

Report to Parliament 2022





Contents

Foreword

Review of 2022

Working with COVID-19 restrictions	4
Increased capacity since the pandemic	4
Choice of hearing location	5
Cost of hearings	6
Resources for doctors	7

Our leadership

Our Committee	9
Our management	9
Our vision	10

Decision-making

Tribunal members	12
Diversity of tribunal members	12
Training of tribunal members	12
Development of tribunal members	13
Quality assurance of tribunal decision-making	13
Learning points issued by the Quality Assurance Group	13
Updates to tribunal guidance	14

Transparency

Public hearings	16
Publishing decisions	16
Register of interests	17
Equality, diversity and inclusion	17
Disproportionate referrals	18
Liaison with users of the MPTS	18

Contents

Hearing outcomes in 2022

Interim orders tribunal hearings – new cases	20
Interim orders tribunal hearings – reviews	20
Referrals to a substantive hearing	21
Medical practitioners tribunal hearings - new cases	21
Types of alleged impairment in 2022	22
About the doctors attending new MPT hearings in 2022	23
Non-compliance hearings	25
Restoration hearings	26
MPT Review hearings	26

Representation and attendance

Doctors without legal representation	29
Non-attendance of doctors	29
Representation and attendance by ethnicity	30
Support for witnesses	31

Appeals

How we respond to appeal judgments	33
Appeal outcomes	34

Foreword

I am pleased to introduce the Medical Practitioners Tribunal Service (MPTS) Annual Report to Parliament for 2022.

I became Chair of the MPTS on 1 March 2023. It is an honour to succeed Dame Caroline Swift, who led the MPTS so successfully for six years, embedding the last round of legislative reform and seeing the organisation through the COVID-19 pandemic. I am also grateful to Professor Jacky Hayden for acting as Interim Chair in January and February of this year.

Previously, I was Senior Circuit Judge, Resident Judge at Southwark Crown Court and Recorder of Westminster. I also sat in the Court of Appeal (Criminal Division) and in the High Court King's Bench Division and Administrative Court.

The work of the MPTS is important: ensuring members of the public are properly protected by high quality, independent decisions within a reasonable time in fitness to practise cases, thereby maintaining the quality and reputation of the medical profession.

I intend to use my judicial experience and involvement in reform and post-pandemic recovery to benefit the MPTS in finding new ways to operate effectively and efficiently, including the use of new technology to modernise how we work.

In particular, I want to work with all parties to ensure that we reduce the number of cases which are cancelled or adjourned at short notice, or which adjourn without concluding in their allotted time. Such delays are a strain on resources, and most importantly, are stressful for doctors, witnesses, and complainants. Work has begun on new measures to address this aspect of our work.



Since my arrival I have been made most welcome and am enjoying working with my new colleagues at the MPTS. With regulatory reform in train, we will be working along with our colleagues within the General Medical Council to prepare the MPTS for UK Government's proposed reform of the legislation governing our hearings.

A handwritten signature in black ink, which reads "D. Taylor".

Her Honour Deborah Taylor
June 2023

Review of 2022

2022 was a year of continued operational recovery from the impact of the COVID-19 pandemic.

Our priority throughout the year was to hold as many hearings as possible, to make up for the hearing days that were lost in 2020.

We were flexible in our approach to hearing venues, running virtual, hybrid (where participants attend in person and/or virtually) and in-person hearings according to the specific needs of the parties.

Working with COVID-19 restrictions

The year began with workplace COVID-19 restrictions back in place in England. Home working guidance had been reintroduced in December 2021 and remained in place until March 2022.

We fully implemented the UK Government's workplace restrictions throughout the pandemic, maintaining social distancing in hearing rooms. When restrictions ended on 31 March, we continued to ask colleagues and visitors to be respectful of individual decisions on face coverings and give each other the appropriate space.

We are grateful to our staff, tribunal members and those regularly attending hearings for their support throughout this time, meaning we could deliver and support hearings and ensure cases were concluded.

