

MPTS Committee

Agenda and papers

Meeting:

7 May 2025



MPTS



MPTS Committee meeting

Wednesday 7 May 2025

10:00-13:00, Room 7C

St James's Buildings, Oxford Road

M1 6FQ

Agenda

- 1** Welcome and apologies for absence
- 2** Declaration of interests
- 3** Minutes of the previous meeting held on Wednesday 4 February 2025
- 4** Chair's report (oral)
- 5** Executive Manager's report including the MPTS risk register, performance data and a review of compliments and complaints
- 6** Report of the MPTS Committee to GMC Council and Annual Report to Parliament
Break for tea / coffee
- 7** Review of the tribunal members appointment campaign
- 8** Tribunal members training feedback
- 9** Adjournments quarterly update
- 10** Review of MPTS Committee work programme for 2025
- 11** Any other business

Date and time of next meeting: Wednesday 16 September 2025, 10:00 – 13:00

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Agenda item:	03
Report title:	Minutes of the meeting on 4 February 2025
Considered by:	MPTS Committee
Action:	To approve

Members present

Deborah Taylor, Chair
Barbara Larkin
Stephen Webb

Apologies

Gill Edelman

Others present

Gavin Brown, Executive Manager
Niall Kelly, Corporate Governance Officer, and Committee Secretary

Tamarind Ashcroft, Head of Operations and Development (Item 6)

Welcome and apologies for absence (agenda item 1)

- 1** The Chair welcomed members of the Committee to the meeting.
- 2** Apologies for absence were accepted from Gill Edelman.

Declaration of interests (agenda item 2)

- 3** No interests were declared.

Minutes of the previous meeting held on 11 September 2024 (agenda item 3)

- 4** The Committee approved the minutes of the meeting held on 13 November 2024.
- 5** The Committee determined that the outstanding actions from the previous meeting had been completed.

Chair's report (agenda item 4)

- 6** In their report, the Chair:
 - a** Announced the formal appointment of Richard Vautrey as a MPTS Committee member. Richard's first meeting will be in September 2025.
- 7** The Chair noted:
 - a** There has been significant engagement activity around the new proposed sanctions bandings including with Medical Defence Organisations, Royal Colleges, patient groups, the GMC, and the British Medical Association.
 - b** That a preliminary draft version of the bandings will be presented to GMC Council at their meeting on 11 February.
 - c** Induction training has commenced following the appointment of 90 new tribunal members.
 - d** Since the last Chair's report, 19 tribunal member contracts have ended, with no resignations and no disciplinary action needing to be taken.

Executive Manager's report (agenda item 5)

Gavin Brown presented this report.

- 8** The Committee noted that:

- a** The month of December regularly has a lower number of hearing days due to the Christmas holiday season and that a similar dip occurs around the Easter break each year.
- b** With the extended remit of the MPTS, further organisational changes may be required / deemed appropriate.
- c** There is a distinction between hearings involving doctors and those involving associates (PAs & AAs). IMTs rather than IOTs and Associate Tribunals rather than MPTs.
- d** In respect of the risk register, the Committee will look at this in detail at an afternoon seminar following May's Committee meeting. This may also provide a chance to consider opportunities.

Review of tribunal member appointment campaign (agenda item 6)

Tamarind Ashcroft presented this paper.

9 The Committee noted:

- a** An Equality Impact Assessment will be shared with members at the May meeting for discussion. This will provide further context to the diversity of the applicant pool for the recent tribunal member appointment campaign. It was suggested that it would be useful to look at tribunals data and the international medical graduate cohort.
- b** There are a number of avenues for advertising tribunal member roles available to the MPTS.
- c** Any lessons learnt will be incorporated into future campaigns.

Update from the Quality Assurance Group (agenda item 7)

Gavin Brown presented this paper on behalf of Vaishali Fitton.

10 The Committee noted:

- a** The development of case management at the MPTS has been successful in smoothing out the bumps in the hearing process.
- b** There are limited circumstances where tribunal members should be recusing.
- c** Freedom of expression continues to be a contentious issue.

Adjournments quarterly update (agenda item 8)

Gavin Brown provided this update on behalf of Samantha Bedford.

11 The Committee:

- a** Wished to understand how adjournment detailed reviews are carried out and whether there is significant time between the hearing and the ADR.
 - i** Samantha Bedford explained that the ADR process sits separately from the monthly adjournment review meetings and is an added layer of analysis.
- b** Requested information on whether adjournments are significantly higher in hearings involving self-representing doctors and, if they are, consider whether additional hearing days should be allocated to these hearings.
- c** The Committee noted that once a hearing has started, it is the tribunal's responsibility to manage timings.

Any other business (agenda item 9)

- 12** No further business was raised at the meeting.

Date and time of next meeting

- 13** Date and time of next meeting: 7 May 2025, 10:00 – 13:00. Meeting is to be held in person at St James's Buildings, followed by an afternoon risk register seminar.

Confirmed:

Proposed actions from the MPTS Committee Meeting

Date of meeting	Agenda item	Ref	Summary	Person responsible	Status	Update	Due date	Date last updated
04/02/2025	8	129	The adjournment detailed review process will be investigated and fed back to the Committee to determine if any delays are involved.	Samantha Bedford	Ongoing	Context: Hearing length combined with complexity of issues meant that there were 82 sitting days for the operations team to review, which was then amended by CMHP colleagues. The date of the report had no adverse impact in identifying learning points. The hearing was initially reviewed at the monthly review meeting, whereas the ADR is an added layer of analysis that takes time and is lower priority when there is high pressure.	07-May-25	28-Apr-25
04/02/2025	8	130	Investigate whether adjournments are significantly higher in hearings involving self-representing doctors and, if they are, whether additional hearing days should be allocated to these hearings.	Samantha Bedford	Ongoing	This will be covered in item 9 at the May meeting. Some data has been provided in paragraph 10 of the papers.	07-May-25	28-Apr-25



Agenda item:	05
Report title:	Executive Manager's report
Report by:	Gavin Brown, Executive Manager, gavin.brown@mpts-uk.org , 0161 240 8126
Considered by:	MPTS Committee
Action:	To consider

Executive summary

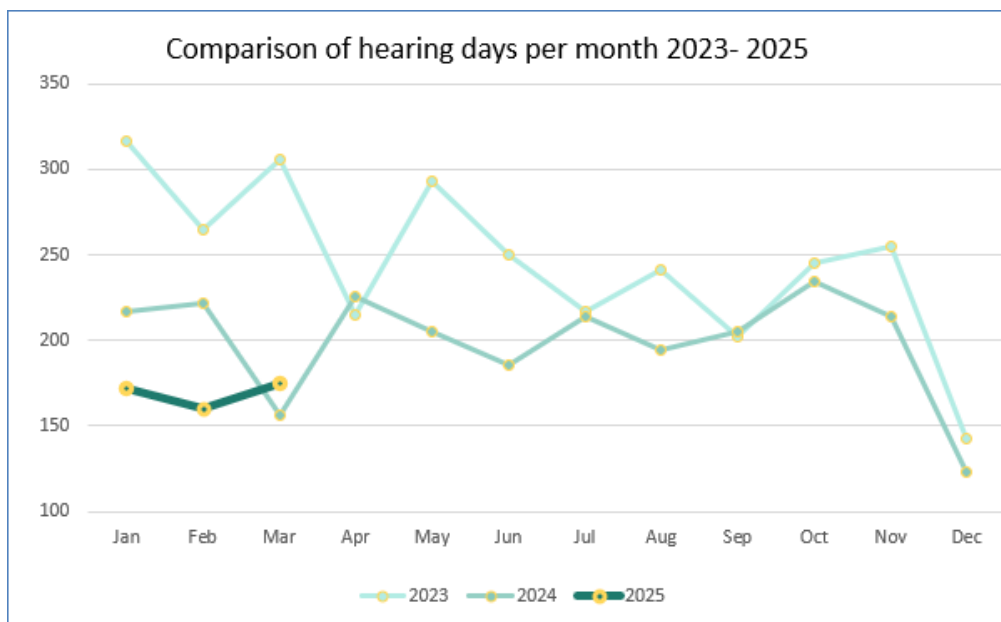
- ▶ This report provides the Committee with an update on the work of the MPTS.
- ▶ It includes an operational update, learning points from appeals, our expenditure in 2024, an analysis of the compliments received, and complaints responded to last year, as well as the risk register.
- ▶ As planned, we are holding fewer hearings than in previous years. In quarter 1 we held 14.8% less than in quarter 1, 2024 and 42.9% less than in quarter 1, 2023. Overall, our total hearing workload has decreased by 5.3% from this time last year.
- ▶ Fitness to Practice colleagues are currently assessing an increased number of enquiries to the GMC. With our lower level of hearings at present, we have seconded 5 MPTS colleagues to work on the triage of enquiries until the end of 2025.
- ▶ In 2024, our expenditure was 2% (£182,330) higher than budget.
- ▶ Overall, we responded to 32 complaints, which is an increase from the 17 complaints we responded to in 2023 and the 15 in 2022.

Recommendation

- ▶ The Committee is asked to consider the report and review and approve the risk register, noting that this is the subject of a seminar taking place this afternoon.

