

#### 11. MPT reconvened hearing days (during hearing month)

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Average rate
<b>New case days</b>	12	28	18	24	36	34	27	15	45				
<b>Review case days</b>	2	1	1	5	0	1	0	1	3				
<b>Total days</b>	14	29	19	29	36	35	27	16	48				



**12. MPT new hearings – doctor representation and attendance January-September 2017**

<b>Category</b>	<b>Jan 2017</b>	<b>Feb 2017</b>	<b>Mar 2017</b>	<b>Q1 total</b>	<b>Apr 2017</b>	<b>May 2017</b>	<b>Jun 2017</b>	<b>Q2 total</b>	<b>Cumulative total Q1-Q2</b>
Doctor represented and either present or not present	10 (50%)	10 (59%)	11 (65%)	<b>31 (57%)</b>	7 (50%)	8 (50%)	11 (52%)	<b>26 (51%)</b>	<b>57 (54%)</b>
Doctor not represented but present	3 (15%)	3 (18%)	2 (12%)	<b>8 (15%)</b>	4 (29%)	4 (25%)	3 (14%)	<b>11 (22%)</b>	<b>19 (18%)</b>
Doctor not represented or present	7 (35%)	4 (23%)	4 (23%)	<b>15 (28%)</b>	3 (21%)	4 (25%)	7 (33%)	<b>14 (27%)</b>	<b>29 (28%)</b>
<b>Total</b>	<b>20 (100%)</b>	<b>17 (100%)</b>	<b>17 (100%)</b>	<b>54 (100%)</b>	<b>14 (100%)</b>	<b>16 (100%)</b>	<b>21 (100%)</b>	<b>51 (100%)</b>	<b>105 (100%)</b>

<b>Category</b>	<b>Jul 2017</b>	<b>Aug 2017</b>	<b>Sep 2017</b>	<b>Q3 Total</b>	<b>Cumulative total Q1-Q3</b>
Doctor represented and either present or not present	8 (53.3%)	8 (67%)	9 (47.5%)	<b>25 (54%)</b>	<b>82 (54%)</b>
Doctor not represented but present	2 (13.3%)	3 (25%)	1 (5%)	<b>6 (13%)</b>	<b>25 (17%)</b>
Doctor not represented or present	5 (33.3%)	1 (8%)	9 (47.5%)	<b>15 (33%)</b>	<b>44 (29%)</b>
<b>Total</b>	<b>15 (100%)</b>	<b>12 (100%)</b>	<b>19 (100%)</b>	<b>46 (100%)</b>	<b>151 (100%)</b>

**13. IOT new hearings – doctor representation and attendance January-September 2017**

Category	Jan 2017	Feb 2017	Mar 2017	Q1 total	Apr 2017	May 2017	Jun 2017	Q2 total	Cumulative total Q1-Q2
Doctor represented and either present or not present	14 (74%)	22 (65%)	13 (62%)	<b>49 (66%)</b>	20 (77%)	23 (77%)	20 (64%)	<b>63 (72%)</b>	<b>112 (70%)</b>
Doctor not represented but present	1 (5%)	3 (9%)	3 (14%)	<b>7 (10%)</b>	2 (8%)	1 (3%)	3 (10%)	<b>6 (7%)</b>	<b>13 (8%)</b>
Doctor not represented or present	4 (21%)	9 (26%)	5 (24%)	<b>18 (24%)</b>	4 (15%)	6 (20%)	8 (26%)	<b>18 (21%)</b>	<b>36 (22%)</b>
<b>Total</b>	<b>19 (100%)</b>	<b>34 (100%)</b>	<b>21 (100%)</b>	<b>74 (100%)</b>	<b>26 (100%)</b>	<b>30 (100%)</b>	<b>31 (100%)</b>	<b>87 (100%)</b>	<b>161 (100%)</b>

Category	Jul 2017	Aug 2017	Sep 2017	Q3 Total	Cumulative total Q1-Q3
Doctor represented and either present or not present	29 (80.5%)	25 (66%)	19 (59.5%)	<b>73 (69%)</b>	<b>185 (69%)</b>
Doctor not represented but present	2 (5.5%)	6 (16%)	2 (6%)	<b>10 (9%)</b>	<b>23 (9%)</b>
Doctor not represented or present	5 (14%)	7 (18%)	11 (34.5%)	<b>23 (22%)</b>	<b>59 (22%)</b>
<b>Total</b>	<b>36 (100%)</b>	<b>38 (100%)</b>	<b>32 (100%)</b>	<b>106 (100%)</b>	<b>267 (100%)</b>

**14. Tribunal actual hearing days compared with the same period in 2016 (in brackets)**

Tribunal	September 2017		Year to end September 2017
	Manchester	Outside Manchester	
MPT Conviction	8 (7)	0 (0)	86 (57)
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MPT Performance	2 (21)	0 (0)	65 (46)
MPT English language	0 (0)	0 (0)	3 (6)
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MPT Restoration	4 (2)	0 (0)	56 (43)
Interim Orders Tribunal	23 (23)	0 (0)	204 (279)
<b>Total</b>	<b>189 (271)</b>	<b>0 (0)</b>	<b>1634 (2226)</b>