Increased capacity since the pandemic

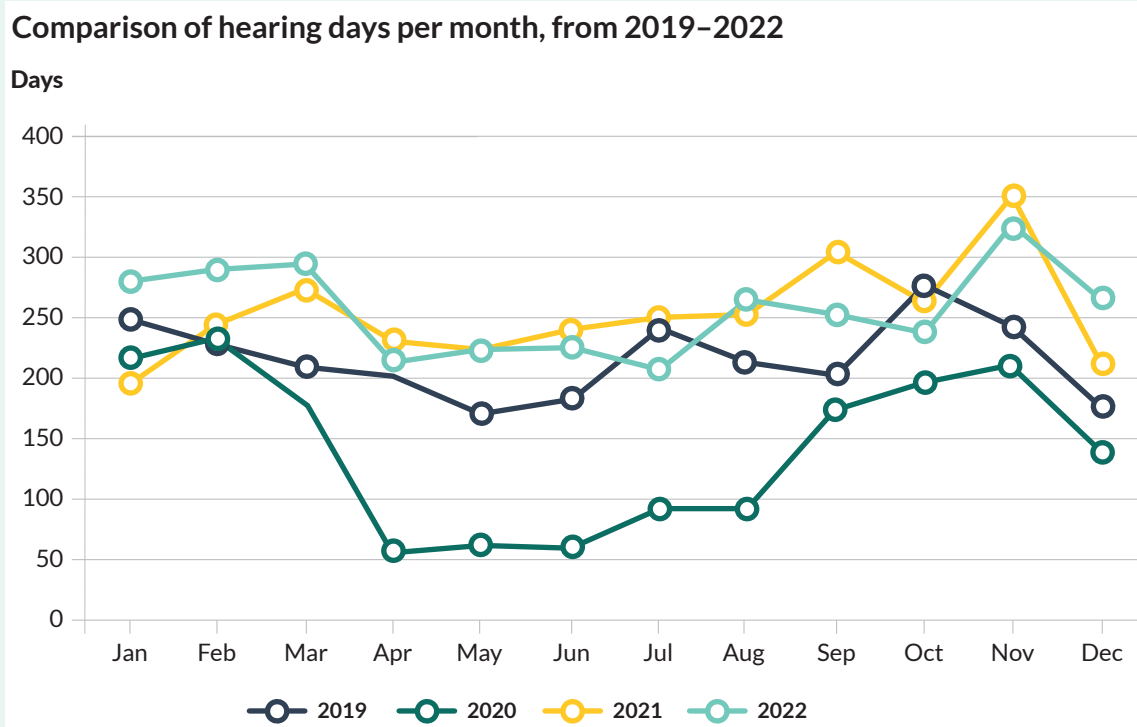
Throughout 2022 we maintained a higher capacity than usual, holding 19% more hearing days than we did 2019.

We list a similar number of hearings in each month, but as the chart below illustrates, the number of hearing days held each month can vary considerably.

Sometimes this is because a hearing has not taken place as scheduled, if a GMC Case Examiner decides that the GMC can appropriately conclude its investigation by other means.

On other occasions, an MPTS Case Manager may have granted a postponement or further adjournment (on application by the GMC, doctor, both parties or the MPTS).

Review of 2022



Hearings can also conclude early after reaching a decision, or because the tribunal grants an adjournment (on application by the GMC, doctor or both parties).

After working with GMC colleagues to consider the current and expected levels of case referrals, we agreed to maintain our current level of hearing capacity until the middle of 2023. After that, we expect to return to pre-pandemic hearing levels.

Choice of hearing location



The MPTS continues to run a mix of in-person, hybrid and virtual hearings. Those taking part in our hearings value this flexibility, and we continue to offer this for Medical Practitioners Tribunal (MPT) hearings.

Before listing an MPT hearing, we seek parties’ views on the most appropriate venue. We consider a range of factors: the needs of the doctor and any vulnerable witnesses; any compelling circumstances for other participants; the volume or format of evidence to be presented.

Review of 2022

If circumstances change during a hearing, the Tribunal can agree to change the venue.

In 2022, we ran 403 MPT hearings (including new, review, non-compliance hearings and restoration hearings), of which 72.7% took place virtually, 24.8% in our Manchester hearing centre and 2.5% a hybrid of the two.

