MPTS Medical Practitioners Tribunal Service

Report to Parliament 2025

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Foreword

I am pleased to introduce the Medical Practitioners Tribunal Service (MPTS) Annual Report to Parliament for 2025.

I became Chair of the MPTS in January 2026. Previously I was President of the War Pensions and Armed Forces Compensation Chamber of the First Tier Tribunal, overseeing 100 judicial office holders, including judges, service and medical members. I hope my career background in adjudication will be helpful in leading the MPTS through the next few years as we work to implement regulatory reform.

I am grateful to my predecessor as MPTS Chair, Her Honour Deborah Taylor and to Interim Chair Gill Edelman for their leadership over the timescale of this report. In particular, I want to acknowledge their leadership of the work to launch *MPTS Guidance for Tribunals* in November 2025. This represented a significant change in how we support our tribunals in making independent decisions. The guidance aims to support consistent and well-reasoned decisions, while improving transparency in our processes.

Tribunals now have guidance on common types of cases, and sanctions bandings to guide them on the outcomes we would expect to see once a risk to public protection has been identified. The guidance will be kept under regular review. We will be monitoring closely how it is being used and gathering feedback from those involved in our hearings.

It is important to acknowledge the concerns that have been raised, within the medical profession and elsewhere, about how some fitness to practise cases have been handled – especially those related to sexual misconduct and freedom of expression. As Chair I will continue to listen carefully to all those with an interest in our work.

So far in 2026, I have begun work on strengthening the quality assurance of tribunal decisions and adding to the training we give our tribunal members. Our new approach will allow me, in my role as Chair, to have increased oversight over the quality of decision-making.

Tribunal members are receiving additional training on trauma-informed practice, as well as on better understanding antisemitism and anti-Muslim hostility. I look forward to updating on this work in future reports.

Foreword

Finally, we welcome the UK Government's consultation on legislation to reform professional healthcare regulation in the UK. We are working closely with our GMC colleagues to respond to the public consultation. Updating the legislative framework that governs fitness to practise proceedings will help us provide a more efficient and effective tribunal service.

Judge Fiona Monk
June 2026

Review of 2025

New guidance for tribunals

At the end of September 2025, we published our new *Guidance for MPTS Tribunals*. Our tribunals began using it in all new hearings commencing from 24 November 2025.

We had two objectives in introducing the new guidance:

- To improve transparency in tribunal decision-making, so that registrants, witnesses, complainants and the public can better understand how our tribunals make decisions and what the likely outcome is in different types of cases.
- To improve consistency in tribunal decision-making, especially by drawing on salient points in appeal judgments.

The new guidance also includes methodology flowcharts. These assist tribunal decision making and ensure that all relevant aspects are considered at the correct stage. The charts also make our processes much clearer to anyone with an interest in our work.

The new sanctions bandings indicate the range of outcomes that can be expected in different case types, once the tribunal has decided whether a doctor poses a low, medium or high level of risk to the public.

Using the new guidance, tribunals must assess the seriousness of an allegation and the features that may increase seriousness. For example:

- Allegations relating to sexual assault, improper relationships or violence will usually fall at the higher end of the spectrum.
- Allegations relating to unlawful discrimination under the Equality Act will usually fall at the higher end of the spectrum.
- Persistent or repeated behaviour and behaviour directed towards a vulnerable person, may increase seriousness.

Tribunals must still consider the circumstances of an individual case and independently determine the least restrictive sanction that will address the overarching objective of public protection.

We will monitor the effectiveness of the new guidance, comparing new outcomes with historical data. We will review the guidance at regular intervals, seeking feedback from key stakeholders.

Review of 2025

Sexual misconduct cases

Sexual misconduct accounted for nearly a fifth of new allegations brought before our tribunals in 2025.

Across 160 new medical practitioners tribunal (MPT) hearings, we saw 270 different case types. 48 different allegations of sexual misconduct were considered, some against colleagues, patients, family members or others.

We provide more detail on these figures in the 'Hearing outcomes' section (p24).

Such behaviours are absolutely unacceptable in the medical profession. Cases relating to sexual misconduct are among the most serious matters heard by our tribunals, which give careful consideration to all of the evidence.

Our new *Guidance for MPTS Tribunals* focuses on sexual misconduct, abuse of power and breaches of professional boundaries. The guidance is clear that where there is behaviour that puts patient safety at risk or causes harm, the most serious sanctions should be applied.

The MPTS will continue to work with other regulators, the medical profession, medico-legal professionals and patient groups to understand our shared goals on this subject and understand how such behaviours can be prevented.

