

# **Medical Practitioners Tribunal Service**

*Report to Parliament 2024*

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## *Medical Practitioners Tribunal Service Report to Parliament 2024*

*Presented to Parliament pursuant to section 52B of the Medical Act 1983 as amended by The Health Care and Associated Professions (Miscellaneous Amendments) Order 2008 (SI No.1774).*

# Report to Parliament 2024





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# Foreword

I am pleased to introduce the Medical Practitioners Tribunal Service (MPTS) Annual Report to Parliament for 2024.

It was an honour to become Interim Chair of the MPTS earlier this year, when Her Honour Deborah Taylor stepped down in order to lead the public inquiry into the deaths of Barnaby Webber, Grace O'Malley-Kumar and Ian Coates in Nottingham in 2023.

Everyone at the MPTS is grateful to Deborah for her leadership over the last two years. Her experience as a Crown Court Judge brought significant benefits to the MPTS and her work on improving the decision-making guidance we provide to tribunal members will have a lasting impact.

The process to appoint a new Chair is underway. As the longest-serving member of the statutory MPTS Committee, I agreed to become Interim Chair until a permanent appointment is made.

Our tribunals carry out an important function that protects the public, making independent decisions on cases brought by the General Medical Council.

In 2024 we ran fewer hearings than in previous years, as planned. It is right that only the most serious and disputed cases should come before an MPTS tribunal. It is positive to see the impact of the GMC's efforts over an extended period to encourage the resolution of cases without recourse to fitness to practise proceedings.

Along with our use of virtual hearings, it has meant that the MPTS has been able to reduce and reconfigure the space in our Manchester hearing centre. This represents a significant saving, while still allowing some flexibility with future hearing numbers.

Since December 2024, the GMC has been responsible for regulating physician associates and anaesthesia associates, as well as doctors. The MPTS is now responsible for holding hearings for any PAs or AAs referred to us by the GMC.

I am grateful for the significant work undertaken by MPTS colleagues since last year, preparing process and guidance for these new types of hearing.

## Foreword

During 2024, Deborah shared proposals for a new decision-making methodology and sanctions bandings with groups and organisations who have a keen interest in our work. We are grateful for the constructive feedback we received, which has helped develop this work.

I look forward to the MPTS launching the methodology and bandings later this year, with the aim of increasing the transparency and consistency of our tribunals' decision-making.



A handwritten signature in black ink that reads "Gill Edelman". The signature is fluid and cursive, with a horizontal line underneath.

**Gill Edelman**  
June 2025

# Review of 2024

## Fewer hearings

As planned for, the MPTS delivered 20% fewer hearing days in 2024 than in the previous year.

This is a result of both our recovery from the pandemic and a reduction in the cases referred to us by the GMC. Overall, we spent around £1.2m less on hearings than we did in 2023.

When planning our budget, we work with our GMC colleagues to estimate how many cases are likely to be referred over the course of the following year.

The sustained reduction in GMC referrals in recent years, coupled with our use of virtual technology for many hearings, has allowed us to reduce the size of our Manchester hearing centre. We now have only nine hearing rooms, instead of our previous 15.

## Regulatory reform

The MPTS is now the adjudicator for cases involving doctors, physicians associates (PAs) and anaesthesia associates (AAs).

In preparation for the *Anaesthesia Associates and Physician Associates Order 2024* coming into effect on 13 December 2024, the MPTS prepared new process and guidance to run the new types of hearings for PAs and AAs.

We were prepared to run an Interim Measure Tribunal (IMT) hearing from the first day of PA and AA regulation. During 2025, we have been working with our GMC colleagues to finalise the process for any future substantive Associate Tribunal (AT) hearings.

# Review of 2024

## Decision-making

In the second half of 2024, then MPTS Chair Deborah Taylor engaged with various stakeholders on a proposed new decision-making methodology and sanctions bandings for use by our tribunals.

The aim of introducing these is to encourage greater consistency and transparency in our tribunals' decision-making. They build on best practice in other regulatory tribunals and will complement the *Principles to inform guidance on fitness to practise matters* which were consulted on by the GMC earlier in 2024.

The intention is that the methodology flowchart will provide tribunals with a clear route map and framework for decision-making at all three stages of the tribunal process. It will help all concerned in the process, including the public, understand how our tribunals' decisions are reached.

The sanctions bandings will assist tribunals in reaching consistent and well-reasoned decisions, reduce anomalies, and provide all concerned in the process, including the public, with clarity on the range of outcomes which can be expected in any case.