We saw demand for in-person hearings grow during the year, following the lifting of COVID-19 restrictions. By December 2022, 52.9% took place virtually, 41.2% in our hearing centre and 5.9% a hybrid of the two.

Throughout 2022 we ran all Interim Orders Tribunal (IOT) hearings as virtual hearings. IOT hearings are brief, held at short notice and do not make findings of fact, so a virtual hearing is usually convenient for all parties.

Cost of hearings



Virtual hearings have contributed to a reduction in our overall running costs since 2020.

For the last two calendar years we have been running more hearing days than we were before the pandemic, but the average cost of a hearing day has come down.

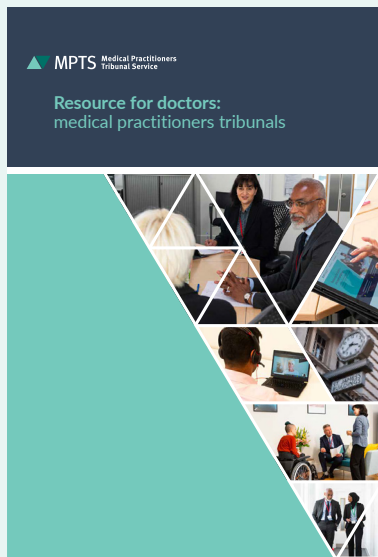
	2017	2018	2019	2020	2021	2022
MPTS budget*	£7,278,561	£7,244,481	£7,408,015	£5,713,314	£7,841,412	£8,237,920
Number of hearing days	2,339	2,530	2,651	1,805	3,165	3,213
Average cost per hearing day	£3,112	£2,863	£2,794	£3,165	£2,478	£2,564

* The MPTS budget covers all of our operational costs, including training, induction and remuneration. It does not include the facilities and IT support we receive from the GMC.

Review of 2022

Resources for doctors

During 2022 we expanded our set of *Resources for doctors* guides, which help doctors who are referred to us better understand our processes.



There are **five guides available on our website** and around our hearing centre, one for each type of MPTS hearing. They explain the hearing process step by step, making clear the practical steps a doctor should take.

They are written specifically for doctors who are without legal representation, although can be of use to any doctor wanting to better understand how a hearing works.

The aim of the guides is to help lessen a doctor's anxiety about the hearing process, and to help ensure the doctor is as prepared as possible.

The guides are not legal advice: it is always much better for a doctor to be professionally represented in our proceedings.

Our leadership

Our Committee	9
Our management	9
Our vision	10



Our leadership

The MPTS runs hearings for doctors 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, Her Honour Deborah Taylor, provides jurisdictional leadership and management for the organisation. She took up her post on 1 March 2023. She chairs the MPTS Committee, which is required to report on its activities twice yearly to the GMC and annually to Parliament.

Dame Caroline Swift was Chair of the MPTS throughout 2022, stepping down on 31 December.

At the end of 2022 the MPTS Committee was composed of:

- ▶ Dame Caroline Swift, Chair
- ▶ Gill Edelman, lay member
- ▶ Joy Hamilton, lay tribunal member
- ▶ Professor Jacky Hayden, medical member
- ▶ Dr Simon Mackenzie, medical tribunal member.

During the year, Dr Tushar Vince stepped down as a medical tribunal member of the Committee.

Our management

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

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

At the end of 2022 we had 120 full time 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

Tribunal members	12
Diversity of tribunal members	12
Training of tribunal members	12
Development of tribunal members	13
Quality assurance of tribunal decision-making	13
Learning points issued by the Quality Assurance Group	13
Updates to tribunal guidance	14



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.

We concluded a medical and lay appointment campaign in early 2023, from which we appointed 46 medical members and 41 lay members. We also appointed three additional legally qualified chairs.



Diversity of tribunal members

We believe 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 May 2023, 49.5% of our 363 tribunal members were women and 23.1% 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 2022, our tribunals had ethnicity diversity on 43.1% of hearings and sex diversity on 72.6% of hearings. 32.8% of tribunals had both ethnicity and sex diversity. A single sex tribunal with no ethnic minority members sat on 17.1% of hearings.