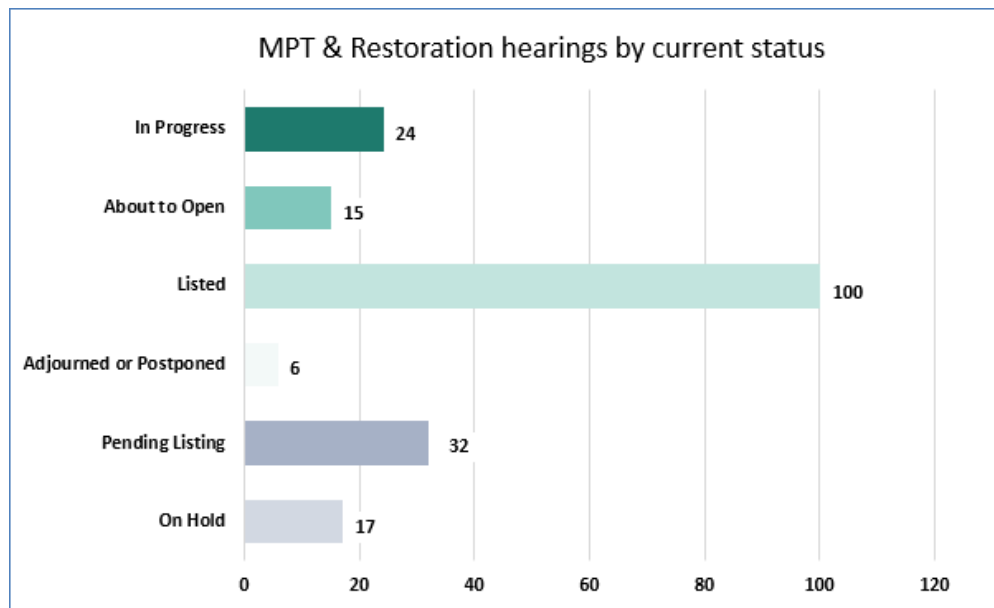
Operational update

- 1** We continue to run a mix of in person, hybrid (where parties attend in person or virtually), and virtual hearings.
- 2** One of the most important aspects of our budget calculations is how many hearing days we anticipate holding. In our planning, we considered 9 scenarios utilising two parameters - the number of referrals from the GMC we receive per month and the average length of our hearings.
- 3** We held 507 hearing days in quarter 1. This represents a 14.8% decrease in comparison to quarter 1, 2024 and 42.9% decrease in comparison to quarter 1, 2023.



- 4** Our approach to scheduling hearings does include an element of over-listing. The main reasons hearings do not take place as scheduled are that circumstances cause a Case Examiner to decide that the GMC can appropriately conclude its investigation by other means and the hearing is cancelled or an MPTS Case Manager grants a postponement or further adjournment (on application by the GMC, doctor, joint or MPTS).
- 5** There are also instances where a hearing takes place as scheduled but closes before the scheduled end date because the tribunal either grants an adjournment (on application by the GMC, doctor or joint) or can reach a decision earlier than planned (either on the initial or reconvened sitting).
- 6** Due to a combination of these factors in quarter 1, we held 81 hearing days fewer than our hearing days forecast.

- 7** However, despite this, at the beginning of April 2025, the MPTS’s total hearing workload was 194 which represents a 5.3% decrease when compared to the beginning of April 2024.



- 8** The ‘about to open’ category indicates where the doctor has been served with a notice of hearing and, bar any late postponement applications, the hearing is expected to open in less than 28 days.
- 9** ‘On hold’ refers to those hearings where no party would benefit from listing until there is a change in current circumstances. For example, in instances where one or more postponement applications have been granted on grounds of the doctor’s health, they are not working, and a recent expert report suggests they remain unable to take part in proceedings.
- 10** We are currently able to offer a listing date between 7 and 9 months of a GMC referral depending on the length of hearing required.
- 11** With our lower volume of hearings at present, we have been proactively exploring opportunities for our Level 4 hearing focussed colleagues to be seconded to other directorates.
- 12** Through ring fenced expression of interest campaigns, secondments have been secured for 5 (4.52 FTE) Level 4 tribunal clerks to the triage team from 30 April until, initially, the end of 2025.

Appeals

- 13** Since the last update to the MPTS Committee on 4 February 2025, additional learning points published or arising from judgments given in appeals / challenges to tribunal decisions from 1 January to 31 March 2025, include the following:

a [Professional Standards Authority for Health and Social Care v The General Medical Council \(Garrard\) \[2025\] EWHC 318 \(Admin\)](#) provided some learning points on cross admissibility:

- ▶ There are two ways in which evidence from one allegation may be cross admissible in respect of another allegation (‘grounds for cross admissibility’). These are where the evidence:
 - ▶ establishes propensity to commit that type of conduct and/or
 - ▶ rebuts coincidence.
- ▶ The tribunal needs to decide upon which ground(s) it is being asked to cross admit the evidence and advise itself accordingly. To avoid confusion, it should not advise itself on the other ground if only one ground is applicable.
- ▶ In making a direction on cross admissibility on either ground, the tribunal must ensure that there’s “a sufficient connection and similarity between the facts of the allegations” but be cautious that they do not elevate this test to a higher threshold.
- ▶ In making a direction on cross admissibility on the ground of **propensity** in a case where there two allegations, the tribunal need to be satisfied to the required standard that the first allegation took place before relying on evidence in respect of the first allegation to deduce propensity from the second allegation.
- ▶ In making a direction on cross admissibility on the ground of **rebutting coincidence**, the tribunal must:
 - ▶ clearly articulate the principle that it is *not* necessary to find evidence of one complainant proved before relying on that evidence in support of the other complainant;
 - ▶ consider all the incidents together, holistically rather than sequentially;
 - ▶ advise itself that it must exclude collusion or contamination as an explanation for the similarity of the complainants’ evidence before it can assess the force of the argument that the allegations are unlikely to be coincidence. Once excluded, it must acknowledge that the fact of two complainants making such allegations reduces the likelihood of there being an innocent explanation for them.

b Case law* has stated that although there is a single civil standard of proof on the balance of probabilities, it is flexible in its application.

* R(N) v Mental Health Review Tribunal (Northern Region) [2006] QB 468 paras 62-63

- ▶ there is no authority for the proposition that a tribunal must direct itself on the flexible nature of the standard of proof when allegations of serious misconduct are made;
 - ▶ the flexibility is not in the standard of proof, but its application in certain circumstances, i.e. where serious allegations are made. The flexibility arises from the inherent improbability of the event or fact. It is that fact-specific improbability, not the mere fact of a serious allegation, that calls for a flexible approach;
 - ▶ the improbability shifts the position to which evidence must be applied in the process of proof, from a neutral or even starting point, down the sliding scale of likelihood to a position of inherent improbability. This may well require cogent or strong evidence to ‘overcome’ that fact-specific improbability. [Demanya v The General Medical Council \[2025\] EWHC 247 \(Admin\)](#)
- c** When a Legally Qualified Chair gives legal advice to the tribunal on how to approach analysis of evidence, there is no mandated set of directions or checklist of factors. Which factors are relevant is highly fact contingent. What is crucial is to be alive to the legal needs of case before the tribunal and tailor the directions or self-directions accordingly. [Demanya v The General Medical Council \[2025\] EWHC 247 \(Admin\)](#)
- d** Article 8* and Article 9† of the ECHR are qualified rights. Where a practitioner alleges that, as a matter of religious belief and conviction, they should be able to administer non-criminal chastisement on their own children in the privacy of their own home, the interference with this is in the pursuit of legitimate aims pursued by the GMC, namely the interests of public safety and the protection of health and the protection of the rights of children. [Dr ABC v The General Medical Council \[2025\] EWHC 242 \(Admin\)](#)
- e** A tribunal is entitled to treat disgraceful or disreputable conduct as amounting to physical abuse and outwith professional practice, even if the conduct is not criminal. [Dr ABC v The General Medical Council \[2025\] EWHC 242 \(Admin\)](#)
- f** The civil court’s conclusion may be treated as prima facie proof of the matter alleged, but the practitioner must be permitted to challenge the correctness of the conclusion and to call evidence if desired‡. Issues raised in civil court conclusions should have been explored with the practitioner

* Right to respect for private and family life

† Freedom of thought, conscience and religion

‡ This is the position following GMC v Spackman [1943] AC 628

before reliance is placed on this factor at the misconduct and impairment stage. [Benn v The General Medical Council \[2025\] EWHC 87 \(Admin\)](#)

- g** It is wrong for a tribunal to rely upon their view that the majority of the public would not condone what a practitioner did. When assessing whether conduct amounts to statutory misconduct, it is for the tribunal to form their own evaluative judgment as to whether the practitioner’s actions fell so far below the standards to be expected of a doctor as to amount to misconduct in the statutory sense. The correct question is whether a finding that the practitioner’s fitness to practise is not impaired would undermine public confidence or undermine the maintenance of proper standards and conduct for members of the profession. [Benn v The General Medical Council \[2025\] EWHC 87 \(Admin\)](#)
- h** It is important not to conflate a tribunal’s respect for the underlying cause (i.e. climate emergency) with support for deliberate and unlawful misconduct (repeatedly defying a court order, resulting in imprisonment). The motivations that underpinned the practitioner’s conduct undoubtedly have a significant role to play in considering whether the practitioner’s fitness to practise is impaired, but they do not convert that which is otherwise obviously misconduct into something less. [Benn v The General Medical Council \[2025\] EWHC 87 \(Admin\)](#)
- i** Where a tribunal makes a material conclusion that there are ongoing concerns with lack of insight into dishonest behaviour because of inconsistencies between the practitioner’s written submissions and what they say at the tribunal hearing, the tribunal must identify what those inconsistencies are. [Sengupta v General Medical Council \[2025\] EWHC 123 \(Admin\)](#)
- j** An accused professional has the right to advance any defence he or she wishes and is entitled to a fair trial without facing the jeopardy, if the defence is disbelieved, of further charges or enhanced sanction*, however this cannot apply to giving false evidence on oath to a coroner. Those are inquisitorial proceedings convened to establish the facts about a person’s death and by making false representations to the coroner, a practitioner is obstructing the determination of the truth about the death [of a patient]. [Demanya v The General Medical Council \[2025\] EWHC 247 \(Admin\)](#)
- k** In review hearings, the reviewing tribunal has no power to reopen or ‘go behind’ previous findings of fact on professional misconduct; it should take them into account and rely on them. If a practitioner seeks to disturb the findings of fact at the original hearing as ‘unsound’ and introduce fresh evidence in support of this, they must apply to the high court to admit this fresh evidence on appeal. [Myhill v General Medical Council \[2025\] EWHC 474 \(Admin\)](#)

* General Medical Council v Awan [2020] EWHC at paras 37-38

Finance

- 14** In 2024, our actual expenditure was 2% (£182,330) higher than budget.