Having received helpful feedback on the proposals from various stakeholders with an interest in our work, we now intend to produce a version that is integrated with the GMC's own revised guidance on fitness to practise matters. Our intention is to publish a final version in the autumn of 2025.

# Review of 2024

## Cost of hearings

We calculate the cost of hearings by dividing what we spend on running tribunal hearings by the number of hearing days.

Direct hearing costs include tribunal member fees and subsistence, along with any transcription costs that may be incurred during or after a hearing.

Indirect costs include our hearing centre and MPTS colleagues supporting the running of hearings or pre-hearing case management.

Cost per day of hearings 2024	
Direct costs	£1,571
Indirect costs	£1,520
<b>Total costs</b>	<b>£3,090</b>

# Our leadership

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## Our leadership

The MPTS runs hearings for doctors, PAs and AAs whose fitness to practise is called into question. We are independent in our decision-making and operate separately from the investigatory role of the GMC.

As a statutory committee of the GMC, we are accountable to the GMC Council and the UK Parliament.

## Our Committee

Our Interim Chair, Gill Edelman, is providing non executive leadership and oversight of MPTS operations until a permanent Chair is appointed. She chairs the MPTS Committee, which is required to report on its activities twice yearly to the GMC and annually to Parliament.

At their last meeting of 2024 the MPTS Committee was composed of:

- ▶ Her Honour Deborah Taylor, Chair
- ▶ Gill Edelman, lay member
- ▶ Barbara Larkin, lay tribunal member
- ▶ Dr Stephen T Webb, registrant member
- ▶ Dr Simon Mackenzie, registrant tribunal member.

During 2024, lay tribunal member Joy Hamilton, registrant member Professor Jacky Hayden and registrant tribunal member Dr Simon Mackenzie all reached the end of their terms as Committee members. We are grateful to Joy, Jacky and Simon for their respective contributions to the work of the MPTS.

## Our management

The MPTS is managed by the Executive Manager, Gavin Brown, and his senior management team.

The Executive Manager takes direction from the Chair of the MPTS in the operational management of the MPTS and is also accountable to the GMC's Director of Resources for the efficient and effective use of resources.

At the end of 2024 we had 107 fulltime equivalent members of staff.

# Our leadership

## Our vision

The MPTS Committee sets the strategic vision for the MPTS.

Our vision is to provide a tribunal service that is effective, fair and impartial. To provide a service that:



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.

# Decision-making

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# Decision-making

## Tribunal members

We appoint all tribunal members by means of open competition and select them for their abilities against agreed competencies.

Some tribunal members, including legally qualified members, have been specially appointed and trained to act as tribunal chairs.

As of 31 December 2024, we had **280 tribunal members**, of whom:

**35.7%** were **registrant members**

**27.9%** lay members

**36.4%** legally qualified chairs (LQCs).

## Diversity of tribunal members

Our tribunal members bring a wide range of perspectives to the role. We encourage a diverse range of applications by targeted advertising and utilisation of networks used by different groups.



As of 31 December 2024, **52.5%** of our 280 tribunal members were **women**, and **23.2%** were from an **ethnic minority**.



We empanel each three-person tribunal according to the availability of tribunal members. We monitor how often this produces a diverse tribunal, but do not empanel based on protected characteristics.

In 2024, our tribunals had ethnicity diversity on 55.1% of hearings and sex diversity on 76.9% of hearings. 40.9% of tribunals had both ethnicity and sex diversity. A single sex tribunal with no ethnic minority members sat on 8.9% of hearings.

# Decision-making

## Training of tribunal members

All new tribunal members receive several days of in-depth induction training. This emphasises the legislation and rules that govern the process for our hearings, the key skills required for the role and their practical application.

Tribunal members must keep their skills and knowledge up to date via our regular circulars and updates to guidance. We also provide e-learning modules, videos and webinars.

In 2024, all tribunal members took part in annual training, which included:



### MPT:

- ▶ Decision-making in sexual misconduct cases, supported by case studies for deeper exploration
- ▶ Key changes in regulatory reform and updates on changes in guidance
- ▶ Refresher on imposing interim orders at MPT
- ▶ General learning points arising from the Quality Assurance Group



### IOT:

- ▶ Concise and consistent drafting, supported by case studies for deeper exploration
- ▶ Key changes in regulatory reform and updates on changes in guidance
- ▶ General learning points arising from the Quality Assurance Group



### Freedom of Expression' eLearning module (MPT and IOT):

- ▶ Updates on recent case law within this area, with learning points which should be considered when making decisions involving freedom of expression.

