

Medical Practitioners Tribunal Service

Report to Parliament 2016

31 December 2016

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Report to Parliament

2016

mpts

medical practitioners tribunal service

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Foreword

I was delighted to take over as Chair of the Medical Practitioners Tribunal Service (MPTS) in January 2017.

I retired as a High Court Judge in 2015. Earlier in my career, I was Leading Counsel to the Shipman Inquiry, assisting Dame Janet Smith in the production of her six reports. It was the Inquiry's Fifth Report in 2004 that recommended separation of the GMC's investigation and adjudication functions, as they were at the time.

In June 2012 the MPTS was created, becoming the first tribunal service of its kind in health regulation and carrying out its adjudication function operating separately from the General Medical Council (GMC)'s role in investigating complaints.

Since our inception, we have played an important role – making independent decisions about fitness to practise that protect patients and promote public confidence in the medical profession.

In 2015, we secured the agreement of Parliament to a number of reforms to the legislation that governs us and our work. We are now a statutory committee of the GMC, with a responsibility to deliver an annual report to Parliament, of which this report is the first.

The reforms have introduced a number of changes which we believe will make our tribunals operate more efficiently and effectively in the future: the introduction of legally qualified chairs, review hearings 'on the papers', binding pre-hearing case management decisions and a new right of appeal for the GMC.

His Honour David Pearl, my predecessor as Chair from 2012–16, oversaw the establishment of the MPTS as an operationally separate body and drove through the important reforms that have significantly improved the way doctors' hearings are run.

I am grateful to him for the leadership he provided to the MPTS throughout the period covered by this report.

I intend to build on that work, to reduce the unnecessary delays in our tribunal process that place great stress on all those involved, particularly the doctors and witnesses. And I intend to develop the support we already give to self-represented and vulnerable doctors who come before our tribunals.

Dame Caroline Swift
MPTS Chair

July 2017

The future of the Medical Practitioners Tribunal Service

This report sets out how the Medical Practitioners Tribunal Service (MPTS) has been established as a body making independent decisions. It also sets out how we have successfully implemented the various changes made by Parliament to the *Medical Act 1983 (as amended)* and the *Fitness to Practise Rules 2004 (as amended)* in 2015.

Those changes made clear the operational separation of the MPTS, underlined by our new status as a statutory committee of the General Medical Council (GMC), our new responsibility to submit annual reports to Parliament, and a new GMC right of appeal against decisions made by our tribunals.

The changes also give us stronger case management powers, including a costs regime, to help make sure cases are in a better state of preparation when they reach a tribunal hearing, thus reducing the time taken up.

We can now appoint legally qualified individuals to chair hearings, and to carry out case reviews on the papers, when both sides agree on the proposed outcome. This avoids the need for a full hearing.

We implemented these changes in 2016 and have significantly reduced the time spent in hearings, making better use of our resources.

From 2017, our focus will be on further changes we can make that will improve our efficiency and effectiveness.

We will:

- work with the GMC and doctors' representatives to reduce the number of adjournments and causes of delays in resolving cases, which can have a huge impact on doctors and complainants
- reduce the length of hearings by making sure tribunals can read evidence and documents in advance
- extend our use of robust pre-hearing case management, to ensure more timely and effective disclosure
- improve how we present our written decisions, making them easier to understand for doctors and the public
- extend the support we offer to doctors appearing before our tribunals, to include support at the pre-hearing stage, to help lessen the isolation and stress that some encounter
- extend the support we offer to doctors without legal representation. We will develop a workbook for the 11% of doctors who represent themselves, to help them arrive at their hearing better prepared.

What is the MPTS?

We are an adjudication service. We conduct hearings to establish whether doctors registered in the UK are fit to practise medicine and safe to treat patients.

Our tribunals make independent decisions about a doctor's fitness to practise, on the basis of professional standards set by the GMC. In a case where the doctor's fitness to practise is found to be impaired, tribunals can impose sanctions on their registration, if it is considered necessary to protect the public.