Training of tribunal members

All new tribunal members receive comprehensive and in-depth induction training, delivered both in-person and virtually. 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 2022, all tribunal members attended annual training, including:

- ▶ an online seminar on insight and remediation, in addition to recent learning points
- ▶ e-learning on case law updates

Decision-making

- ▶ an interactive session on the role of the tribunal, covering professionalism, competencies, and conflicts as well as further recent learning points.

Development of tribunal members

So that our high 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.

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 2022, the QAG reviewed 252 tribunal decisions, including 25% of all MPT decisions and 20% 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 2022, the QAG issued learning points to tribunal members on a variety of topics.

These included:

- ▶ specific learning points from QAG on both interim orders tribunals and medical practitioners tribunals, including best practice for drafting determinations
- ▶ sharing updated guidance on representation and representation-related adjournments during hearings
- ▶ the approach to adjournments in hearings
- ▶ clarification on substitution powers when a tribunal member is unavailable
- ▶ two circulars on specific judgments, further to appeals.

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

Decision-making

Updates to tribunal guidance

During 2022, we issued new MPTS guidance or shared new GMC guidance on:

- ▶ frameworks for how to structure restoration decisions
- ▶ guidance on representation at hearings (replacing the *Fit and proper persons guidance*)
- ▶ substitution powers
- ▶ updates to the *Restrictions bank*.

Transparency

Public hearings	16
Publishing decisions	16
Register of interests	17
Equality, diversity and inclusion	17
Disproportionate referrals	18
Liaison with users of the MPTS	18



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 brief summary of the allegation that will be made against the doctor.

Members of the public can attend hearings at the MPTS and we encourage those with an interest in our work to attend. We are regularly visited by groups of medical and law students and members of other relevant organisations.

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

After a medical practitioners tribunal hearing concludes, we publish a Record of Determinations which explains the reasons for any decisions taken by the tribunal. This is available on our website for 12 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 interests

We publish two registers of interests, 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.

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.

As an employer, the GMC has an ambition to improve diversity and inclusion across the organisation, including at the MPTS. It has set targets to:

- ▶ increase career progression for ethnic minority colleagues
- ▶ improve the representation of ethnic minority colleagues at all levels
- ▶ address gender and ethnicity pay gaps.

Transparency

Disproportionate referrals

Doctors from ethnic minorities are more likely to be referred to the GMC by their employers for fitness to practise concerns than white doctors. Doctors who received their primary medical qualification (PMQ) outside of the UK are also more likely to be referred than UK-trained doctors.

This disproportionality can then be seen at all stages of the fitness to practise process, including at MPTS hearings.

The GMC has set a target to eliminate the disproportionality in fitness to practise referrals from employers by 2026.

Information on the ethnicity and PMQ of doctors appearing at hearings in 2022 is included in the *Hearing outcomes* section and *Representation and attendance* section.

In 2019, the GMC's Chief Statistician published peer-reviewed research on MPTS hearing outcomes. This did not find any significant association between serious outcomes and any protected characteristic. It did conclude that doctors who did not attend their hearing or were not legally represented were more likely to receive a serious outcome.*

We are working with GMC colleagues to update this research. To date, the data confirms the initial findings, and also indicates that the use of virtual hearings has not had an impact on outcomes.

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.

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.

* See <https://pubmed.ncbi.nlm.nih.gov/31771585/>

Hearing outcomes in 2022

Interim orders tribunal hearings – new cases	20
Interim orders tribunal hearings – reviews	20
Referrals to a substantive hearing	21
Medical practitioners tribunal hearings – new cases	21
Types of alleged impairment in 2022	22
About the doctors attending new MPT hearings in 2022	23
Non-compliance hearings	25
Restoration hearings	26
MPT Review hearings	26



Hearing outcomes in 2022

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	2020	2021	2022
Suspension	40	35	34
Conditions	234	217	184
No action	78	56	54
Total	352	308	272

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 2022.