Doctors, patients and the public must have confidence that sexual misconduct allegations will be treated seriously and fairly.

Review of 2025

Regulatory reform

In March 2026, the UK Government's Department of Health and Social Care (DHSC) announced a consultation on legislation to reform healthcare professional regulation.

The proposed legislation is intended to modernise the regulation of doctors, physician associates (PAs) and anaesthesia associates (AAs) – the most significant change to legislation since the Medical Act in 1983.

Along with our colleagues at the GMC, we welcome this as a significant step towards a more responsive, flexible and compassionate approach to regulation.

We have worked with our GMC colleagues in providing feedback to the DHSC as the new legislation was developed, and in preparing for how we will approach transition – for example, how to transfer cases from the current legislative framework to the new one.

The consultation on our proposed future regulatory framework took place between 24 March and 23 June 2026, and, subject to parliamentary time, the DHSC expects to lay the legislation before the UK and Scottish Parliaments before the end of the year.

Review of 2025

Cost of hearings

We calculate the cost of hearings by dividing what we spend 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 our MPTS colleagues supporting the running of hearings or pre-hearing case management.

Cost per day of hearings 2025	
Direct costs	£1,572
Indirect costs	£1,800
Total costs	**£3,372**

Our leadership

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 Chair, Judge Fiona Monk, provides jurisdictional leadership and management of the organisation. She chairs the MPTS Committee, which is required to report on its activities twice yearly to the GMC and annually to Parliament.

At the end of 2025, the MPTS Committee was composed of:

- Gill Edelman, lay member and Interim Chair
- Barbara Larkin, lay tribunal member
- Dr Richard Vautrey, registrant tribunal member
- Dr Stephen T Webb, registrant member

Her Honour Deborah Taylor stood down as MPTS Chair in April 2025, after the Justice Secretary announced she had been appointed to lead the public inquiry into the deaths of Barnaby Webber, Grace O'Malley-Kumar and Ian Coates, who were killed in Nottingham in June 2023.

Gill Edelman served as Interim Chair from April 2025, until Judge Fiona Monk took up the post at the start of January 2026.

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 2025 we had 101 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

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 2025, we had **254 tribunal members**, of whom:

104 were **registrant members**

40 **lay members**

110 **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 with targeted advertising and utilisation of networks used by different groups.

As of 31 December 2025, **52%** of our 254 tribunal members were **women**, and **25.6%** 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 new hearings in 2025, our tribunals had ethnicity diversity on 52% of hearings and sex diversity on 73.3% of hearings. 40.2% of tribunals had both ethnicity and sex diversity. A single sex tribunal with no ethnic minority members sat on 14.9% 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 2025, all tribunal members took part in annual training, which included:

- Familiarisation and application of the new *Guidance for MPTS Tribunals* (prior to its use in hearings from 24 November 2025) supported by working through case studies relating to some of the specific case types within the guidance, including sexual misconduct and discrimination.
- Refresher and updates on Equality, Diversity, and Inclusion.
- Update on privacy and anonymity issues.

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

Our internal quality assurance processes seek to identify learning points to 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 2025, our Quality Assurance Group (QAG) met each month to review a proportion of written tribunal determinations.

We are trialling an enhanced approach to quality assurance in 2026:

- A legally qualified colleague at the MPTS assesses all new MPT decisions, to identify both good practice and any learning opportunities.
- A Decision Review Meeting, chaired by Judge Fiona Monk, meets each month to consider referred cases and decide if further action is required, such as giving tailored feedback and supporting individual tribunal members. The group also looks at the reasons for hearings adjourning part heard.
- A revised Quality Assurance Group, also chaired by Judge Fiona Monk will meet three times a year to identify broader issues that would benefit from additional training for all tribunal members or for a circular to be issued.

We will update further on this enhanced approach in our next Report to Parliament.

Learning points issued by the Quality Assurance Group

In 2025, the QAG issued learning points to tribunal members on a variety of topics, including:

- Stays of MPT hearings due to abuse of process
- The impact of suspension and conditions on doctors in training
- Consideration of discrimination cases at MPT hearings
- Clarification of process for proceeding in absence
- Consideration of privacy and anonymity at MPT hearings
- Effective management of conviction cases
- Publication and disclosure at the MPTS

You can view all learning points issued to tribunal members at www.mpts-uk.org/learning_points.

Updates to tribunal guidance

- *Guidance for MPTS tribunals* came into effect on 24 November 2025, incorporating and replacing the previous *Sanctions guidance* and other documents.

Transparency

Transparency

Open justice

The MPTS is committed to open and transparent decision making. 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, PA or AA's entry on the GMC registers.