	Budget	Actual	Variance	% Variance
Expenditure (£)	9,116,525	9,298,855	(182,330)	(2.0) %
Hearing Days (including ROPs)	2,454	2,496	(42)	(1.7) %

- 15** The main contributors to this were:

- ▶ Staff Costs – The budget included a churn adjustment which assumes there will be a certain level of vacant posts at any given time. Due to the lack of turnover and nature of our work we have not held posts vacant in line with the churn adjustment in 2024.
- ▶ Transcription Costs – There was an increase in spend on transcriptions services in the first half of the year, although this became more in line with budget in the second half of the year. This is a reactive activity which will mean it will always be at risk of some volatility.
- ▶ Legal Costs – There has been an increasing requirement for MPTS to use Special Counsel in tribunals where doctors are self-represented.
- ▶ Hearing volumes – These were very close to budget by year end (1.7% over), however, as it is such a large proportion of MPTS expenditure, even a small difference can have an impact on financial variances.

Compliments and complaints

- 16** The MPTS received a total of 7 compliments during 2024. These related to the facilitation of visits to our hearing centre or the giving of a presentation.
- 17** Complaints received by the MPTS are handled in accordance with our customer complaints policy, which is published on the [MPTS website](#). The policy outlines our complaints handling process and identifies which complaints can be considered by us and which cannot (i.e. complaints about a doctor's fitness to practise).
- 18** Whilst the policy does not cover complaints about the decisions made by tribunals or their reasoning, we do also respond to these when appropriate.

19 The following table summarises the complaints we responded to in 2024:

Complaint category	Subcategory	Number
Tribunal decision	Dr B outcome too harsh	19
	Dr P outcome too lenient	2
	Outcome of hearing	1
	Tribunal recusal	1
Provision of information	To the press	1
	To the tribunal	1
	On our website	1
Complaint about staff actions	At our hearing centre	1
	Case Manager decision	1
Observation of hearing	Virtual hearing restrictions on observer numbers	2
	Private session	1
Complaint about demitted tribunal member		1

20 Overall, we responded to 32 complaints, which is an increase from the 17 complaints we responded to in 2023 and the 15 in 2022.

21 Complaints are reviewed monthly at a meeting of designated MPTS complaints handlers to identify any learning. Best practice and learning are shared at the GMC wide complaints review group.

Opportunities and threats

22 The risk register can be found at Annex A.

23 The MPTS register has a regular review cycle that encompasses scrutiny from the MPTS’s Senior Management Team, along with the MPTS Committee, and GMC / MPTS Liaison Group. Risks are owned by the Executive Manager of the MPTS.

24 There will be an in-depth review of the risk register by the MPTS Committee this afternoon.

25 A risk register is set up for MPTS projects to keep track of all identified risks. These risks are also assessed against the matrix reproduced below.

26 The MPTS project team, which is part of our Operations & Development section, holds regular meetings to monitor these risks to ensure appropriate mitigating actions are implemented and updated where required.

27 The project lead will escalate risks, as necessary, to the senior responsible owner of the project. The senior responsible owner has overall responsibility for ensuring these risks are actively managed.

- 28** When necessary, the risks are escalated to MPTS Senior Management Team and included on the MPTS register.
- 29** In addition to learning from experience and sharing knowledge about similar risks occurring previously, the MPTS uses a matrix to assess the likelihood and impact of a risk.

		Impact		
		Minor	Moderate	Major
Likelihood	Unlikely Possible, but unlikely to occur. (<40% chance)	Low	Low	Significant
	Quite likely More than possible (40-60% chance)	Low	Significant	Critical
	Highly likely Much more likely than not to occur (>60% chance)	Significant	Critical	Critical

- 30** The MPTS classifies impact as follows:

	Operational functions	Achievement of Strategic Aims	Reputation	Timeframe of effect
Minor	Limited disruption to operational functions and/or intended outcomes e.g. a missed SLA which can be handled with short term temporary resource	Almost no adverse impact on the achievement of strategic aim(s), e.g. most partners are on board and willing to work with us but one or two specific challenges	Little/limited adverse impact, e.g. critical hot spot media stories which quickly move on	Short term, expected to last only a few days or week
Moderate	Very concerning disruption to operational functions and/or intended outcomes	Achievement of strategic aim(s) disrupted or inhibited	Very concerning adverse impact	More enduring but still time-bound, could last for several weeks
Major	Operational functionality	Strategic aim(s) severely	Highly damaging	Potentially long-lasting,

	critically impaired e.g. issue is likely to impact on many people (externally or internally) or last for an extended period	compromised or cannot be achieved, e.g. stakeholders actively campaigning against our policy position	adverse impact, e.g. we hold data which we have not acted on to prevent patient harm	impact may be felt for months or even longer
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Agenda item: **5A**

Report title: **Risk Register**

This paper has been withheld in line with our information policy.



Agenda item: **6**

Report title: **Report of the MPTS Committee to GMC Council & Draft Annual Report**

This paper has been withheld in line with our information policy. The final version will be published once the report has been presented to GMC Council in June 2025.



Agenda item: **6A & 6B**

Report title: **Report of the MPTS Committee to GMC Council & Draft Annual Report**

These papers have been withheld in line with our information policy. The final versions will be published at a later date:

Annex A: once the report has been presented to GMC Council in June 2025.

Annex B: once the report has been laid in Parliament.

Agenda item:	07
Report title:	Review of the tribunal members appointment campaign
Report by:	Tamarind Ashcroft, Head of Operations and Development. Tamarind.ashcroft@mpts-uk.org, 0161 240 7291
Considered by:	MPTS Committee
Action:	To note

Executive summary

This paper details the review of the tribunal members appointment campaign.

In summary,

- ▶ 99 tribunal members were appointed- 53 Legally Qualified Chairs and 46 registrant tribunal members.
- ▶ Diversity of the appointments remained broadly comparable to the previous campaigns.
- ▶ Following the conclusion of the appointment campaign, the overall diversity of registrant and LQC tribunal members compares favourably with data for key comparators, although ethnicity of registrant tribunal members is slightly lower than that of doctors on the Register.

Recommendation

The MPTS Committee is asked to consider the review of the appointments campaign for tribunal members.

Advertisement of tribunal member roles

- 1** The MPTS website allows individuals to express an interest in the role of tribunal member at any time. Individuals that have expressed an interest in being appointed will then be emailed directly when an appointment campaign is live.
- 2** Historical reviews of where applicants have indicated they heard about roles, to inform where we should advertise, has not been reliable.
- 3** It was therefore determined to promote both vacancies on Guardian Jobs and Diversity Jobs.
- 4** Additionally, adverts in the Law Society Gazette and the British Medical Journal enabled us to target lawyers and doctors more directly.
- 5** While specific advertisements will reach many potential applicants, we know that by using a network of key interest groups and various social media platforms we will be able to attract a wider pool of applicants who might otherwise not be actively seeking such roles.
- 6** We therefore used direct communication to key organisations and LinkedIn and the existing network of tribunal members to help promote the roles.

Appointment process and outcomes

- 7** The application process required applicants to complete an application form with questions around the key competencies for the role.
- 8** Questions were reviewed to ensure clarity, reflecting on how candidates in previous campaigns had responded.
- 9** Application forms were separated into two parts with personal data separated and not provided to the individuals shortlisting applications.
- 10** A case study, presentation and interview formed the second stage of the process.
- 11** The case study was developed with legal support and designed to allow candidates to demonstrate their ability to review a limited set of information - rules / guidance / case law - and answer questions to demonstrate their understanding of the material.
- 12** The presentation topic enabled candidates to demonstrate their communication skills, recognising the role of tribunal member needs individuals who can communicate effectively with a range of audiences.

- 13** A standard set of questions were asked of each candidate, with additional questions for those applying for the LQC role. Each question again related to the competencies required for the role and were devised to allow candidates to show how their skills were transferable to the role.
- 14** A quality assurance process was in place for the shortlisting and interviews to promote consistency in decision making.
- 15** The update provided to the Committee at their February 2025 meeting outlined the appointment outcomes. A more detailed Equality Analysis has also been undertaken to further understand appointments.
- 16** We received 276 LQC applications and 179 registrant applications and proceeded to appoint 53 and 46 individuals respectively.
- 17** Three registrant appointments from 2023 that had not been able to complete induction training at that time were also formally appointed at the end of this campaign.
- 18** The number of applications for both roles was broadly similar to the volume of applications to the previous campaigns.
- 19** We have compared the profile of the applicants at each stage to the previous campaigns and there were few notable differences. Some differences observed were:
- 19.1** Registrant age - there were less applications and less appointments within the age band 35-44 and more applications and appointments for those in the age band 55-64. It is possible this is due to career stage and the opportunity to sit on longer hearings as we made it clear that we were only seeking to appoint individuals able to sit on MPT hearings which are typically five or more days in length.
- 19.2** LQC age - similarly there were fewer appointments to the age bands 35-44 and 55-64 but more within the 45-54 and 65+ age bands. As there were differences across these four age bands there was no obvious reason, but career stage may also impact.
- 19.3** LQC disability - a higher proportion of those appointed chose not to declare whether they had a disability, this impacted the number that indicated they were not disabled, and we saw a decline in the number of appointments of those with disabilities.
- 19.4** Registrant ethnicity – Asian Pakistani and White Irish appointments declined compared to the previous appointments campaign, and this contrasted with an increase in White British appointments - however further analysis into this increase shows this was impacted by existing tribunal member reappointments and, overall, the White British ethnicity of the tribunal pool has reduced by 2%.