IOT reviews held in 2022	
Virtual review hearing	397
In-person review hearing	0
Reviewed on the papers	819
Total	1,216

Hearing outcomes in 2022

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 2022 we received 296 referrals to a substantive hearing. This 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 to the medical register (restoration hearing).

Referral for a new MPT hearing	266
Referral for non-compliance hearing	8
Referral for a restoration hearing	22
Total referrals	296

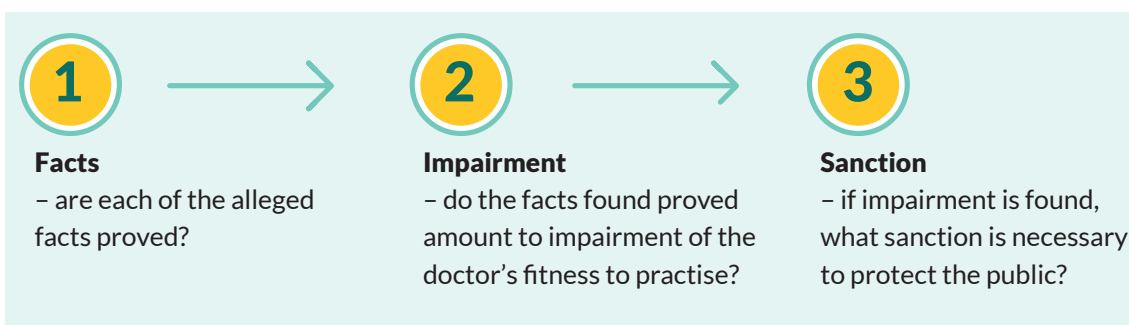
Referrals to the MPTS are sometimes cancelled. This might be because information has become available which means the threshold for referral is no longer met, or because of other circumstances.

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:



Medical practitioners tribunals made decisions in 273 doctors’ cases in 2022, a similar number to the previous year.

Hearing outcomes in 2022

For context, there were 350,499 doctors on the UK medical register at the end of 2021, including those with temporary registration. In that same year, the GMC considered 9,074 concerns about doctors, of which 1,007 met the statutory threshold for investigation.

New MPT outcome	2020	2021	2022
Impaired: Erasure	43	58	68
Impaired: Suspension	52	91	101
Impaired: Conditions	14	14	18
Impaired: No action	0	2	4
Not impaired: Warning	17	28	21
Not impaired	16	71	58
Voluntary erasure	2	4	2
Undertaking	0	1	1
Total	144	269	273

Types of alleged impairment in 2022

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 2022 involved allegations of misconduct, or misconduct and another factor. Very few cases are referred to us based solely on a doctor's health or performance.

Hearing outcomes in 2022

New MPT impairment allegation 2022	Number	Percentage
Misconduct	205	75.1
Conviction	26	9.5
Performance	1	0.4
Health	4	1.5
Determination by another regulator	2	0.7
Language	0	0.0
Misconduct and Conviction	8	2.9
Misconduct and performance	3	1.1
Misconduct and health	13	4.8
Misconduct and determination by another regulator	3	1.1
Conviction and health	3	1.1
Health and performance	0	0.0
Other combinations of the above	5	1.8
Total	273	

About the doctors attending new MPT hearings in 2022

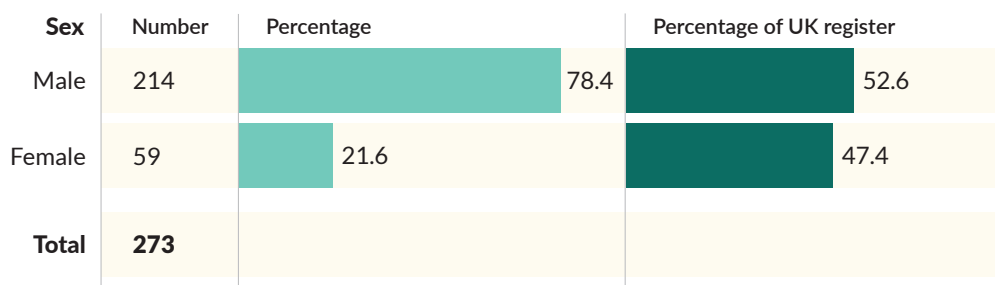
The MPTS hears fitness to practise cases for doctors registered in the United Kingdom.