<b>Agenda item:</b>	<b>8</b>
<b>Report title:</b>	<b>Update on GMC appeals</b>
<b>Report by:</b>	<b>Vaishali Fitton</b> , Senior Legal Adviser, MPTS <a href="mailto:vaishali.fitton@mpts-uk.org">vaishali.fitton@mpts-uk.org</a> , 0161 240 7106
<b>Action:</b>	<b>To note</b>

### **Executive summary**

This paper sets out details of appeals issued by the General Medical Council since 1 January 2016 and sets out some of the issues arising from the five appeals in which judgment has been given.

### **Recommendation**

To consider the number and nature of GMC appeals pursuant to section 40A of the Medical Act 1983 (as amended).

## GMC appeals

- 1 Since 1 January 2016 the General Medical Council ('the GMC') has issued appeals in respect of the cases of 21 doctors. In two cases, the GMC has also appealed the outcome of the MPT review hearings which have subsequently taken place, where it has/had an ongoing appeal of the substantive MPT hearing.
- 2 Annex A set out details of each of the GMC appeals. Of the 21 GMC appeals (as at 13 October 2017):
  - a Appeals heard – 8:
    - Appeals in which the GMC has been successful - 5
    - Appeals in which judgement is awaited - 3
    - Cases remitted to an MPT following the appeal – 3
  - b Appeals listed for hearing before 31 October 2017 – 4
  - c Appeals listed for hearing in November 2017 – 6
  - d Appeals listed for hearing in December 2017 - 3.
- 3 Some of the issues arising from the five appeals in which judgment has been given are:
  - a The GMC has the right to appeal against an MPT's finding of no impairment.
  - b An appeal under s40A should be approached in the same way as an appeal under s40.
  - c The Court will remain extremely cautious about upsetting a conclusion of primary fact, but the court may draw any inferences of fact which it considers justified on the evidence – for example sexual motivation.
  - d Dishonesty is a breach of a fundamental tenet of the profession and it would be unusual not to find impairment where there is dishonesty.
  - e It is difficult to regard the possibility of developing insight or remediation as a basis for saying suspension rather than erasure is appropriate (in the case where it is serious dishonesty, the doctor has denied the conduct and in the absence of any evidence of insight and remediation).
  - f The Court may still interfere with a MPT's decision on sanction where they have failed adequately to explain an apparent departure from the application of key provisions of the Sanctions Guidance.

- 4 There are some themes which appear to be emerging from the further appeals which the GMC has issued, but have not yet been heard, which are:
- a Restoration cases, in particular where the doctor was erased following disciplinary action (6 in total).
  - b Where the GMC may consider that too much weight has been given to the doctor's evidence of remediation and/or the first limb of the overarching objective (public safety) and/or that not enough weight has been given to the remaining two limbs of the overarching objective (public confidence in and upholding proper standards of the profession). There are a number of dishonesty cases falling within this category and one in relation to engaging in emotional/sexual relationship with a patient.
  - c A failure to adequately explain an apparent departure from the application of key provisions of the Sanctions Guidance.



# Annex A: Litigation update for MPTS Committee

## GMC Appeals

Name	UID	Opened	Hearing date	Outcome
GMC v Dr Brito-Babapulle	2456641	17/08/2017	29/11/2017 (listed together with s.40 appeal of another case)	
GMC v Dr Somuah-Boateng	6087851	09/08/2017	05/12/2017	
GMC v Dr Osman	6099725	26/07/2017	13/12/2017	
GMC v Dr Bawa-Garba	6080659	30/06/2017	07/12/2017	
GMC v Dr Anoop Patel	6148938	07/06/2017	16/11/2017	
GMC v Dr Marjorie Thornley	2734833	07/06/2017	07/11/2017	
GMC v Dr Kennedy Krishnan	5151835	24/05/2017	17/10/2017	
GMC v Dr Robert Taylor	6029437	10/05/2017	30/11/2017	
GMC v Dr Nandini Banerjee	7023741	10/05/2017	22/11/2017	
GMC v Dr Brooke	3090697	25/04/2017	21/11/2017	
GMC v Dr Chandra	5195270	19/04/2017	11/10/2017	
GMC v Dr Aranmolate	5186837	10/04/2017	25/10/2017	
GMC v Dr Nooh	4169929	10/04/2017	24/10/2017	
GMC v Dr Lamming	3581720	09/03/2017	19/10/2017	
GMC v Dr Raychaudhuri	6109032	03/03/2017	06/07/2017	Judgment awaited
GMC v Dr Nwachuku	6101174	13/02/2017	08/06/2017	GMC successful Finding of impairment made and case remitted to MPT to consider sanction.
GMC v Dr Evangelos Theodoropoulos	4751410	02/02/2017	21/06/2017	GMC successful Substituted suspension with erasure
GMC v Dr Vinesh Narayan	5208737	07/10/2016	04/10/2017	GMC successful Sanction quashed and remitted back to MPT to consider
GMC v Dr Robert Stone (subsequent MPT review)	2387262	29/08/2017	06/10/2017	Judgment awaited