## Development of tribunal members

So that standards are maintained, tribunal members participate in various processes to assist their development.

This includes 360-degree feedback where comments are received from other tribunal members with whom they have worked. Observations of their competencies displayed during hearings are also carried out by appropriately trained members of MPTS staff.

# Decision-making

## Quality assurance of tribunal decision-making

The Quality Assurance Group (QAG) is chaired by our Chair and meets monthly to review a proportion of written tribunal determinations.

The purpose is to identify learning points that can help ensure determinations are clear, well-reasoned and compliant with the relevant case law and guidance. Any issues identified can be incorporated into future tribunal training sessions.

In 2024, the QAG reviewed 247 tribunal decisions, including 32% of all MPT decisions 27% of new IOT decisions. The QAG also reviews tribunal decisions which have been the subject of appeals and considers any feedback from the GMC and PSA (Professional Standards Authority) on cases that did not meet their respective thresholds for appealing.

## Learning points issued by the Quality Assurance Group

In 2024, the QAG issued learning points to tribunal members on a variety of topics.

These included:

- ▶ The updated professional standards in *Good Medical Practice 2024*, which came into effect on 30 January 2024, along with associated updates to the *Sanctions guidance* and the GMC's *Fitness to practice explained* webpage.
- ▶ Advice on the importance of assessing and raising personal conflicts of interest and when a tribunal member should consider a recusal.
- ▶ A reminder of some of the key Rules and considerations on the admissibility of witness evidence and hearsay.

You can view all learning points issued to tribunal members at [www.mpts-uk.org/learning\\_points](http://www.mpts-uk.org/learning_points).

## Updates to tribunal guidance

Two pieces of updated GMC guidance were issued to tribunal members

- ▶ *Good medical practice 2024* came into effect on 30 January 2024
- ▶ The updated *Sanctions guidance* came into effect on 5 February 2024.

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# Transparency

## Public hearings

Medical Practitioners Tribunal hearings and Associate Tribunal hearings sit in public, unless they are considering confidential information about the registrant's health, or there are exceptional circumstances.

We advertise upcoming public hearings on our website, with a brief summary of the allegation that will be made against the doctor, PA or AA.

Anyone can attend a public hearing and we encourage those with an interest in our work to attend. We are regularly visited by groups of medical and law students.

## Publishing decisions

After an MPT hearing concludes, we publish a Record of Determinations, with the names of witnesses and any confidential information redacted. This explains the reasons for any decisions taken by the tribunal and is available on our website for twelve months.

If there has been a finding of impairment, or a warning issued, the same record will also appear on the doctor's entry on the GMC's medical register.

Details of interim orders to suspend or restrict a doctor's registration (pending the outcome of a GMC investigation) are published on our website for six weeks. Interim orders appear on the medical register for as long as they are in place.

# Transparency

## Registers of interest

We publish two registers of interest, to support transparency, probity and confidence in our processes.

As a statutory committee of the GMC Council, our Committee members follow the guidance issued to GMC Council members on declarations of interest. You can find full details of MPTS Committee members' declared interests at [www.mpts-uk.org/about/how-we-work/the-committee-and-their-interests](http://www.mpts-uk.org/about/how-we-work/the-committee-and-their-interests).

Our tribunal members' register helps us avoid any conflict of interests that may require a tribunal member to recuse themselves from a hearing. You can find full details of tribunal members' registered interests at [www.mpts-uk.org/TribunalMembersRegister](http://www.mpts-uk.org/TribunalMembersRegister).

## Equality, diversity and inclusion

Equality, diversity and inclusion (ED&I) are integral to our work, as an adjudicator and an employer. We apply the ED&I strategy and policies of the GMC.

As an adjudicator, we make reasonable adjustments for those attending hearings to make sure they can play a full part in the proceedings.

We believe it is important that tribunal members bring a range of diverse perspectives to the role. When appointing new tribunal members, we take active steps to encourage applications from a wide range of backgrounds, by targeting advertising and utilising networks with diverse groups.

We undertake monitoring, quality assurance and analysis of the application of our processes as both an adjudicator and an employer to ensure we are meeting this aim and our commitments.

## Liaison with users of the MPTS

The MPTS User Group exists to help us engage directly with all parties involved in our hearings. Meetings are held twice a year, at which users can raise operational matters of concern with our Chair and Executive Manager.