- 19.5** LQC ethnicity - Asian Pakistani appointments declined while White Irish appointments increased, but again the overall White British ethnicity of the tribunal pool reduced slightly and there was very little variance across other ethnicities.
- 19.6** LQC gender - there was an increase in the number of females that were appointed, and this has impacted the overall LQC gender profile of the tribunal pool.
- 20** During this campaign, we had a larger number of individuals seeking reappointment and therefore we carried out further analysis to explore the diversity of those appointments as well as new appointments.
- 21** Registrant ethnicity, LQC gender for females, LQC ethnicity all were higher in those newly appointed, indicating that we are attracting more diverse applicants.
- 22** We reviewed the primary medical qualification (PMQ) for registrant applications and noted that a very high percentage of applications and then a further increased percentage of appointments was to those with their PMQ recorded as being in the UK.
- 23** We anticipated that a large proportion of applicants would have a PMQ in the UK however it was of note that while appointments from those with a PMQ from Europe were the second highest, at the application stage there were more applicants from the rest of the world.
- 24** While it is likely that registrants newer to the UK may want to establish their UK practice to ensure they sufficiently understand standards before sitting on Tribunals we will continue to explore how we can ensure that any perceived potential barriers for application and appointment are removed.

Comparisons with key external data

- 25** Our equality analysis contrasted our appointments with the Medical Register data for registrants and the Bar Standards Board data for LQCs and our diversity was broadly favourable. There were some areas to note:
 - 25.1** Registrant age - our appointments were typically in older age bands but this reflects the likely career opportunities that registrants can take while in training or in certain roles.
 - 25.2** LQC age - our appointments were more highly represented in the age bands 35-54 and then again in 65+. This may be explained by barristers seeking full time judicial appointments as their careers progress, then recognising that there is a judicial age limit.

- 25.3** Disability for both registrant and LQCs was lower in our appointments. While reasonable adjustments can be made for many disabilities, we will explore further how we can attract applicants with disabilities.
 - 25.4** Registrant ethnicity - while the variation was only noticeable as an increase for White British appointments compared to White British registrants on the Register, this is reducing slightly and as above, new applications demonstrate more diversity on ethnicity.
 - 25.5** LQC ethnicity - our appointments demonstrated more diverse ethnicity compared to the BSB data.
 - 25.6** LQC gender - our appointments had a higher proportion of females compared to the BSB data.
- 26** We also compared our appointments data with the Ministry of Justice data available for their Tribunals and noted that, overall, our ethnicity was more diverse (11% for legally qualified tribunal members and 7% across lay / registrant tribunal members) and our age profile was generally younger.

Overall profile of MPTS Tribunal diversity

- 27** We continue to attract younger applicants in part we believe due to there being no set expectation of length of experience in clinical or legal work (beyond the LQC requirements), that full training is provided, and appointments are made based on competencies.
- 28** We are increasing the number of appointed tribunal members that declare a disability, but further work will continue to be done in this area.
- 29** Ethnicity diversity is slightly improving in both LQC and registrant roles.
- 30** Sex diversity has increased slightly for LQC roles but declined slightly for registrant roles.
- 31** As the overall pool size is c320, minor changes around tribunal members contracts can have a significant impact the percentages.



Agenda item: **7**

Report title: **Equality Analysis**

This paper has been withheld in line with our information policy.



Agenda item:	08
Report title:	Tribunal member training feedback
Report by:	Vaishali Fitton, Senior Legal Adviser and Michelle Kibble, Training and Development Manager
Considered by:	MPTS Committee
Action:	To consider

Executive summary

- ▶ This report provides the MPTS Committee with an update on tribunal member feedback on annual training (including the freedom of expression e-learning) and induction training.
- ▶ Actions will be shared with the Committee at the meeting.

Recommendation

- ▶ The Committee is asked to agree the proposed actions for future tribunal member training.

Annual training 2024

Summary

- 1** Overall, the feedback received from tribunal members was positive. Most appreciated the opportunity for in-person training and found the sessions and group work to be useful in furthering their learning.
- 2** The areas identified for improvement included the accessibility of PowerPoint presentations, and there was also some feedback received in respect of the training fee.

Background

- 3** Annual Training in 2024 included the following activities:
 - ▶ Circular Completion Survey
 - ▶ Annual training day
 - ▶ E-learning
- 4** The MPTS Committee decided that annual training was to be delivered, as far as was possible, in person at our hearing centre in Manchester.
- 5** The annual training day was split into MPT and IOT targeted sessions following positive feedback to this approach in 2023.
- 6** Eight in person and two virtual (to accommodate reasonable adjustments) sessions were held between 2 October and the 26 November 2024.

	Number of attendees		
	MPT	IOT	Total
In person	200	47	247
Virtual	18	8	26*

Feedback collection

- 7** Historically, the sending of an electronic survey post training events has yielded poor quantity and quality of feedback.

* Numbers include:

- ▶ those with reasonable adjustments
- ▶ other adjustments preventing attendance in person e.g. caring responsibilities
- ▶ unforeseen alterations e.g. sickness on planned date of attendance at in-person session.

- 8** In 2023 we reverted to the physical method of collecting feedback whereby the feedback sheet was provided to attendees at the start of the training day and then collected in at the end. This yielded a higher response, so we continued with this method in 2024.
- 9** For the virtual sessions, provided via MS Teams, in 2023 we used the ‘polls’ function. Unfortunately, some TMs were unable to use the function as the personal devices they were using to access the training were incompatible.
- 10** It was therefore decided that SmartSurvey™ would be a more appropriate tool to capture feedback following the two virtual sessions in 2024.
- 11** Questions from the physical forms were replicated on the electronic form to provide consistency. The link to the survey was sent to the TMs via email two days prior to their virtual session and again at the conclusion of the session.

	Number			%			
	Attended	Completed feedback	% Completed	LQC	Med	Lay	Unknown
In person	247	213	86	32.9	35.7	25.4	6.1
Virtual	26	11	42	27.3	45.5	27.3	0.0

Feedback results

- 12** Attendees were asked to respond to positive statements applying a satisfaction scale from 1 strongly disagree to 5 strongly agree.
- 13** The statements were specific to the training content provided to each pool (MPT / IOT) with the last question tailored to the method of delivery (in-person / virtual).
- 14** Responses were positive with a clear majority of attendees agreeing with the statements. The statements and the results, expressed as percentages, can be found at Annex A.
- 15** Attendees had the opportunity to provide further feedback via a free text box. This is summarised below.

MPT – Positive feedback

- ▶ Training was seen as being much better in person, TMs valued the opportunity to attend SJB and network with their colleagues.
- ▶ Sexual misconduct session was the most well received.
- ▶ TMs found the case studies useful and enjoyed working in groups.

- ▶ The use of an external speaker was welcomed.
- ▶ There was praise for the management of the in-person sessions.

MPT – Improvements and future training ideas

- ▶ It was felt there was a lot of information to take in around PA/AAs, and so further training would be welcomed.
- ▶ The slides were not accessible due to too much information (requiring small font) and the colours utilised made them difficult to read.
- ▶ Due to increased number of attendees in-person, there were queues for toilets and lunch. [This was due to us needing to utilise the fourth floor at SJB due to the renovation work].
- ▶ The virtual groups may have found it easier if the scenarios had been sent prior to the session.

IOT – Positive feedback

- ▶ There was praise for the management of the in-person sessions.
- ▶ TMs overwhelmingly valued attending the in-person training and found meeting with colleagues to be beneficial.
- ▶ The drafting session was well received, and TMs enjoyed working through the case studies.
- ▶ TMs valued the time factored in for them to ask questions of the speakers.

IOT – Improvements and future training ideas

- ▶ TMs would prefer less examples to work through during the case study sessions due to time factors and discussion.

- 16** The highest neutral scoring question across both the MPT and IOT sessions was regarding the Circular Completion Survey:

	% - neutral	
	MPT	IOT
In person	14.7	37.5
Virtual	19.4	33.3

- 17** This year we added an optional data field for TMs to complete to provide us with information on how many years they have been at the MPTS and whether they were a LQC, medical or lay member.

- 18** The aim was to observe whether there was any correlation between length of service and / or role with general satisfaction levels, future training needs and / or certain feedback themes.
- 19** There are no notable correlations observed in the data.
- 20** Unrelated to training content, some TMs used this opportunity to raise the issue of the fee paid for their attendance at annual training.
- 21** Five TMs commented via the feedback form, four TMs questioned the fee via email, and the team dealt with some queries face to face at the training event.
- 22** The total time for training this year fell under 7 hours, and included the following activities:
- ▶ Circular Completion Survey – a short survey (time taken to read circulars is not included in the training time as tribunal members are already expected to be familiar with them)
 - ▶ Annual training day – 5 hours 15 minutes (excluding lunch)
 - ▶ E-learning – up to 1 hour (Freedom of expression)
- 23** As per the GMC wide fees policy, associates, including TMs, are entitled to claim a half day fee for essential annual training sessions that total up to 7 hours in a calendar year.