History

In 2004, the Shipman Inquiry's Fifth Report recommended greater separation between the GMC's adjudication and investigation functions.

In 2008, Parliament passed the *Health and Social Care Act 2008*, establishing the Office of the Health Professions Adjudicator, which was intended to be an independent adjudicator, serving the GMC and other medical regulators. But the Office of the Health Professions Adjudicator was abolished by the *Health and Social Care Act 2012*.

The MPTS was created in June 2012 to separate the GMC's adjudication function from its investigatory function, and to promote greater confidence in the independence of the tribunals conducting medical fitness to practise hearings.

Governance

The MPTS is a statutory committee of the GMC.

However, there is clear operational separation between MPTS staff administering hearings, and GMC staff investigating and preparing cases. This makes sure our decision-making is free from the influence of those responsible for bringing individual cases before our tribunals.

Therefore, our tribunals' decision-making is fully independent of the GMC.

We share office support functions with the rest of the GMC to make sure we use our resources efficiently.

Our Chair, Dame Caroline Swift, provides jurisdictional leadership and management for the organisation.

She chairs the MPTS Committee, which is required to report on its activities twice yearly to the GMC and, as from 2017, annually to Parliament. This is the first such report.

The MPTS Committee is composed of five members, including Dame Caroline, with varied backgrounds and experience.

It meets quarterly, and papers from the meetings are published online.

The Committee's responsibilities are set out in the *Medical Act*, and require it to deliver a hearings service that demonstrates efficiency and effectiveness.

Recent changes

Changes to the legislation governing our procedures, agreed by Parliament in 2015, allowed us to reduce our expenditure by £380,000 in 2016. Our 2017 budget is £9.4m, a reduction from £10.6m in 2016.

In March 2015, the UK Parliament, Scottish Parliament and Privy Council agreed to amendments to the *Medical Act*. These changes were enacted in August and December 2015, and included:

- an overarching objective for the GMC and MPTS of protecting the public
- clear operational separation, with the MPTS placed on a statutory footing, and the GMC given a new right to appeal against MPTS decisions
- the power to use legally qualified chairs in MPTS hearings
- the power to hold case review hearings on the papers, conducted by a legally qualified chair when both the GMC and the doctor agree on the proposed outcome, thus saving the need for a full hearing
- the power to make binding pre-hearing case management directions, with powers also to award costs if either party (ie the GMC or the doctor) fails to comply with directions and behaves unreasonably in the conduct of the proceedings.

We fully implemented these wide-ranging changes in 2016, allowing us to improve the efficiency of our hearings process and reduce our budget.

How our hearings work

We hear the vast majority of cases in our dedicated hearing centre in Manchester. We can run a maximum of 15 hearings at one time.

As of 31 December 2016, we employed 81 full-time and part-time members of staff to directly support hearings as tribunal clerks and assistants, to list cases, to empanel tribunals, and to recruit, train and develop tribunal members.

Three tribunal members sit on each MPTS tribunal hearing. At least one tribunal member must be medically qualified with a licence to practise and at least one must be a lay person who has never held a medical qualification. One member of the tribunal is appointed as chair. It is their responsibility to manage the conduct of the case both inside the hearing room and during the private deliberations amongst tribunal members.

When making decisions on facts, our tribunals apply the civil standard of proof.

Doctors, the GMC and the Professional Standards Authority can all appeal our decisions to the High Court of Justice in England and Wales, Court of Session in Scotland or the High Court of Justice of Northern Ireland.

Types of hearings

We run two main types of tribunal hearing – **interim orders tribunal** hearings and **medical practitioners tribunal** hearings.

As well as dealing with fitness to practise cases, medical practitioners tribunals also hear non-compliance cases and requests for restoration to the medical register.

Interim orders tribunal hearings – new cases

The GMC has the power to ask an interim orders tribunal to impose an interim restriction on a doctor's registration while allegations about their conduct or performance are being investigated.