The meetings are attended by medical defence organisations, the legal firms they instruct, and staff from the GMC's Fitness to Practise directorate who investigate and prepare cases. Members of the MPTS Committee also attend each meeting.

We appreciate the feedback we receive in these meetings and the constructive approach taken by those who attend. Hearing from those with experience of using our service is essential if we are to operate efficiently and effectively.

# Hearing outcomes in 2024

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# Hearing outcomes in 2024

The *Anaesthesia Associates and Physician Associates Order 2024* was enacted on 13 December 2024. No hearings for PAs or AAs took place in 2024.

## Interim orders tribunal hearings – new cases

Interim orders tribunals (IOT) decide if a doctor’s practice should be restricted while a GMC investigation takes place.

All new IOT cases are heard virtually.

Outcomes in interim orders tribunal hearings	2022	2023	2024
Suspension	34	29	52
Conditions	184	173	213
No action	54	37	59
<b>Total</b>	<b>272</b>	<b>239</b>	<b>324</b>

## Interim orders tribunal hearings – reviews

Interim orders must be reviewed at least every six months and can be extended beyond the initial order length only by the High Court. If an order is varied at the review stage, a further review must be held within three months.

When both the GMC and the doctor agree on the proposed outcome, a review can be carried out on the papers by a legally qualified chair. Otherwise, a review hearing is held. All review hearings were held virtually in 2024.

IOT reviews held in 2024	
Virtual review hearing	324
Reviewed on the papers	600
<b>Total</b>	<b>924</b>

# Hearing outcomes in 2024

## Referrals to a substantive hearing

If the GMC considers that a doctor’s fitness to practise may be impaired, it can refer the doctor’s case to us for a medical practitioners tribunal (MPT) hearing.

In 2024 we received 231 referrals to a substantive hearing. These included cases referred:

- ▶ for a decision on the doctor’s fitness to practise (new MPT hearings, or as part of a review hearing)
- ▶ for a decision on non-compliance with a GMC direction (non-compliance hearing)
- ▶ for a decision on a doctor’s application for restoration (restoration hearing).

Referral for a new medical practitioners tribunal hearing	204
Referral for non-compliance hearing	9
Referral for a restoration hearing	18
<b>Total referrals for medical practitioners tribunal hearings</b>	<b>231</b>

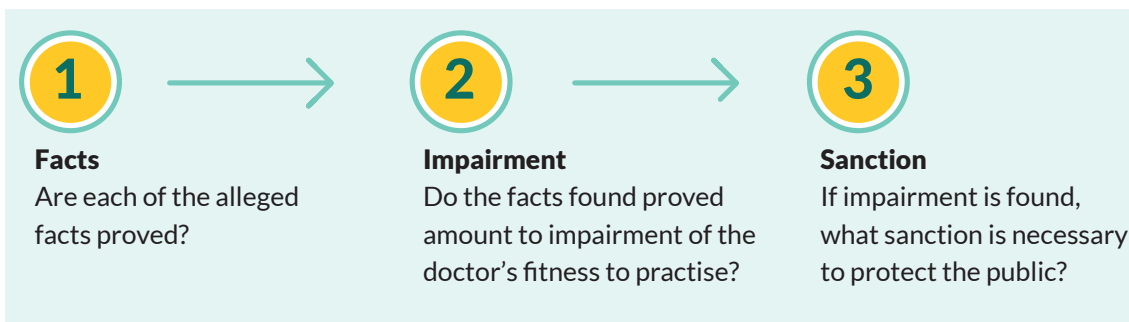
Referrals to the MPTS are sometimes cancelled. This might be because information has become available which means the threshold for referral is no longer met, or because of other circumstances.

Some referrals may include more than one doctor.

## Medical practitioners tribunal hearings – new cases

If the GMC considers that a doctor’s fitness to practise may be impaired, it can refer the doctor’s case to us for an MPT hearing.

An MPT hearing follows three stages:



# Hearing outcomes in 2024

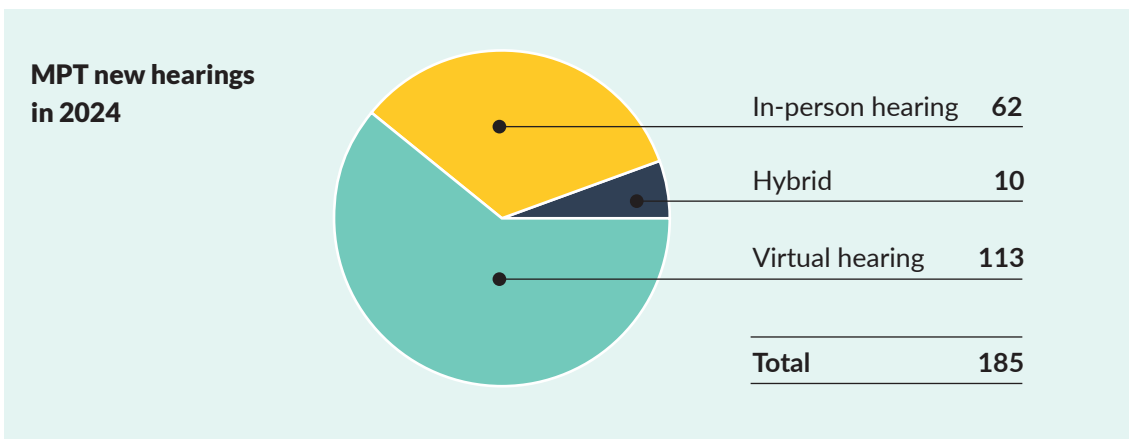
Medical practitioners tribunals made decisions in 185 doctors' cases in 2024

To put that figure in context, there were 378,054 doctors on the UK medical register at the end of 2023. In that same year, the GMC considered 10,031 concerns about doctors, of which 814 met the statutory threshold for investigation.

New MPT outcome	2022	2023	2024
Impaired: Erasure	68	60	67
Impaired: Suspension	101	109	76
Impaired: Conditions	18	13	9
Impaired: No action	4	2	2
Not impaired: Warning	21	15	6
Not impaired	58	49	24
Voluntary erasure	2	2	1
Undertakings	1	0	0
<b>Total</b>	<b>273</b>	<b>250</b>	<b>185</b>

## Hearing venue

In each case, we work with the doctor and the GMC to decide the most appropriate hearing venue, in-person, virtual or a hybrid of the two.



# Hearing outcomes in 2024

## Types of alleged impairment in 2024

At a new MPT hearing, the GMC may allege that a doctor’s fitness to practise is impaired by reason of one or more of the following grounds:

- ▶ misconduct
- ▶ deficient professional performance
- ▶ a conviction, or caution, for a criminal offence
- ▶ adverse physical or mental health
- ▶ not having the necessary knowledge of English
- ▶ a determination made by another regulatory body.

The vast majority of our substantive hearings in 2024 involved allegations of misconduct, or misconduct and another factor.

Very few cases are referred to us based solely on a doctor’s health. There were no cases solely relating to a doctor’s performance, a doctor’s knowledge of English language or a determination made by another regulatory body.

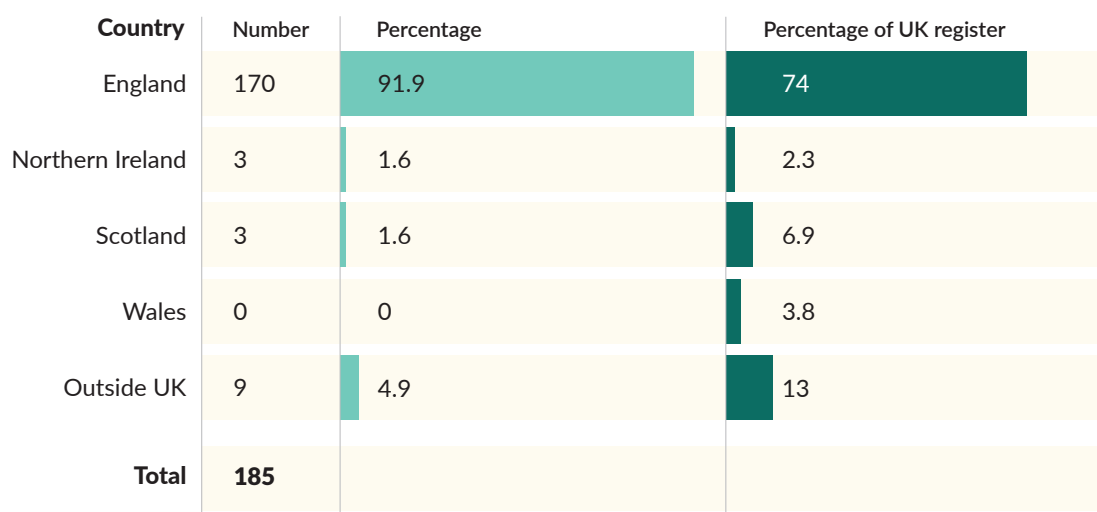
New MPT impairment allegation 2024	Number	Percentage
Misconduct	124	67.0
Conviction	26	14.1
Performance	0	0.0
Health	4	2.2
Misconduct and Conviction	9	4.9
Misconduct and performance	1	0.5
Misconduct and health	9	4.9
Conviction and health	4	2.2
Other combinations of impairment types	8	4.3
<b>Total</b>	<b>185</b>	