Freedom of expression e-learning

- 24** 263 tribunal members completed this e-learning module, as part of the overall 2024 annual training provision.
- 25** 123 (46.7%) helpfully rated the module:

	Agree	Neutral	Disagree	Average
Positive overall experience	81%	11%	8%	4.1
Relevance of content	97%	2%	1%	4.7
Ease of understanding	81%	15%	4%	4.2
Satisfaction with length	71%	18%	11%	4.0
Quality of presentation	79%	12%	9%	4.2

- 26** 25% of all TMs that completed the e-learning went on to provide comments.
- 27** In the main, the comments around content were very positive with praise received regarding relevance, structure and approach of what was acknowledged to be a complex topic. There were some comments made in respect of the topic being too complex for the format and a suggestion that it would have been more appropriate for the topic to have been dealt with during annual training.
- 28** This is the first time Vyond (animations/voiceovers) have been embedded into e-learning. Previously they had only been used within explainer videos. There is a wide range of opinion in relation to the use of animations and voice over. Some examples are:
- ▶ “This is definitely the best presented online module so far with the use of all modalities - audio, visual and interactivity”
 - ▶ “The effort in making the content user friendly, is appreciated. The content was both engaging and interesting and enhanced by the mode of presentation”
 - ▶ “One of the best training courses you have produced I especially liked the change from verbal to written info and especially the interactive sections”
 - ▶ “Dreadful presentation; annoyingly condescending. Why do the training team think we are primary school kids. We do not need ridiculous animations to understand the points made; indeed, they can be really distracting. It is quite pointless to read out judgments of the high court. These need to be visually read - sometimes one will need to go back over them again to make sure you have understood them. The time and effort it must take to make these presentations is completely wasted....”
 - ▶ “...The mix of reading and listening did not help comprehension. The key messages (the decisions of the court) were given orally, rather than in writing, so the ability to absorb the information was inhibited. Conversely, facts were given in writing when they would have been better given orally..... The visuals were distracting... Overall this seemed like an attempt to use a modern presentational format simply for the sake of using the format”
 - ▶ “The overall impression was of IT gimmickry taking precedent over the content. Background music is distracting and unprofessional..... Some of the flash presentations of text were too fast and some too slow. A pity that useful content was marred by excessive IT showmanship”
- 29** There were some technical issues initially upon release where TMs were getting stuck in a loop on one spot. This was flagged to the training team at the time and addressed, so will not have impacted all completing the course.

Five TMs commented that they were unable to download the transcript of the course, which would have assisted with their learning. Upon testing there did not appear to be a generic issue with this.

- 30** The indication on the course was that it would take an hour, and the e-learning was included within the mandatory requirements for annual training. Some TMs have suggested that the course took longer than the hour assigned. For some this will have been impacted by the technical issues mentioned above.
- 31** We are somewhat limited as to the time we can “assign” for e-learning (and any other training outside the annual training events) as this is dependent upon the other elements of annual training that are included within the year. In addition, most of the e-learning was based on appeal circulars which had been issued within the training calendar year (as is usually the case with case law e-learning) and which formed part of the Circular Completion record.

Induction training 2025

Summary

- 32** Overall, the feedback received from attendees was positive. The majority found the sessions and group work to be useful in applying their learning to their new role.
- 33** The feedback identified some areas for potential improvement including the pace of the two day in-person session and some of the training materials provided.

Background

- 34** We inducted 64 new tribunal members - 38 LQCs and 26 medical tribunal members.
- 35** The induction programme ran from 14 January to 26 February 2025 and comprised of the following elements:
- ▶ Welcome webinar (2 hours virtual via Teams)
 - ▶ Legal rules and processes (4 hours virtual via Teams)
 - ▶ In-person training (two days at St James' Buildings)
 - ▶ Associates' curriculum e-learning (to be completed by 3 March)
- 36** In addition, 15 existing LQCs and 22 existing medical tribunal members, who were successful in their applications for reappointment, attended the Welcome webinar.
- 37** Feedback completion rates were comparable across both in person and virtual sessions. For virtual sessions the polls function within MS Teams was utilised.

	Number		% completed
	Attended	Completed feedback	
In person	64	50	78
Virtual (across all sessions)	159	125	79

38 The completion rate has been further broken down for each virtual session.

	Number of attendees	Number of people who completed feedback	% of TMs who gave feedback per session
Welcome webinar	95	78	82.1
Legal processes - 15 Jan 2025	20	20	100
Legal processes - 21 Jan 2025	17	8	47.1
Legal processes - 23 Jan 2025	16	11	68.8
Legal processes - 12 Feb 2025	11	8	72.7
Total	159	125	

39 Historically when using polls within MS Teams for the collection of annual training feedback (2022 and 2023) we have received a lower response rate.

40 Possible explanations for the improvement of response rate could include:

- ▶ Induction sessions correlate with greater TM engagement
- ▶ Updated device compatibility with MS Teams polls function since 2023 annual training
- ▶ Improved management of polls by MPTS colleagues
- ▶ Less questions to answer

Feedback results

41 Attendees were asked to respond to positive statements applying a satisfaction scale from 1 strongly disagree to 5 strongly agree.

Welcome webinar

42 Delegates were asked to what extent they agreed with the following statement:

- ▶ 'I understand the course objectives, the different roles within the MPTS and am clear about the appropriate values and standards that are required for my role'.

43 95 TMs attended the welcome webinar, out of the 82.1% who provided feedback, 98.7% agreed or strongly agreed with this statement.

- 44** No further comments were received at the time of the feedback although one TM provided some negative comments at the end of the programme.

Legal rules and processes

- 45** Delegates were asked to what extent they agreed with the following statements:
- ▶ ‘The e-learning gave me an understanding of the processes for interim order tribunals and how to approach decision making in these hearing types’.
 - ▶ ‘I understand the hearing process for new cases including the stages of a medical practitioners tribunal (MPT) hearing and how to approach decision making at each stage.’
- 46** Out of a total 64 attendees across the four sessions, 47 TMs (73.4%) gave feedback.
- 47** Out of the 73.4% who gave feedback, over 95% agreed or strongly agreed with these statements.
- 48** Ad-hoc feedback was captured via MS Teams chat and email.
- 49** The responses given following these sessions mainly comprised of thank you with two comments that there was ‘A lot to take in’.
- 50** Further positive and more detailed feedback was received post session via email:
- ▶ “Of the three seminars, the rules seminar was easily the best. It was tightly focused and very clear in what it was trying to achieve. It was also about the right length”
 - ▶ “This is just a quick note to say that the training led by Vaishali and Michelle this afternoon was truly excellent. I have given many training sessions for solicitors in the course of my own work, and I was really impressed at the amount of material covered and the way that it was delivered, particularly Vaishali's tone which never fell flat. To speak for 4 hours with consistent enthusiasm and attention to detail when so much is rule and case law based, is truly impressive”
 - ▶ “Thank you so much - it was a really helpful and informative session”

In person training

- 51** In person method of feedback collection has been proven to give a higher compliance rate and more detailed feedback, so we continued with that approach for the in-person element of induction training.

- 52** The questions and the results expressed as percentages can be found at Annex B. Overall the feedback was positive.
- 53** We gave attendees the opportunity to provide any further feedback via a free text box.

Positive feedback

- ▶ Presentations from Miriam Bonabana and Vaishali Fitton were well received.
- ▶ TMs found the group exercises useful.
- ▶ The organisation of the training was praised.

Improvements and future training ideas

- ▶ Some tribunal members felt the training was rushed / too fast paced – this was evident in both the ratings given and the comments received.
 - ▶ The slides were not accessible due to too much information (requiring small font).
 - ▶ More role playing or time working within groups would have been welcomed.
- 54** In respect of the pace of the training, 73.5% of attendees strongly agreed or agreed that the training was delivered at the right pace, however this is a lower rating than every other metric.
- 55** 10 further comments were made in relation to the pace of the in-person sessions as part of the additional feedback requested. A selection of comments included:
- ▶ “May consider providing in person across 3 days given volume of info to consider and take in”
 - ▶ “Training was fast paced, ideally could deliver some content in 3 days rather than 2. Not a criticism just observation”
 - ▶ “The training was honestly great, however it needed to be over 3 days. The 2 doctors sentencing exercise on day 2 was too rushed - 10 mins per doctor was not enough! Same with case management - fab session but longer needed”
- 56** We added an optional data field for TMs to complete to provide us with information on whether they were a LQC or medical member.

- 57** The aim was to observe whether there was any correlation between length of service and / or role with general satisfaction levels, future training needs and / or certain feedback themes.
- 58** 50 TMs provided feedback for the in-person sessions comprised of 28 LQCs, 18 medical members and 4 TMs who did not disclose their role.
- 59** The small differences observed we believe are due to 66.7% of medical members having no previous regulatory or judicial experience compared to 25% of LQCs.