Interim orders tribunals do not make findings of fact, but can make orders suspending a doctor's registration or imposing conditions for up to 18 months.

Interim orders can be imposed to protect patients, to protect public confidence or (usually in a case involving the doctor's health) in the interests of the doctor concerned.

Interim orders tribunal hearings – reviews

Interim orders must be reviewed at least every six months, and can be extended beyond 18 months only by the High Court. If an order is varied at review, a further review must be held within three months.

Changes to the *Medical Act* in December 2015 gave us a new power to hold review hearings on the papers when both sides agree on the proposed outcome, thus avoiding the need for a full hearing.

In 2016, nearly a quarter of our interim orders reviews were held in this way. This is appropriate when both parties agree that an order should remain in place (because an investigation is ongoing) or should be revoked (because an investigation has concluded).

This is an efficient use of our resources and less stressful for those involved in the hearing.

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 a medical practitioners tribunal hearing.

A medical practitioners tribunal hearing follows three stages:

- **Facts** – are each of the alleged facts proved?
- **Impairment** – do the facts found proved amount to impairment of the doctor's fitness to practise?
- **Sanction** – if impairment is found, what sanction is necessary to protect the public?

Both the GMC and the doctor may present written evidence and call witnesses to give oral evidence at the hearing.

Medical practitioners tribunals hear the evidence in the case, determine the facts and then decide, on the basis of the facts found proved, whether the doctor's fitness to practise is impaired.

If a tribunal concludes that a doctor's fitness to practise is impaired, it must consider the following options, taking into account the *Sanctions guidance*:

- take no action
- accept undertakings (voluntary conditions agreed between the GMC and the doctor)
- place conditions on the doctor's registration (for up to three years)
- suspend the doctor's registration (for up to one year)
- erase the doctor's name from the register.

Where a tribunal finds a doctor's fitness to practise is not impaired, it may issue a warning to the doctor if there has been a significant departure from the standards set out in the GMC's professional guidance, *Good medical practice*.

Medical practitioners tribunal hearings – reviews

A tribunal can order that a review hearing be held before a period of conditions or suspension expires.

At a review hearing, a fresh tribunal will determine whether a doctor's fitness to practise remains impaired. If impairment is found, the full range of sanctions is available.

Changes to the *Medical Act* in December 2015 gave us a new power to hold review hearings on the papers when both sides agree on the proposed outcome, thus avoiding the need for a full hearing.

We began trialling medical practitioners tribunal review hearings on the papers in 2016, and are now expanding their use in 2017. Holding reviews on the papers is an efficient use of our resources and less stressful for those involved in the hearing.

Medical practitioners tribunal hearings – non-compliance

As part of an investigation, the GMC may direct that a doctor has an assessment of their health, performance, or knowledge of English Language, or that a doctor provide information.

If the GMC believes a doctor is consistently or explicitly refusing to comply with such a direction, it may refer them to a medical practitioners tribunal non-compliance hearing.

The tribunal will consider submissions from the GMC and the doctor, and make a finding on the issue of non-compliance.

If non-compliance is found, the tribunal can impose a sanction of conditions or suspension.

Issues relating to non-compliance might also arise during a medical practitioners tribunal hearing.

Medical practitioners tribunal hearings – restoration

A doctor whose name has been erased from the medical register by a medical practitioners tribunal can apply for restoration of their registration after five years.

There is no automatic right to restoration. Rather, the onus is on the doctor to demonstrate to a fresh tribunal that he or she:

- has insight and has dealt with all the issues that led to erasure
- has up to date medical knowledge and skills, and
- can safely return to unrestricted practice.

The tribunal hears submissions from the GMC and the doctor and makes a decision on whether to accept or refuse the doctor's application.

Transparency

Public hearings

Medical practitioners tribunals sit in public, unless they are considering confidential information about a doctor's health, or there are exceptional circumstances.

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

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

To assist public understanding of our decisions, we have facilities for journalists attending our hearings. All public decisions announced by tribunals are made available to journalists, on request.