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	Number	Percentage	Percentage of UK register
England	230	84.2	78.0
Northern Ireland	7	2.6	2.6
Scotland	15	5.5	8.5
Wales	10	3.7	4.0
Outside UK	11	4.0	7.0
Total	273		

Hearing outcomes in 2022

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



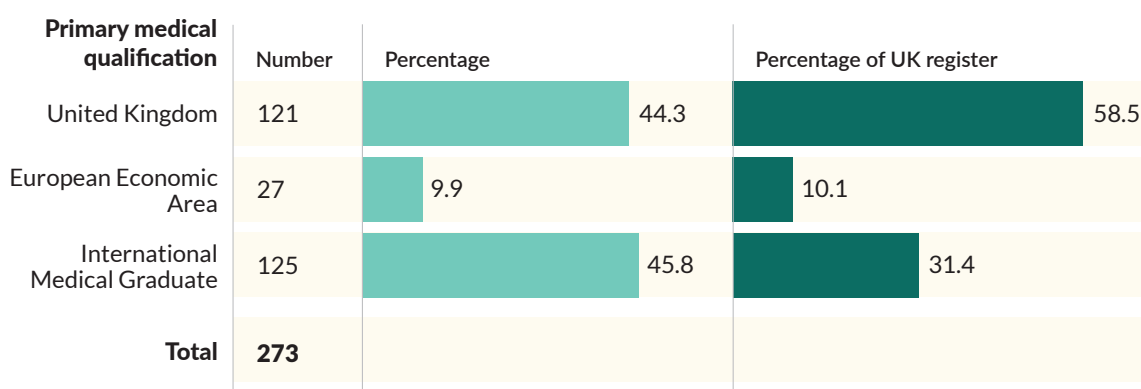
Doctors appearing at new MPT hearings in 2022 were more likely to be from an ethnic minority, despite white doctors accounting for just over half of the UK medical register. There was a particularly disproportionate number of Asian and Asian British doctors, compared to the register.

Also, doctors who qualified outside of the UK made up nearly 46% of new MPT hearings, despite being just over 31% of the register.

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

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 therefore welcome the GMC's target 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 2022

Ethnicity	MPT new hearings 2022		UK register
Asian/Asian British	112	41.0%	29.4%
Black/Black British	19	7.0%	5.9%
Mixed	5	1.8%	2.6%
Other ethnic groups	13	4.8%	5.4%
White	88	32.2%	52.6%
Unspecified	36	13.2%	4.2%
Total	273		

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	2020	2021	2022
Suspension	4	8	3
Conditions	0	1	1
Non-compliance not found	2	0	0
Total	6	9	4

Hearing outcomes in 2022

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	2020	2021	2022
Application granted	8	6	6
Application refused	10	15	17
Total	18	21	23

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 2022	
Virtual review hearing	91
In-person review hearing	3
Reviewed on the papers	16
Total	110

MPT non-compliance reviews held in 2022	
Virtual review hearing	13
In-person review hearing	0
Reviewed on the papers	0
Total	13

Representation and attendance

Doctors without legal representation	29
Non-attendance of doctors	29
Representation and attendance by ethnicity	30
Support for witnesses	31



Representation and attendance

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

However, there has been notable change in these numbers since the introduction of virtual hearings during the COVID-19 pandemic.

In 2019, 39% of doctors did not attend their hearing or send any representative. In 2022, that figure had reduced to 25.1%, suggesting that the introduction of virtual hearings has had a significant impact on attendance, particularly at IOT hearings.

At the same time, the proportion of doctors attending their hearing without a legal representative, or with a non-legal representative has gone up, from 11.1% in 2019 to 15.8% in 2022.