Annex A – Annual training

MPT (in-person)

Questions	%						Total
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Blank	
Regulatory Reform: Key Changes: This session enhanced my understanding of the upcoming developments regarding the GMC's regulation of PAs and AAs, as well as the key differences in the regulation of these professions in comparison to the regulation of doctors.	32.2	63.8	2.8	0.6	0.6	0	100
Guidance update: I feel well informed about the latest developments regarding the upcoming changes to guidance.	34.5	59.9	5.1	0	0.6	0	100
Interim orders at MPT: I have a clear understanding of the factors to consider when assessing interim orders at an MPT hearing and how to apply them in my decision-making process.	32.8	63.8	3.4	0	0	0	100
Circular completion survey: The circular completion survey was a useful tool for reflection and enabled me to contribute to shaping the discussion points this year's annual training.	24.9	54.2	14.7	1.7	0.6	4.0	100
Learning points from the Quality Assurance Group: I feel informed on the Quality Assurance Group learning points from 2023/24 and understand how they relate to my role.	24.3	65.0	7.3	0	0.6	2.8	100
Making decisions in sexual misconduct cases: The presentation was informative, and I now feel more confident in making decisions in Sexual Misconduct hearings.	67.2	26.0	2.3	0	0	4.5	100
Making decisions in sexual misconduct cases: The exercises assisted me to apply my learning and test my understanding of the factors to consider when assessing sexual misconduct, and they were appropriately challenging.	57.1	34.5	2.3	0	0	6.2	100
The facilitators delivered the presentation in an engaging and knowledgeable manner.	50.3	44.6	2.3	0	0	2.8	100
I appreciated the opportunity to network with my colleagues at the in-person event.	54.8	29.9	10.2	1.7	0.6	2.8	100

MPT (virtual)

Questions	%						
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Blank	Total
Regulatory Reform: Key Changes: This session enhanced my understanding of the upcoming developments regarding the GMC's regulation of Physician Associates and Anaesthesia Associates, as well as the key differences in the regulation of these professions in comparison to the regulation of doctors.	37.5	50.0	12.5	0.0	0.0	0	100
Guidance update: I feel well informed about the latest developments regarding the upcoming changes to guidance.	25.0	75.0	0.0	0	0.0	0	100
Interim orders at MPT: I have a clear understanding of the factors to consider when assessing interim orders at an MPT hearing and how to apply them in my decision-making process.	12.5	75.0	12.5	0	0	0	100
Circular completion survey: The circular completion survey was a useful tool for reflection and enabled me to contribute to shaping the discussion points this year's annual training.	0.0	62.5	37.5	0.0	0.0	0.0	100
Learning points from the Quality Assurance Group: I feel informed on the Quality Assurance Group learning points from 2023/24 and understand how they relate to my role.	12.5	75.0	12.5	0	0.0	0.0	100
Making decisions in sexual misconduct cases: The presentation was informative, and I now feel more confident in making decisions in Sexual Misconduct hearings.	37.5	62.5	0.0	0	0	0.0	100
Making decisions in sexual misconduct cases: The exercises assisted me to apply my learning and test my understanding of the factors to consider when assessing sexual misconduct, and they were appropriately challenging.	12.5	62.5	12.5	12.5	0	0.0	100
The facilitators delivered the presentation in an engaging and knowledgeable manner.	12.5	75.0	12.5	0	0	0.0	100
The training environment was conducive to my learning experience.	12.5	75.0	12.5	0.0	0.0	0.0	100

IOT (in-person)

Questions	%						
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Blank	Total
PA/AA update: This session helped me understand the upcoming developments regarding the GMC's regulation of associates and the process following an associate's referral to the MPTS through to its conclusion.	27.8	69.4	2.8	0.0	0.0	0	100
Interim Measures for associates: I feel clear on the factors that should be taken into account when considering interim measures at an IMT hearing and how I should apply them to my decision making.	22.2	66.7	8.3	2.8	0.0	0	100
Guidance update: I feel well informed about the latest developments regarding the upcoming changes to guidance.	22.2	63.9	11.1	2.8	0	0	100
Circular completion survey: The circular completion survey was a useful tool for reflection and enabled me to contribute to shaping the discussion points this year's annual training.	22.2	52.8	19.4	2.8	0.0	2.8	100
Learning points from the Quality Assurance Group: I feel informed on the Quality Assurance Group learning points from 2023/24 and understand how they relate to my role.	22.2	66.7	8.3	0	0.0	2.8	100
Concise and Consistent drafting: The exercises assisted me to apply my learning and test my understanding of the factors to consider when drafting determinations and they were appropriately challenging.	27.8	63.9	8.3	0	0	0.0	100
The facilitators delivered the presentation in an engaging and knowledgeable manner.	33.3	61.1	5.6	0	0	0.0	100
I appreciated the opportunity to network with my colleagues at the in-person event.	61.1	33.3	5.6	0	0	0.0	100

IOT (virtual)

Questions	%						
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Blank	Total
PA/AA update: This session helped me understand the upcoming developments regarding the GMC's regulation of associates and the process following an associate's referral to the MPTS through to its conclusion.	100.0	0.0	0.0	0.0	0.0	0	100
Interim Measures for associates: I feel clear on the factors that should be taken into account when considering interim measures at an IMT hearing and how I should apply them to my decision making.	66.7	33.3	0.0	0.0	0.0	0	100
Guidance update: I feel well informed about the latest developments regarding the upcoming changes to guidance.	66.7	33.3	0.0	0.0	0.0	0	100
Circular completion survey: The circular completion survey was a useful tool for reflection and enabled me to contribute to shaping the discussion points this year's annual training.	66.7	0.0	33.3	0.0	0.0	0	100
Learning points from the Quality Assurance Group: I feel informed on the Quality Assurance Group learning points from 2023/24 and understand how they relate to my role.	100.0	0.0	0.0	0.0	0.0	0	100
Concise and Consistent drafting: The exercises assisted me to apply my learning and test my understanding of the factors to consider when drafting determinations and they were appropriately challenging.	66.7	33.3	0.0	0.0	0.0	0	100
The facilitators delivered the presentation in an engaging and knowledgeable manner.	100.0	0.0	0.0	0.0	0.0	0	100
The training environment was conducive to my learning experience.	100.0	0.0	0.0	0.0	0.0	0	100

Annex B – Induction training in person session

Questions	%						
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Blank	Total
I understand or am refreshed on the stages of MPT hearings, the tribunal setting and roles of the various participants involved.	46.9	51.0	0.0	0.0	0.0	2.0	100.0
I understand or am refreshed on the skills required to effectively communicate, question and listen to evidence.	42.9	53.1	4.1	0.0	0.0	0.0	100.0
I understand or am refreshed on the skills required to approach decision making, including as part of a tribunal.	46.9	53.1	0.0	0.0	0.0	0.0	100.0
LQC's only - I understand or am refreshed on techniques and principles relevant to the role, including bias and assertiveness techniques.	28.6	28.6	2.0	0.0	0.0	40.8 *	100.0
The Dr Smith exercise assisted me to apply my learning, testing my understanding of processes and was set at the right level.	55.1	42.9	0.0	2.0	0.0	0.0	100.0
I understand how equality, diversity and inclusion impacts on my role and my responsibilities in relation to it.	59.2	38.8	0.0	0.0	0.0	2.0	100.0
I understand from the in-person session and the videos, the case management and empanelment process that takes place prior to the hearing and how case management should be utilised during hearings which will support me in my role.	46.9	49.0	0.0	0.0	0.0	4.1	100.0
I understand from the in-person session and the videos, how administrative matters relating to my role as a tribunal member are carried out within the MPTS, including for quality assurance, appraisal and continuous development at the MPTS and know my responsibilities to maintain my competencies in my role.	42.9	51.0	2.0	0.0	0.0	4.1	100.0
The training was delivered at the right pace.	28.6	44.9	10.2	14.3	2.0	0.0	100.0
The facilitators presented in an engaging and knowledgeable way.	59.2	36.7	4.1	0.0	0.0	0.0	100.0
The mix of eLearning, videos, virtual sessions, and face to face sessions supported my learning.	42.9	46.9	8.2	2.0	0.0	0.0	100.0
The training was useful to my new role.	69.4	30.6	0.0	0.0	0.0	0.0	100.0

* blank response rate = medical members

Agenda item:	09
Report title:	Adjournments quarterly update
Report by:	Samantha Bedford, Head of Case Management, samantha.bedford@mpts-uk.org , 0161 240 7112
Considered by:	MPTS Committee
Action:	To note

Executive summary

This report:

- ▶ Summarises the key data and themes arising from hearings adjourning in Q1 2025;
- ▶ Identifies actions to be taken forward by the MPTS.

Recommendation

- ▶ The Committee is asked to note the update

Adjournments Quarterly Review: Q1 2025

Scope of review

- 1 Each month a cross-section of staff members from Operations and Case Management meet to identify themes and issues arising from adjourned MPT hearings. Our review takes account of evidence from internal sources, including hearing commentary and case management documents.
- 2 Our findings and recommendations are disseminated to the relevant MPTS teams for action and monitored via an actions log.