The legislation states that interim orders tribunal hearings should be held in private, unless the doctor specifically requests a public hearing.

Publishing decisions

Decisions in all public medical practitioners tribunal hearings where there is a finding of fact are published on our website for 12 months.

If there has been a finding of impairment, or a warning issued, the same record will appear on a doctor's entry on the GMC's List of Registered Medical Practitioners (the medical register).

Details of interim orders to suspend or impose conditions on a doctor's registration pending the outcome of an investigation are published on our website for six weeks. They are also published on the medical register while the order remains in place.

Detailed decisions of interim orders tribunal hearings are not published, unless a doctor has requested their hearing be held publicly.

Register of interests – MPTS Committee

We publish a register of interests for the five members of the MPTS Committee, to support transparency and 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/CommitteeRegister.

Register of interests – Tribunal members

We publish a register of interests for all tribunal members.

This supports transparency, probity and confidence in our processes. It also helps avoid any conflict of interests that might 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.

Equality and diversity

Equality and diversity are integral to our work, as an adjudicator and an employer. We apply the equality and diversity strategy and policies of the GMC.

We aim to be fair and objective in delivering our procedures, and to make sure our processes are free from unlawful discrimination and transparent to all of our interest groups.

We train our staff and tribunal members to understand how to treat people fairly in our work.

We will 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 recruiting 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.

Liaison with users of the MPTS

An MPTS User Group was established in 2012 to 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 Assistant Director.

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.

In 2016, the meetings discussed the implementation of recent legislative changes, the piloting of paperless hearings, the use of legally qualified chairs, the MPTS approach to adjournments and proposals on the provision of bundles in advance of hearings.

We engage directly with medical defence organisations over matters of mutual concern, such as case management.

Support for doctors and witnesses

We recognise that hearings can be stressful for anyone attending, whether as a doctor or as a witness.

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

A support service is available to witnesses who wish to talk to someone before, during or after a hearing.

In 2016, 11% of doctors appearing before our tribunals did so without legal representation. This can be challenging for both tribunals and the doctors concerned.

To help doctors representing themselves, and reduce the risk of hearings adjourning part-heard, we offer a range of material to help those doctors better prepare for their hearing, including:

- a range of information booklets, factsheets and posters, explaining each stage of a hearing
- a telephone information service run by law students, offering information on hearings procedure (but not legal advice).

In 2016, we launched a Doctor Contact Service, which is available to all doctors 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
- signpost useful support material and services
- provide information about the hearing process.

Decision making

Tribunal members

As of 31 December 2016, we had 274 tribunal members. 57% were medical members and 43% lay members.

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

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

In 2016, we appointed 35 new medical tribunal members, following an appointments campaign.

20 new legally qualified chairs took up their roles from the start of 2016, having been appointed at the end of 2015 from our existing pool of tribunal members.

In early 2017, we carried out a recruitment campaign for legally qualified persons to act as legally qualified chairs and legal assessors. We appointed 74 individuals, 30 of whom came from our existing pool of tribunal members. They are currently having training before sitting in hearings later in 2017.

Diversity of tribunal members

As of 31 December 2016, we had 274 tribunal members, of whom 47% were female and 21% identified as coming from black and minority ethnic (BME) backgrounds.

This compares favourably with the most recently published figures for UK courts (28% female and 5% BME) and UK tribunals (45% female and 12% BME). (Source: www.judiciary.gov.uk/publications/judicial-statistics-2016)

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

For each hearing, we try to achieve diversity among the three tribunal members. The availability of tribunal members within the pool determines how often we can do this.

In 2016, our tribunals had both ethnicity and gender diversity on 38.5% of hearing days.

On 49% of hearing days our tribunals had gender diversity only, while on 8% of hearing days our tribunals had ethnicity diversity only.

A non-BME, single gender tribunal only sat on 4.5% of hearing days.

Training of tribunal members

All new tribunal members have a full week of induction training. Our training emphasises the legislation and rules that govern the process for our hearings, the key skills required for the role and practical application of these through a blended training programme.