# Hearing outcomes in 2024

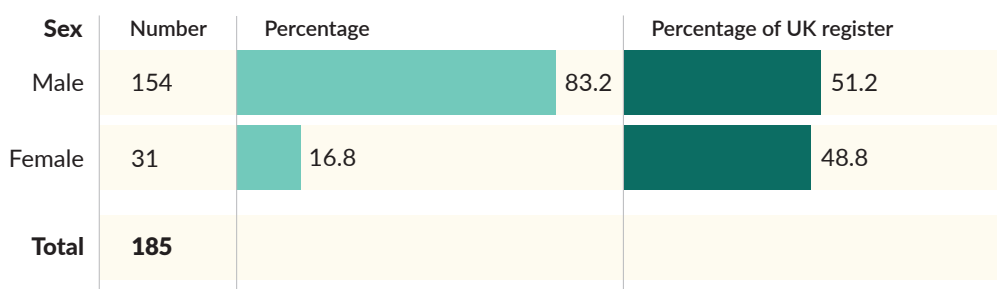
## About the doctors attending new MPT hearings in 2024

The MPTS hears fitness to practise cases for doctors registered in the United Kingdom.

The location stated below is based on the doctor's designated body, their NHS practice area or the registered address at the point of referral to a new MPT hearing.



Doctors appearing before new MPT hearings are mostly male, although male doctors make up just over half the UK register..



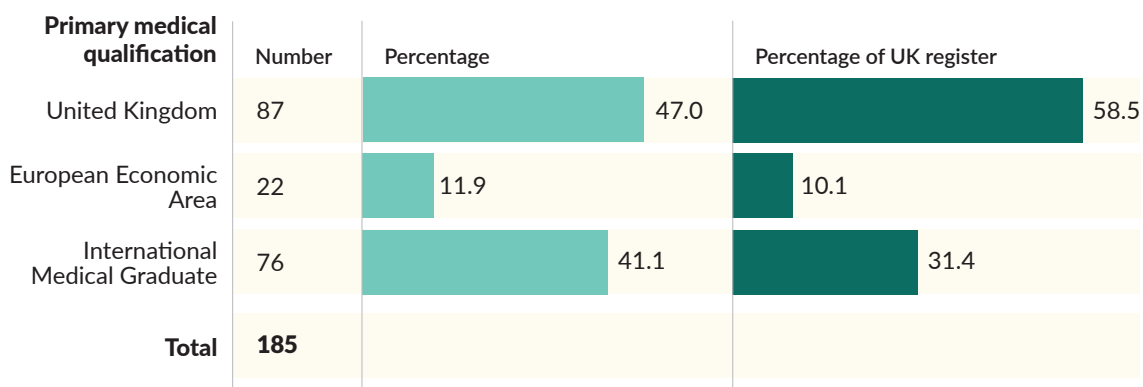
Doctors appearing at new MPT hearings in 2024 were more likely to be from an ethnic minority. Also, doctors who qualified outside of the UK accounted for 53% of new MPT hearings, despite being 41.5% of the register.

We know that this disproportionality begins when complaints are initially made to the GMC by employers.

The GMC has a statutory duty to consider all concerns referred to it, while the MPTS must hear all cases referred by the GMC.

We welcome the work the GMC has undertaken to eliminate the disproportion in the fitness to practise referrals it receives from employers, in relation to ethnicity and origin of medical qualification, by 2026.

## Hearing outcomes in 2024



Ethnicity	MPT new hearings 2024		UK register
Asian/Asian British	68	36.8%	32.7%
Black/Black British	13	7.0%	6.9%
Mixed	4	2.2%	2.7%
Other ethnic groups	16	8.6%	6.3%
White	76	41.1%	45.9%
Unspecified	8	4.3%	5.6%
<b>Total</b>	<b>185</b>		

## Non-compliance hearings

If the GMC believes a doctor under investigation is consistently or explicitly refusing to undertake an assessment of their health, performance, or knowledge of the English language, it may refer them to the MPTS for a non-compliance hearing.

When a tribunal makes a finding of non-compliance, it can impose a sanction of conditions or suspension.