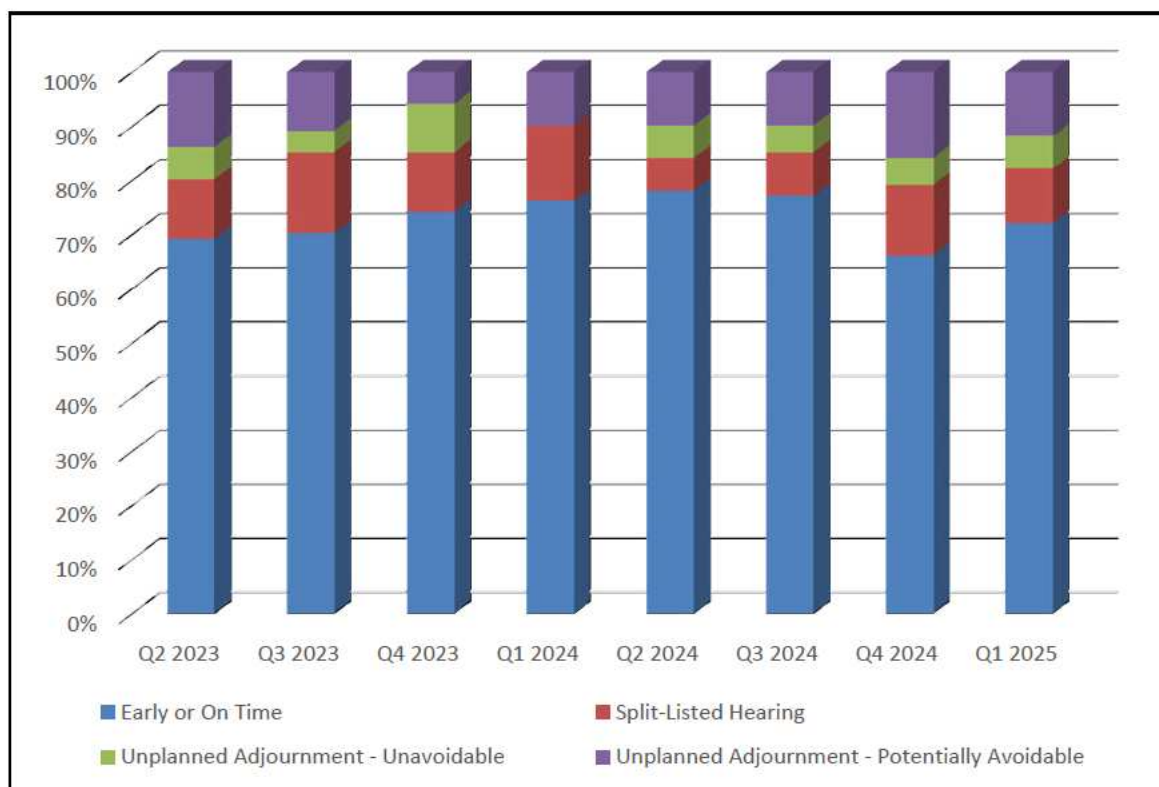
Terminology

- 3 Where a hearing does not conclude in a single listing, we look at whether it was:
 - a. **A split-listed hearing**, where a hearing is listed to be held in multiple sessions (for example, due to case management intervention or as a reasonable adjustment);
 - b. **An unplanned adjournment**, which occurs where circumstances arise in the hearing that led to an adjournment.
- 4 Our review determines whether each unplanned adjournment was unavoidable or was potentially avoidable:
 - a. **Unavoidable unplanned adjournments** arise for reasons that could not reasonably have been foreseen. For example, where a participant is unwell, or if a Tribunal directs the practitioner to undergo an assessment of their health, language or performance;
 - b. **Potentially avoidable unplanned adjournments** arise where our review finds that parties, the Tribunal or the MPTS (or a combination) could have **potentially** foreseen and taken action to avoid an adjournment.

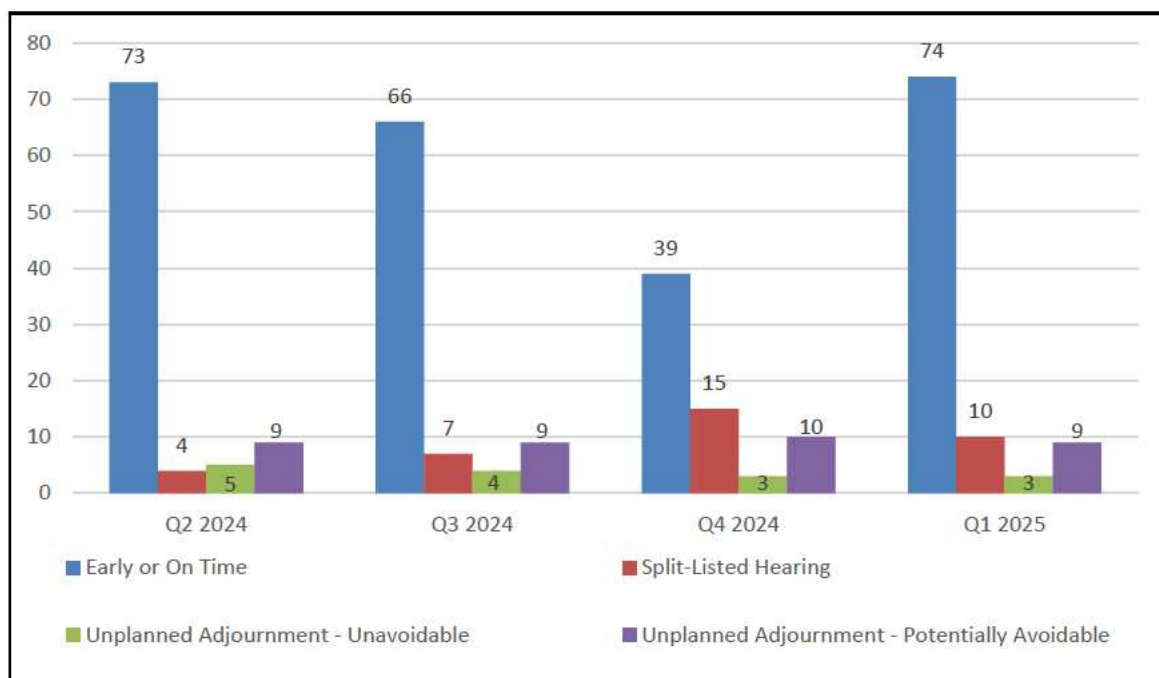
New MPT hearings

- 5 To put adjournments in context, we look at data regarding all New MPT hearings, including those concluding early or on time. Hearings may conclude early as a result of the findings made by the MPT or where the time required to complete the hearing was otherwise overestimated.
- 6 In Q1 2025, **74 (77%)** of all New MPT hearings concluded either early or on time: **26 (27%)** hearings concluded early, and **48 (50%)** hearings concluded on time.
- 7 Of the **22 (23%)** of New MPT hearings that did not conclude in a single session, **10 (10%)** were split-listed hearings and **12 (13%)** adjourned on an unplanned basis.

- 8 The chart below shows the **percentage** of the New MPT hearings workload concluding on time, split-listed or adjourning for the most recent 24-month period, with the unplanned adjourments shown as unavoidable or potentially avoidable.

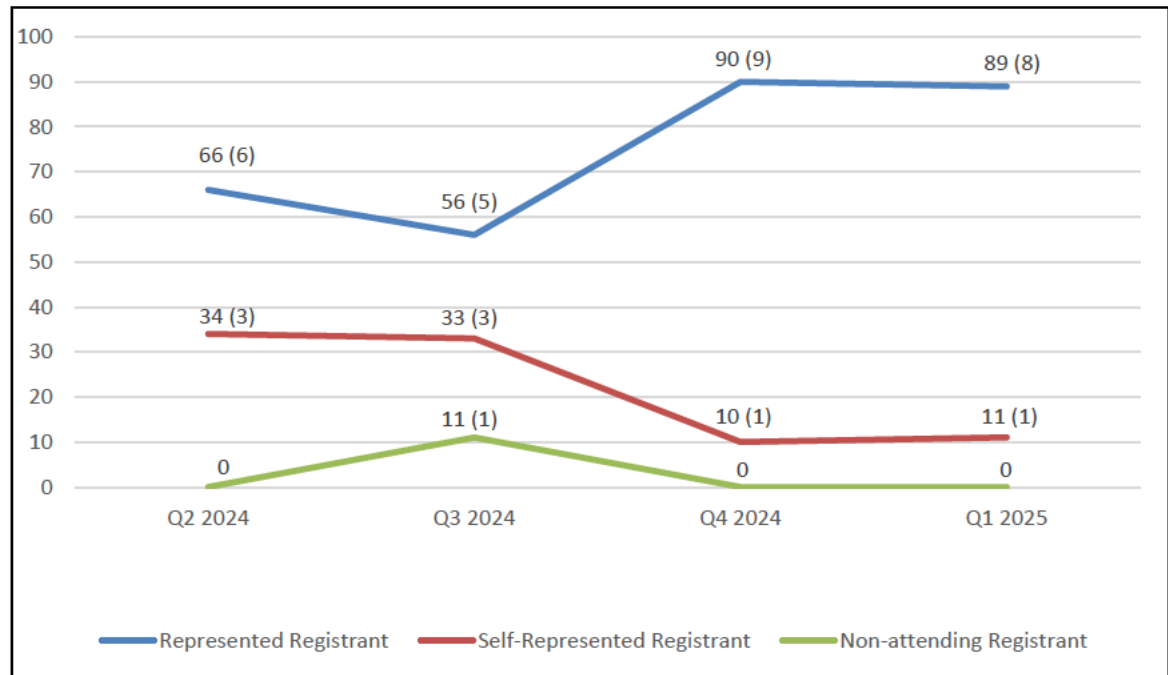


- 9 The chart below shows the **total number** of New MPT hearings concluding early/on time, split-listed or adjourning for the most recent 12-month period.



- 10 From our 2023 annual report we know that around 12.4% of doctors are self-represented in New MPT hearings, with a further 22.4% not attending the hearing at all. This leaves

64.8% represented by a legal representative and 0.4% represented by a non-legally qualified representative. The chart below shows the **percentage** of New MPT hearings that adjourned unplanned for avoidable reasons in the most recent 12-month period, split by **representation status**.



Other /MPT hearing types

- 11** A total of 10 of other MPT hearing types **adjourned unplanned** in Q1 2025. The table below indicates the number of unplanned adjournments across the MPT hearing types.