GMC v Dr Robert Stone	2387262	05/09/2016	06/10/2017	Judgment awaited
GMC v Chaudhary (subsequent MPT review)	5205264	05/09/2017	05/10/2017	GMC successful
GMC v Dr Muhammed Chaudhary	5205264	30/08/2016	05/10/2017	GMC successful Substituted finding of impairment but case not remitted and Court directed no further action to be taken in this case by GMC/MPTS
GMC v Dr Jagjivan	6075454	21/06/2016	9-10/05/17	GMC Successful Substituted finding of sexual motivation and remitted to MPT to consider impairment and sanction



<b>Agenda item:</b>	<b>11</b>
<b>Report title:</b>	
<b>Report by:</b>	<b>Colin Barker</b> , MPTS Communications Manager, <a href="mailto:colin.barker@mpts-uk.org">colin.barker@mpts-uk.org</a> , 0161 240 7197
<b>Action:</b>	<b>To note</b>

### **Executive summary**

This update has been provided to assist the Committee's understanding of MPTS operational matters.

The MPTS Communications team has responded to 523 media enquiries in Jan-Sep 2017, including requests for hearing outcomes, requests for guidance on process and journalists attending hearings

460 accurate reports of MPTS hearings have appeared in print or online in Jan-Sep 2017, with only 18 correction requests being necessary.

From 1 January 2018, the MPTS Communications Manager will report directly to the MPTS Executive Manager, with a 'dotted' reporting line to the GMC Head of Media & Campaigns.

### **Recommendation**

The Committee is asked to note the report.

## **MPTS media relations service**

- 1** The MPTS Communications team provides a media relations service for journalists wishing to cover MPTS hearings.
- 2** Accurate media coverage of our tribunals' decisions is important for public confidence in the medical profession and the work of both the MPTS and GMC.
- 3** The Communications team's role is to facilitate media coverage of public hearings and ensure accurate reporting, with decisions correctly attributed to the MPTS.

## **How we work**

- 4** We advertise all public hearings on the MPTS website and provide interested journalists with a weekly reminder that new hearings have been listed. Journalists regularly request to attend or be kept updated on specific hearings. We do not proactively promote coverage of individual hearings.
- 5** The Communications team greets any new journalist arriving at our hearing centre and works with them to answer any questions and ensure they understand our processes.
- 6** We make public determinations available via email to journalists and provide any guidance they may require on our processes, to ensure accurate reporting.
- 7** We do not provide comments on tribunals' decisions. Any public determination can be quoted, with quotes attributed to the named tribunal chair. The MPTS 'voice' in media reports should always be that of the tribunal chair.

## **Enquiries**

- 8** In January to September 2017 the MPTS responded to 523 media enquiries. Included in this figure are requests for a hearing outcome, requests for guidance on MPTS process and journalists attending a hearing.
- 9** This compares to 752 enquiries in the whole of 2016.

## **Coverage**

- 10** We monitor all media coverage of MPTS hearings, to check for accuracy. When necessary we will seek a correction to online copy, for instance if a decision is incorrectly attributed to the GMC.
- 11** It is not our role to try and influence the tone of reporting, only to ensure that it is accurate.

- 12 460 articles about the MPTS appeared in print or online between January to September 2017. In that time we had to request only 18 corrections.
- 13 Our hearings received significantly more media coverage in 2016, when there were 1191 articles about our hearings. However, around 600 of these articles related to two very high-profile hearings.
- 14 Our team circulates weekly email updates to colleagues detailing media coverage of MPTS hearings, and which forthcoming hearings we expect to attract media attention.

### **Working with the GMC media relations team**

- 15 The MPTS Communications team works closely with colleagues in the GMC media relations team. Together, we provide 24/7 media relations support to the whole organisation as part of an out-of-hours on-call rota.
- 16 There can be occasions when it is appropriate for the GMC media relations team to provide a media comment on an MPTS tribunal's decision. A protocol for such situations exists in the GMC/MPTS Operational Framework, to ensure information is shared appropriately.
- 17 Since 2012, the MPTS Communications team has been part of the GMC Strategy & Communication Directorate, though based at the MPTS hearing centre with a 'dotted' reporting line to the MPTS Executive Manager (previously Assistant Director).
- 18 From 1 January 2018 the team will report directly to the MPTS Executive Manager, but will continue to work closely with the GMC Media and Campaigns team, particularly on professional development matters and providing out-of-hours on-call support.