Details of interim restrictions on a doctor, PA or AA's registration (pending the outcome of a GMC investigation) are published on our website for six weeks. Interim restrictions appear on the registers for as long as they are in place.

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.

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.

Transparency

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 2025

Hearing outcomes in 2025

Interim measures tribunal hearings - PAs and AAs

The MPTS has been responsible for hearings involving Physician Associates and Anaesthesia Associates since 13 December 2024.

Only one interim hearing took place in 2025.

Outcomes in interim measures tribunal hearings	2025
Suspension	1
Conditions	0
No action	0
Total	**1**

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	2023	2024	2025
Suspension	29	52	60
Conditions	173	213	231
No action	37	59	66
Total	**239**	**324**	**357**

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. Only one review hearing was held in person in 2025. All the rest were held virtually.

IOT reviews held in 2025	
Review hearings	384
Reviewed on the papers	673
Total	**1057**

Hearing outcomes in 2025

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 2025 we received 210 referrals to a substantive hearing. These included cases referred:

- for a decision on the doctor's fitness to practise (new medical practitioners tribunal 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	199
Referral for non-compliance hearing	8
Referral for a restoration hearing	3
Total referrals for medical practitioners tribunal hearings	210

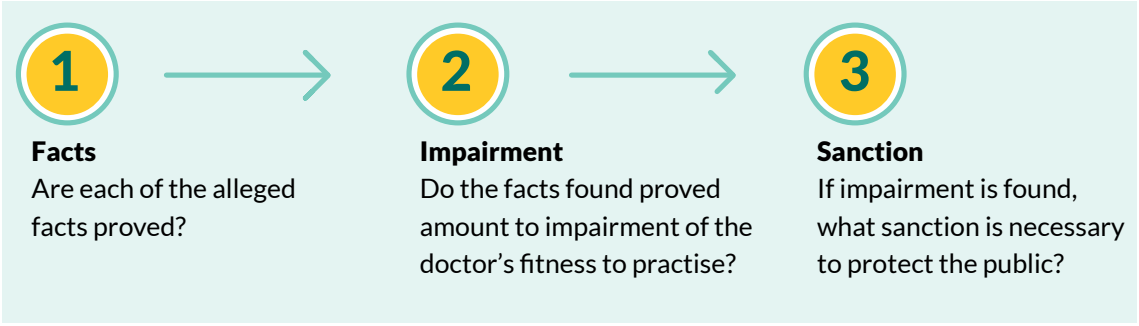
Referrals to the MPTS are sometimes cancelled. This might be because information has become available which means the threshold for referral is no longer met, or because of other circumstances.

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 2025

Medical practitioners tribunals made decisions in 160 doctors' cases in 2025.

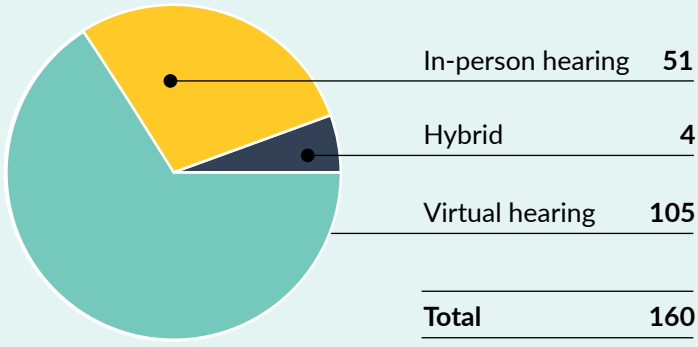
To put that figure in context, there were 393,357 doctors on the UK medical register at the end of 2024. In that same year, the GMC considered 10,031 concerns about doctors, of which 814 met the statutory threshold for investigation.

New MPT outcome	2023	2024	2025
Impaired: Erasure	60	67	48
Impaired: Suspension	109	76	68
Impaired: Conditions	13	9	7
Impaired: No action	2	2	1
Not impaired: Warning	15	6	11
Not impaired	49	24	23
Voluntary erasure	2	1	2
Total	**250**	**185**	**160**

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.

MPT new hearings in 2025



Hearing outcomes in 2025

Types of alleged impairment in 2025

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 2025 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 knowledge of English language.