Tribunal members must keep their skills and knowledge up to date via the regular circulars and updates to guidance that we send them. In 2017, we introduced our first e-learning module for those attending induction training.

All MPTS tribunal members, legal assessors and case managers must attend an annual training day, which is tailored to their role. Tribunal chairs and legally qualified chairs must attend an extra annual training day where they receive additional training specific to their chairing role.

In 2016, our training included updates on case law and legislative change, guidance on drafting determinations and effective management of hearings by chairs.

Appraisal

So that standards are maintained, tribunal members are also subject to regular appraisal. This includes 360 degree feedback from other tribunal members with whom they have sat in hearings, and observations of their conduct during hearings carried out by appropriately trained members of our staff.

Quality assurance of tribunal decision making

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

The purpose of these reviews is to make sure the determinations are clear, well-reasoned and compliant with the relevant case law and guidance and to identify any issues which could usefully be incorporated into future tribunal training sessions.

In 2016, the Quality Assurance Group reviewed 507 tribunal decisions and 61 case management decisions. The most common issues identified were the need to give more detailed reasons for a decision or a fuller explanation of the weight given to specific legal advice, case law or guidance.

The Quality Assurance Group also reviews tribunal decisions which have been the subject of appeals, including appeals by, or of learning points raised by, the Professional Standards Authority. During 2016, the Professional Standards Authority raised learning points in nine cases.

Learning points issued by Quality Assurance Group

In 2016, the Quality Assurance Group issued learning points to tribunal members on a variety of topics. These included:

- making a finding of impairment based on cumulative findings of misconduct
- giving full reasons in each determination, so it can be read without reference to other documents
- providing reasons for holding hearings partly in private session
- not giving undue weight to a previous interim order when imposing a sanction
- correct terminology to use in determinations
- making decisions on interim orders in cases where criminal proceedings have stopped.

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

Updates to tribunal guidance

In July 2016, in collaboration with the GMC, we updated the *Sanctions guidance*, which is used by both MPTS tribunals and decision makers in the GMC's fitness to practise investigations.

The changes were:

- additional information on verification checks carried out by the GMC for all testimonials provided to them eight weeks or more before the hearing
- further guidance on testimonial evidence, particularly in reference to verification checks
- A terminology change for statements from responsible officers (who support doctors with appraisal and revalidation).

This was a relatively small revision, as we had issued a new version of the *Sanctions guidance* in 2015, following a full public consultation.

Cases referred to us

Number of cases referred to a medical practitioners tribunal

Following an investigation, the GMC can refer a doctor to us for a medical practitioners tribunal hearing.

	2014	2015	2016
Doctors referred	288	336	232

Types of cases referred to the MPTS

When referring cases to us, the GMC may allege that a doctor's fitness to practise is impaired by reason of one of more or the following:

- misconduct
- deficient professional performance
- a conviction, or caution, for a criminal offence
- adverse physical or mental health
- not having the necessary knowledge of English (introduced by changes to the *Medical Act* made in 2015)
- a determination made by another regulatory body.

The allegation being made against the doctor by the GMC may cover more than one category of impairment. For example, a criminal conviction might be accompanied by further allegations of misconduct or adverse health.

Type of alleged impairment in MPT hearings	2014	2015	2016
Misconduct	148	130	150
Conviction	23	33	20
Performance	11	4	5
Health	7	14	8
Determination by another regulator	0	2	0
Language	–	2	2
Misconduct and performance	16	22	13
Misconduct and conviction	7	7	5
Misconduct and health	9	11	6
Conviction and health	9	7	5
Other combinations of the above	7	6	15
Total	237	238	229

Case management

We have one full-time and five contracted case managers. Cases are subject to robust, active pre-hearing case management.

Changes to the *Medical Act* made in 2015 gave us powers to issue binding pre-hearing case management directions. We believe this is essential to make sure hearings are case-ready on the first day.