Outcomes in non-compliance hearings	2022	2023	2024
Suspension	3	8	6
Conditions	1	1	1
Non-compliance not found	0	1	2
<b>Total</b>	<b>4</b>	<b>10</b>	<b>9</b>

# Hearing outcomes in 2024

## Restoration hearings

A doctor whose name was erased from the medical register for disciplinary reasons can apply for restoration after a minimum of five years.

An MPT must decide if the doctor is fit to practise and whether it is consistent with our overarching objective of public protection to allow the doctor to regain their registration.

Outcomes in restoration hearings	2022	2023	2024
Application granted	6	3	4
Application refused	17	12	14
Application refused	0	0	1
<b>Total</b>	<b>23</b>	<b>15</b>	<b>19</b>

## MPT review hearings

When imposing a sanction of conditions or suspension on a doctor, an MPT can direct that a review hearing be held before the period expires. The GMC can also refer a matter to the MPTS to arrange a review hearing.

A fresh tribunal will determine whether the doctor's fitness to practise remains impaired. If impairment is found, the full range of sanctions is available. Review hearings may be held on the papers when both parties agree on the proposed outcome, avoiding the need for a full hearing.

MPT reviews held in 2024	
Virtual review hearing	89
In-person review hearing (including hybrid)	6
Reviewed on the papers	19
<b>Total</b>	<b>114</b>

MPT non-compliance reviews held in 2024	
Virtual review hearing	18
In-person review hearing	0
Reviewed on the papers	3
<b>Total</b>	<b>21</b>

# Representation and attendance

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## Representation and attendance

We are always concerned by the number of doctors who do not attend their hearing, as well as the number that attend without legal representation.

Last year 28.6% of doctors did not attend their hearing or send a legal representative. 18.4% of doctors attended their hearing without a legal representative, and a further 0.3% with a non-legal representative.

These figures have improved since the introduction of virtual hearings in 2020, but we continue to stress the importance of professional legal representation in our proceedings. We will also continue to do what we can to support those doctors attending alone.

All hearing types	2024	
	Number	Percentage
Attended with legal representation	473	48.6
Attended with non-legal representation	3	0.3
Attended without representation	179	18.4
Legal representation only	39	4.0
Non-legal representation only	1	0.1
Did not attend	279	28.6
<b>Total</b>	<b>974</b>	

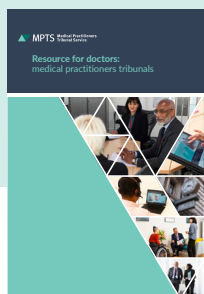
New IOT hearings	2024	
	Number	Percentage
Attended with legal representation	217	67.0
Attended with non-legal representation	0	0.0
Attended without representation	57	17.6
Legal representation only	8	2.5
Did not attend	42	13.0
<b>Total</b>	<b>324</b>	

## Representation and attendance

New MPT hearings	2024	
	Number	Percentage
Attended with legal representation	100	54.1
Attended with non-legal representation	1	0.5
Attended without representation	26	14.1
Legal representation only	8	4.3
Non-legal representation only	1	0.5
Did not attend	49	26.5
<b>Total</b>	<b>185</b>	

### Doctors without legal representation

We want doctors, PAs and AAs representing themselves to be as well-prepared for their hearing as possible. This will ensure they give the best evidence they can and reduces the risk of a hearing adjourning part-heard, requiring further days to conclude.



Our online *Resources for Doctors* and *Resources for PAs and AAs* are written specifically for registrants without legal representation, guiding them as clearly as possible through each stage of the hearing process.

We also offer a telephone information service run by students from BPP University Law School Manchester, offering information on hearings procedure (but not legal advice).

Our MPTS Support Service is available to all doctors, PAs and AAs both before and on the day of a hearing and is particularly aimed at those attending alone or without legal representation. A member of our staff unconnected to the doctor's case can be available to talk at any time.

The aim of this service is to:

- ▶ help lessen the isolation and stress doctors might encounter and signpost them to useful support material and services
- ▶ provide information about the hearing process.

# Representation and attendance

## Non-attendance of doctors

In some cases, doctors have ceased to engage with the GMC during the investigation process, whilst others cease to engage after referral to the MPTS.

Our tribunals always consider the reasons for the doctor's absence carefully, in order to decide whether it is fair to proceed. Usually, in a case where the doctor has voluntarily absented themselves the tribunal will decide that it is in the public interest to continue with the hearing.