New MPT impairment allegation 2025	Number	Percentage
Misconduct	98	61.3%
Conviction	20	12.5%
Performance	1	0.6%
Health	4	2.5%
Determination by another regulator	2	2.2%
Misconduct and conviction	14	8.8%
Misconduct and health	6	3.8%
Misconduct and determination by another regulator	3	1.9%
Conviction and health	5	3.1%
Other combinations of impairment types	7	4.4%
Total	**160**	

Hearing outcomes in 2025

Further break down of case types

The majority of new MPT hearings consider misconduct of some form, but this is a very broad category. We have analysed the outcomes of new MPT hearings in 2025 and applied the case type categories that are used in our new *Guidance for MPTS Tribunals*.

Hearing outcomes will be recorded according to these categories from now on.

The new guidance only came into effect for hearings starting from 24 November 2025. We have applied the categories retrospectively to the rest of the year's outcomes.

More than one case type can be present in a single hearing. 270 case types were identified across 160 hearings.

Case types in new MPT hearings 2025	Number	Percentage
Dishonesty	74	27.54%
Sexual misconduct	48	17.8%
Other misconduct	41	15.2%
Clinical concerns	36	13.3%
Adverse health condition	24	8.9%
Violent or abusive behaviour	23	8.5%
Substance misuse/abuse	12	4.4%
Discrimination	7	2.6%
Determination of another regulator	5	1.9%
Total	**270**	

Dishonesty was recorded as an allegation in more than a quarter of all cases.

Of the 36 clinical cases identified, only nine were solely clinical.

Hearing outcomes in 2025

The 48 sexual misconduct allegations were spread across 44 hearings. These can be broken down further by the nature of the allegation.

Sexual misconduct case types in new MPT hearings 2025	Number	Percentage
Sexual misconduct – Colleague	18	37.5%
Sexual misconduct – Patient	17	35.4%
Sexual misconduct – Other	11	22.9%
Sexual misconduct - Relative	2	4.2%
Total	**48**	

18 cases related to allegations of sexual misconduct against colleagues, with 17 cases about allegations relating to patients.

The ‘sexual misconduct - other’ case types are primarily about online offences.

Hearing outcomes in 2025

About the doctors attending new MPT hearings in 2025

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.

Country	MPT new hearings 2023		MPT new hearings 2024		MPT new hearings 2025		UK register (2024)
England	212	84.8%	170	91.9%	136	85.0%	74.1%
Northern Ireland	4	1.6%	3	1.6%	3	1.9%	2.3%
Scotland	11	4.4%	3	1.6%	11	6.9%	6.7%
Wales	11	4.4%	0	0.0%	4	2.5%	3.7%
Outside UK	12	4.8%	9	4.9%	6	3.8%	13.2%
Total	**250**		**185**		**160**		

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

Sex	MPT new hearings 2023		MPT new hearings 2024		MPT new hearings 2025		UK register (2024)
Male	212	84.8%	154	83.2%	123	76.9%	51.2%
Female	38	15.2%	31	16.8%	37	23.1%	48.8%
Total	**250**		**185**		**160**		

Hearing outcomes in 2025

Doctors who qualified outside of the UK accounted for 52.5% of new MPT hearings, despite being 45.2% of the register.

Primary medical qualification	MPT new hearings 2023		MPT new hearings 2024		MPT new hearings 2025		UK register (2024)
United Kingdom	100	40%	87	47%	76	47.5%	54.8%
Rest of the world	150	60%	98	53%	84	52.5%	45.2%
Total	**250**		**185**		**160**		

Also, doctors appearing at new MPT hearings in 2025 were more likely to be from an ethnic minority.

Ethnicity	MPT new hearings 2023		MPT new hearings 2024		MPT new hearings 2025		UK register (2024)
Asian/Asian British	98	39.8%	68	36.8%	51	31.9%	32.6%
Black/Black British	22	8.8%	13	7.0%	22	13.8%	6.9%
Mixed	6	2.4%	4	2.2%	6	3.8%	2.7%
Other ethnic groups	18	7.2%	16	8.6%	10	6.3%	6.3%
White	84	33.6%	76	41.1%	57	35.6%	45.8%
Unspecified	22	8.8%	8	4.3%	14	8.8%	5.7%
Total	**250**		**185**		**160**		

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.

The GMC set a target to eliminate the disproportion in the referrals it receives from employers by 2026. It has seen a consistent narrowing of the gap in referral rates, with sustained year-on-year improvement. We welcome this progress, as well as the commitment to make this a lasting change.

The MPTS will continue to monitor and publish data on how this disproportionality appears in hearings. It should be noted that the percentages can vary significantly because of the small number of doctors referred for a hearing.

Hearing outcomes in 2025

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	2023	2024	2025
Suspension	8	6	3
Conditions	1	1	2
Non-compliance not found	1	2	0
Total	**10**	**9**	**5**

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 over-arching objective of public protection to allow the doctor to regain their registration.