Hearing Type	Unplanned Adjournment	Split-Listed Hearing
Review Hearings	5	0
Remittal Hearings	0	0
Non-Compliance Hearings	0	0
Restoration Hearings	1	1
New & Review Hearings	0	0
Preliminary Hearings	0	1
Costs Hearings	2	0

Themes emerging from adjourned hearings

- 12** The following themes, which we consider to be potentially avoidable and/or foreseeable, arise from our analysis of the adjourned MPT hearings in Q1 2025:

- a. **MPT deliberations and timekeeping** – There were instances where MPTs took time to complete their deliberations which appeared potentially disproportionate to the issue(s) under consideration (Q1/16, Q1/28, Q1/31, Q1/32) or where hearing time could have been managed more effectively (Q1/06, Q1/11, Q1/13, Q1/14, Q1/18, Q1/31).
 - b. **Delays potentially caused by GMC** – There were instances where avoidable delays appear to have been caused by issues relating to GMC preparation or presentation of evidence (Q1/06, Q1/12, Q1/13, Q1/18, Q1/33).
 - c. **Delays potentially caused by doctor/defence** – There were instances where doctor/defence preparation was incomplete or delayed progress during the hearing (Q1/01, Q1/15, Q1/20, Q1/21, Q1/30, Q1/33).
- 13** References “QX/XX” are used above as identifiers for specific hearings. Anonymised identifiers have been used for the purposes of this paper as they may relate to matters which have not yet concluded.

Identified action points

- 14** The review identified a number of actions from the analysis of Q1 2025 adjournments, as outlined below. Any actions relating to identifiable individuals have been amended to ensure confidentiality.
- a. MPTS to:
 - i Monitor one hearing to conclusion and then consider for Adjournment Detailed Review.
 - ii Review Case Management templates and guidance on: (a) whether to add/clarify information on requirements where parties wish to request additional breaks for personal reasons; and (b) witness timetabling to add requirement for parties to confirm counsel has agreed and will comply with time estimates.
 - b. MPTS to provide feedback to GMC Legal on one hearing regarding the hearing bundle preparation and witness scheduling; GMC counsel’s use of hearing time in one hearing.

Adjournments detailed reviews

- 15** In 2019 the MPTS introduced an adjournment detailed review (**ADR**) for cases which have required a significant number of additional hearing days and/or have unexpectedly adjourned on a significant number of occasions. The intended purpose of the ADR process is to reflect in more detail on the hearing experience and identify learning points for MPTS teams and MPTS users, so that adjournments can be avoided wherever reasonably possible.
- 16** Since the previous report to the MPTS Committee, one ADR (ADR10) has been completed. ADR10 was delayed due to operational capacity to complete the review, but all relevant resources for the review remained available at the time of completion. The key points arising from ADR 10 are summarised below.
- 17** In 2019, Dr ADR10's hearing was scheduled for 15 days. The hearing commenced in Q4 2019, but adjourned part heard with the MPT in camera at the facts stage. The hearing reconvened over a further seven sessions (requiring a total of 32 days), concluding in July 2022. Some sessions were impacted by Dr ADR10 applying for adjournment on the basis of their health and to obtain further health-related evidence, and due to the COVID-19 pandemic.
- 18** The team undertaking ADR10 identified that time was lost due to a combination of factors: witness scheduling and awaiting further documents from parties; time being lost due to [REDACTED]; and MPT deliberation time taking longer than anticipated. There were also unavoidable delays due to [REDACTED] for Dr ADR10 that were a key factor both before and during the hearing, with Dr ADR10 [REDACTED]. The following learning points were identified:
- a.** Parties ought to allow for greater flexibility in their witness schedules wherever reasonably practicable;
 - b.** Tribunal members should be reminded of the need to balance fairness to a registrant with the public interest in hearings making progress, with particular reference to considering whether to proceed in the registrant's absence at an early stage;
 - c.** Learning should be shared with Case Managers to consider the potential impact on listing length where a tribunal will need to determine whether or not clinical decisions and actions were financially motivated and/or dishonest.



Agenda item:	10
Report title:	Review of the MPTS Committee's work programme for 2025
Report by:	Niall Kelly, Corporate Governance Officer, MPTSCommittee@mpts-uk.org , 0161 240 3004
Considered by:	MPTS Committee
Action:	To approve

Executive summary

The MPTS Committee Work programme sets out business for the year 2025 and is to be reviewed.

The work programme covers the duties and activities of the MPTS Committee as outlined in the Committee's statement of purpose

Recommendation

- The Committee is asked to consider and approve the work programme for 2025

- 1** Below is the MPTS Committee work programme for 2025.
- 2** Agenda items have been matched to the MPTS Committee’s duties and activities, as detailed in Table 1, to provide assurance that the Committee is compliant with its Statement of Purpose and is fulfilling all aspects of its key responsibilities.
- 3** The Committee is asked to review it’s 2025 work programme and suggest any amendments that it feels are required.

Date: Tuesday 4 February 2025	Meeting: MPTS Committee
<ul style="list-style-type: none"> ▶ Chair’s report (oral) ▶ Executive Manager’s report including the MPTS risk register, performance data, and priorities, plans, and projects (a-k and n) ▶ Update on appeals (a, f) ▶ Review of amended Statement of Purpose (m, n) ▶ Review of tribunal member appointment campaign (b) ▶ Update from the Quality Assurance Group (f, g) ▶ Adjournments quarterly update (f) 	

Date: Wednesday 7 May 2025	Meeting: MPTS Committee
<ul style="list-style-type: none"> ▶ Chair’s report (oral) ▶ Executive Manager’s report including the MPTS risk register, performance data, and a review of compliments and complaints (a-k) ▶ Update on appeals (a, f) ▶ Report of the MPTS Committee to GMC Council and Annual Report to Parliament (a-l) ▶ Tribunal members training update (b, c) ▶ Review of the tribunal members appointment campaign ▶ Adjournments quarterly update (f) 	

- ▶ Review of the MPTS Committee’s work programme for 2025 (a)

Date: Wednesday 16 September 2025**Meeting:** MPTS Committee

- ▶ Chair’s report (oral)
- ▶ Executive Manager’s report including the MPTS risk register, performance data, and priorities, plans, and projects (a-k and n)
- ▶ Annual review of the MPTS vision (m)
- ▶ ED&I commitments review (i)
- ▶ Adjournments quarterly update (f)
- ▶ Annual review of case management (g)

Date: Wednesday 12 November 2025**Meeting:** MPTS Committee

- ▶ Chair’s report (oral)
- ▶ Executive Manager’s report including the MPTS risk register and performance data (a-k)
- ▶ Report of the MPTS Committee to GMC Council (a-l)
- ▶ Adjournments quarterly update (f)
- ▶ Review of the MPTS Committee’s work programme for 2026 (a)
- ▶ Annual review of MPTS Committee effectiveness

Table 1. MPTS Committee's duties and activities for 2025 (as set out in the Committee's statement of purpose and additional items from the MPTS vision and MPTS projects).

MPTS Committee's duties and activities	Assurance Route
a The delivery of a hearings service that demonstrates efficiency and effectiveness.	Executive Manager's report and updates from the Quality Assurance Group.
b The appointment of Medical Practitioners and Interim Orders Tribunal members (including chairs) and that appropriate systems for the appointment, training, assessment and, where required, the removal of tribunal members, are in place.	Papers on recruitment campaigns, training and appraisal as required. Tribunal members training update scheduled for February 2025.
c The appointment of legal assessors and that appropriate systems for the appointment, training, assessment and, where required, the removal of legal assessors are in place.	Papers on recruitment campaigns, training and appraisal as required. Tribunal members training update scheduled for February 2025.
d Maintenance of a system for declaration and registration and publication of Committee members' private interests.	Declaration of interests of Committee members' private interests available on the MPTS website and updated as required. Declaration of interests is an agenda item for every meeting.
e Consideration of matters by a Medical Practitioners Tribunal / Interim Orders Tribunals.	Executive Manager's report.
f High quality standards of decision making by Medical Practitioners Tribunal / Interim Orders Tribunals are maintained.	Included in the Quality Assurance Group update to the Committee.
g High quality standards of case management by case managers are maintained.	Annual review of case management scheduled for September 2025.
h The setting and maintenance of guidance for the MPTS tribunals, case	Guidance requiring consideration by the MPTS Committee to be added to

managers and legal assessors, as required.	the work programme as required.
i That the MPTS applies the equality and diversity strategies and policies of the GMC.	Integral part of Committee's consideration and decision-making. Updates on equality and diversity part of the Executive Manager's report.
j Notification of Medical Practitioners Tribunal and Interim Orders Tribunal decisions as required by the Medical Act.	Executive Managers report.
k Effective liaison with all users of the hearings service provided by the MPTS.	Included in the Executive Manager's report and papers on engagement activities as required.
l An annual report which meets the requirement of Section 52B of the Medical Act 1983 as amended.	Annual report to Parliament scheduled on the work programme for May 2025.
m From the MPTS vision: <ul style="list-style-type: none"> ▶ Makes high quality, well-reasoned, independent decisions to protect the public. ▶ Treats all tribunal service users with respect and fairness. ▶ Uses modern technology to enhance the efficiency and effectiveness of running hearings. ▶ Shares its knowledge and makes a positive contribution to the future direction of adjudication. 	Annual review of the MPTS vision scheduled on the work programme for September 2025.
n MPTS priorities and delivery of projects	Review of project delivery and discussion of future priorities and plans in February and September 2025.