It is positive that more doctors have attended their hearing since the introduction of virtual hearings, 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	2019		2022	
	Number	Percentage	Number	Percentage
Attended with legal representation	556	44.7	587	54.6
Attended with non-legal representation	6	0.5	3	0.3
Attended without representation	132	10.6	167	15.5
Legal representation only	66	5.3	48	4.5
Non-legal representation only	0	0	1	0.1
Did not attend	485	39	270	25.1
Total	1,245		1,076	

New IOT hearings	2019		2022	
	Number	Percentage	Number	Percentage
Attended with legal representation	227	63.2	198	72.8
Attended with non-legal representation	1	0.3	1	0.4
Attended without representation	29	8.1	37	13.6
Legal representation only	20	5.6	6	2.2
Did not attend	82	22.8	30	11.0
Total	359		272	

Representation and attendance

New MPT hearings	2019		2022	
	Number	Percentage	Number	Percentage
Attended with legal representation	163	63.2	187	68.5
Attended with non-legal representation	1	0.4	0	0.0
Attended without representation	29	11.2	27	9.9
Legal representation only	8	3.1	8	2.9
Did not attend	57	22.1	50	18.3
Total	258		273	

Doctors without legal representation

We want doctors 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* is written specifically for doctors 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 Doctor Contact Service is available to all doctors, before and during 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 them to useful support material and services and provide information about the hearing process.



In 2022 the service was accessed by 84 doctors on 324 occasions.

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.

Representation and attendance

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 for no good reason, 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

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 (see the *Transparency* section).

“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.

At both new IOT and new MPT hearings, Asian/Asian British doctors were more likely to attend their hearing with legal representation. Black/Black British doctors were more likely to represent themselves.

At new MPT hearings, white doctors and black/black British doctors were less likely to attend with legal representation and more likely to not attend at all.

New IOT in 2022	All doctors	Asian / Asian British	Black / Black British	Mixed	Other ethnic groups	White	Un-specified
Attended with legal representation	72.8%	76.5%	63.0%	77.8%	60.7%	76.5%	66.7%
Attended with non-legal representation	0.4%	-	-	-	-	-	4.8%
Attended without representation	13.6%	8.2%	25.9%	11.1%	32.1%	11.9%	4.8%
Legal representation only	2.2%	1.2%	3.7%	11.1%	3.6%	1.0%	4.8%
Did not attend	11.0%	14.1%	7.4%	-	3.6%	10.9%	19%
Total number	272	85	27	9	28	101	21

Representation and attendance

New MPT in 2022	All doctors	Asian / Asian British	Black / Black British	Mixed	Other ethnic groups	White	Un-specified
Attended with legal representation	68.0%	77.7%	63.2%	60.0%	84.6%	56.8%	66.7%
Attended without representation	9.9%	8.9%	15.8%	-	-	11.4%	11.1%
Legal representation only	2.9%	0.9%	-	-	7.7%	6.8%	-
Non-legal representation only	0.4%	-	-	-	-	1.1%	-
Did not attend	18.3%	12.5%	21.1%	40.0%	7.7%	23.9%	22.2%
Total number	273	12	19	5	13	88	36

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

33

Appeal outcomes

34



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.

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.

Tribunal members involved in an appealed decision are informed of the outcome, including the outcome of any remitted hearing. Direct feedback may be offered to tribunal members, if necessary, as part of their continuous professional development.

A summary of learning points issued in 2022 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	2020	2021	2022
Successful	1	2	2
Dismissed	13	6	5
Struck out	1	0	0
Withdrawn	1	1	1
Remitted to MPT	2	0	0
To be heard	0	0	1
Total	18	9	9

GMC appeals	2020	2021	2022
Successful	4	9	0
Dismissed	1	1	0
Total	5	10	0

PSA appeals	2020	2021	2022
Successful	1	1	0
Dismissed	1	1	0
Remitted to MPT	0	1	0
Total	2	3	0





Medical Practitioners Tribunal Service
Seventh Floor
St James's Buildings
79 Oxford Street
Manchester
M1 6FQ

Telephone 0161 923 6263
Email enquiries@mpts-uk.org
Website www.mpts-uk.org



Published July 2023
© 2023 Medical Practitioners Tribunal Service
and General Medical Council