A failure to actively to engage inevitably deprives the doctor of the opportunity of presenting their own evidence. It will also make it difficult for the tribunal to conclude that the doctor has demonstrated the degree of insight and remediation necessary to avoid a finding of impairment of their fitness to practise.

## Representation and attendance by ethnicity

As outlined above in the *Transparency* section (see p15), a disproportionate number of doctors from ethnic minorities and doctors trained outside the UK appear at our hearings, when compared to the UK register.

Peer-reviewed research has shown that there is no link between more serious outcomes at hearings and any protected characteristic. However, there is a strong link between serious outcomes and doctors who are not legally represented or do not attend.

The tables below show the levels of attendance and representation are not uniform across ethnic groups.

New IOT in 2024	All doctors	Asian / Asian British	Black / Black British	Mixed	Other ethnic groups	White	Un-specified
Attended with legal representation	67.0%	69.4%	69.4%	75%	53.8%	67.0%	64.0%
Attended with non-legal representation	0.0%	-	-	-	-	-	-
Attended without representation	17.6%	16.9%	13.9%	25%	46.2%	14.7%	8.0%
Legal representation only	2.5%	2.4%	2.8%	-	-	3.7%	-
Did not attend	13.0%	11.3%	13.9%	-	-	14.7%	28.0%

## Representation and attendance

New MPT in 2024	All doctors	Asian / Asian British	Black / Black British	Mixed	Other ethnic groups	White	Un-specified
Attended with legal representation	54.1%	58.0%	69.2%	75.0%	50.0%	50.0%	25.0%
Attended with non-legal representation	0.5%	1.5%	-	-	-	-	-
Attended without representation	14.1%	7.4%	15.4%	-	31.3%	15.8%	25.0%
Legal representation only	4.3%	4.4%	7.7%	25.0%	6.3%	6.3%	-
Non-legal representation only	0.5%	1.5%	-	-	-	-	-
Did not attend	26.5%	26.5%	7.7%	-	12.5%	12.5%	50.0%

### Support for witnesses

We recognise that hearings can be stressful for anyone attending, whether as a doctor, as a witness or other interested party, such as a bereaved family member.

To help people familiarise themselves with our hearings and processes, information is available in print and online to anyone interested in attending a hearing.

Witnesses are called to our hearings by both the GMC and by doctors. At our hearing centre, we provide facilities to allow both parties to look after their witnesses, including a purpose-built waiting room. Many witnesses also give evidence remotely.

# Appeals

How we respond to appeal judgments

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Appeal outcomes

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# Appeals

A decision of an MPT can be appealed by the doctor, the GMC and the Professional Standards Authority (PSA).

Appeals are heard by the Court of Session in Scotland, the High Court of Justice of Northern Ireland, or the High Court of Justice in England and Wales.

If a case proceeds to a court hearing, the judge can:

- ▶ dismiss the appeal
- ▶ allow the appeal, in whole or in part, and
  - quash the relevant tribunal's decision,
  - substitute the tribunal's decision for another the tribunal could have given or
  - refer the case back for a new MPT tribunal decision.

The *Anaesthesia Associates and Physician Associates Order 2024* provides for a different appeal mechanism for PAs and AAs.

## How we respond to appeal judgments

Judgments in appeals or challenges can be helpful in clarifying matters of law and in providing learning points that we can use to improve future decision-making by MPTS tribunals.

We produce appeal circulars, which summarise for tribunal members the key information from judgments and identify any learning points or good practice. These may also be reflected in annual training.

Appealed decisions are shared with all tribunal members. Direct feedback may be offered to tribunal members, if necessary, as part of their continuous professional development.

A summary of learning points issued in 2024 can be seen in the *Decision-making* section of this report.

# Appeals

## Appeal outcomes

► Year columns refer to the date tribunal hearings concluded, not when appeals were heard.

Doctor appeals	2022	2023	2024
Successful	3	3	1
Dismissed	5	8	7
Struck out	1	0	1
Withdrawn	0	2	1
Remitted to MPT	0	1	0
To be heard	0	1	5
<b>Total</b>	<b>9</b>	<b>15</b>	<b>15</b>

GMC appeals	2022	2023	2024
Successful	0	1	1
Dismissed	0	0	1
Remitted to MPT	0	1	0
To be heard	0	0	1
<b>Total</b>	<b>0</b>	<b>2</b>	<b>3</b>

PSA appeals	2022	2023	2024
Successful	0	0	0
Dismissed	0	0	0
Remitted to MPT	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>





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