We held 200 pre-hearing meetings in 2016 (some of which were for the same case).

The changes also gave tribunals powers to award costs if either party (the doctor or the GMC) fails to comply with a direction and behaves unreasonably in the conduct of proceedings.

Tribunals awarded no costs in 2016.

Hearing days and service targets

The number of hearing days is an important figure for our budgeting and workforce planning. We look at this alongside the number of cases referred by the GMC to plan the best use of our resources for the future.

2016 saw a significant reduction in the number of doctors referred to an interim orders tribunal, though there were a number of lengthy medical practitioners tribunal hearings.

We have service targets to:

- begin 90% of medical practitioners tribunal hearings within nine months of a referral
- begin 100% of interim orders tribunal hearings within three weeks of a referral.

We met both targets consistently throughout 2016.

Hearing days	2014	2015	2016
Medical practitioners tribunals	2,298	2,202	2,431
Interim orders tribunals	536	507	354
Total	2,834	2,709	2,785

Hearing outcomes

Medical practitioners tribunal hearings – new cases

229 doctors appeared before medical practitioners tribunals in 2016, a similar number to the two previous years.

To put that figure in context, there are approximately 270,000 doctors on the UK medical register, and the GMC receives around 10,000 enquiries about doctors each year.

In 2016, over three quarters of new cases brought before medical practitioners tribunals resulted in a sanction being imposed (of conditions, suspension or erasure), similar to previous years.

Our tribunals found doctors' fitness to practise not to be impaired in just under 20% of new cases. In some of those cases, the tribunal felt it necessary to issue a warning on the doctor's registration.

In a small number of cases, the tribunal accepted an application from the doctor for voluntary erasure from the medical register.

A hearing can also conclude with the doctor agreeing undertakings (voluntary conditions) with the GMC.

Medical practitioners tribunal hearing outcomes	2014	2015	2016
Impaired: Erasure	71	72	70
Impaired: Suspension	86	94	93
Impaired: Conditions	22	24	17
Impaired: No action	4	2	2
Not impaired: warning	9	6	11
Not impaired	38	38	34
Voluntary erasure	4	1	2
Undertakings	3	1	0
Total	237	238	229

Medical practitioners tribunal hearings – non-compliance

We held the first non-compliance hearings in 2016.

If non-compliance is found, a tribunal can impose a sanction of conditions or suspension.

Outcomes in non-compliance hearings	2014	2015	2016
Suspension			2
Conditions	-	-	5
Total	-	-	7

Medical practitioners tribunal hearings – restoration

We held 15 restoration hearings in 2016, a similar number to the two previous years.

Outcomes in restoration hearings	2014	2015	2016
Application granted	4	3	6
Application refused	9	12	9
Total	13	15	15

Interim orders tribunal hearings – new cases

339 doctors appeared before interim orders tribunals in 2016, significantly fewer than in previous years.

Outcomes in interim orders tribunal hearings	2014	2015	2016
Suspension	103	49	58
Conditions	350	359	233
No action	119	114	48
Total	572	522	339

Review hearings

We began trialling review hearings on the papers in 2016, and are now expanding their use in 2017.

This is an efficient use of our resources and less stressful for those involved in the hearing.

Medical practitioners tribunal review hearings	2014	2015	2016
Medical practitioners tribunal review	144	157	171
Medical practitioners tribunal review on the papers	–	–	4
Total	144	157	175

Interim orders tribunal review hearings	2014	2015	2016
Interim orders tribunal review	1,504	1,445	860
Interim orders tribunal review on the papers	–	–	277
Total	1,504	1,445	1,137

Our next report

We will deliver our second Parliamentary report in 2018, reporting on our activity in 2017.

We intend to report on progress on the actions set out at the start of this report, and the impact any changes have had on the efficiency and effectiveness of our tribunal service.

Further information

If you require more information about the MPTS, please contact enquiries@mpts-uk.org.

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The Medical Practitioners Tribunal Service makes independent decisions on doctors' fitness
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