Outcomes in restoration hearings	2023	2024	2025
Application granted	3	4	3
Application refused	12	14	12
Application refused	0	1	0
Total	**15**	**19**	**15**

Hearing outcomes in 2025

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 2025	
Virtual review hearing	80
In-person review hearing (including hybrid)	1
Reviewed on the papers	15
Total	**96**

MPT non-compliance reviews held in 2025	
Virtual review hearing	15
In-person review hearing	0
Reviewed on the papers	2
Total	**17**

Representation and attendance

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, across all hearing types, 22.5% of doctors did not attend their hearing or send a legal representative. 20.5% of doctors attended their hearing without a legal representative, and a further 0.1% 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 support those doctors attending alone by providing clear guidance about our processes and signposting them to sources of support.

All hearing types (new & review)	2025	
	Number	Percentage
Attended with legal representation	546	53.6%
Attended with non-legal representation	2	0.2%
Attended without representation	209	20.5%
Legal representation only	31	3.0%
Non-legal representation only	1	0.1%
Did not attend	229	22.5%
Total	**1018**	

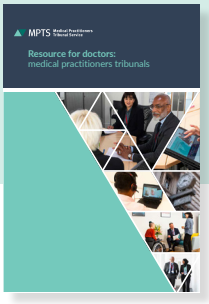
New IOT hearings	2025	
	Number	Percentage
Attended with legal representation	255	71.4%
Attended with non-legal representation	1	0.3%
Attended without representation	62	17.4%
Legal representation only	7	2.0%
Non-legal representation only	0	0.0%
Did not attend	32	9.0%
Total	**357**	

Representation and attendance

New MPT hearings	2025	
	Number	Percentage
Attended with legal representation	96	60.0
Attended with non-legal representation	0	0.0
Attended without representation	35	21.9
Legal representation only	2	1.3
Non-legal representation only	0	0.0
Did not attend	27	16.9
Total	**160**	

Doctors, PAs and AAs 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 registrant's case can be available to talk at any time.

The aim of this service is to:

- help lessen the isolation and stress a registrant 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 themself, 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 (see p27), 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 2025	All doctors	Asian / Asian British	Black / Black British	Mixed	Other ethnic groups	White	Un-specified
Attended with legal representation	**71.4%**	70.2%	65.9%	100%	71.1%	77.3%	50.0%
Attended with non-legal representation	**0.3%**	0.0%	0.0%	0.0%	0.0%	0.8%	0.0%
Attended without representation	**17.4%**	19.0%	24.4%	0.0%	21.1%	12.5%	19.2%
Legal representation only	**2.0%**	1.7%	0.0%	0.0%	0.0%	2.3%	7.7%
Non-legal representation only	**0.0%**	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Did not attend	**9.0%**	9.1%	9.8%	0.0%	7.9%	7.0%	23.1%

Representation and attendance

New MPT in 2025	All doctors	Asian / Asian British	Black / Black British	Mixed	Other ethnic groups	White	Un-specified
Attended with legal representation	**60.0%**	62.7%	59.1%	66.7%	50.0%	57.9%	64.3%
Attended with non-legal representation	**0.0%**	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Attended without representation	**21.9%**	25.5%	40.9%	33.3%	30.0%	14.0%	0.0%
Legal representation only	**1.3%**	0.0%	0.0%	0.0%	0.0%	3.5%	0.0%
Non-legal representation only	**0.0%**	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Did not attend	**16.9%**	11.8%	0.0%	0.0%	20.0%	24.6%	35.7%

Support for witnesses

We recognise that hearings can be stressful for anyone attending, whether as a doctor, PA or AA, or 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, PAs or AAs. 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

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 2025 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	2023	2024	2025
Successful	3	0	1
Dismissed	15	7	9
Struck out	0	2	1
Withdrawn	2	4	2
Remitted to MPT	1	2	0
To be heard	0	0	7
Total	**21**	**15**	**18**

GMC appeals	2023	2024	2025
Successful	2	2	1
Dismissed	0	1	0
To be heard	0	0	6
Total	**2**	**3**	**7**

PSA appeals	2023	2024	2025
Successful	0	0	0
Dismissed	0	0	0
Withdrawn	0	0	1
Remitted to MPT	1	1	0
To be heard	0	0	1
Total	**1**	**1**	**2**

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You are welcome to contact us in Welsh. We will respond in Welsh, without this causing additional delay.

Mae croeso i chi gysylltu â ni yn Gymraeg. Byddwn yn ymateb yn Gymraeg, heb i hyn achosi oedi ychwanegol.

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