

# **Medical Practitioners Tribunal Service**

*Report to Parliament 2023*

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## *Medical Practitioners Tribunal Service Report to Parliament 2023*

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

# Report to Parliament 2023





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# Foreword

I am pleased to introduce the Medical Practitioners Tribunal Service (MPTS) Annual Report to Parliament for 2023.

I have now completed my first full year as Chair of the MPTS and am most grateful for the generous support and welcome given to me by my colleagues and all those who I have met over this period.

Our tribunals make independent decisions about doctors' fitness to practise, upholding our overarching objective to protect the public. This work is challenging for all involved. I have been impressed by the care and dedication shown by my new colleagues to ensure our processes run smoothly, balancing efficiency and concern for the needs of individuals.

We are conscious that the experience of being involved in a tribunal hearing can be stressful and upsetting, and keeping hearings running smoothly is one way we aim to ease the stress of a hearing.

In this respect I am focussed on ensuring that adjournments do not become a feature of our hearings. As a former Crown Court Judge, I know the adverse impact adjournments can have on parties and witnesses, and on the confidence and trust of the public in the fairness of the system. Consequently, in 2023, we have introduced measures to minimise the number of unnecessary adjournments.

This year, annual training for our tribunal members has emphasised time management, and identified ways of foreseeing and forestalling adjournments in hearings. Further, we have improved forward planning, with the General Medical Council (GMC) Fitness to Practise directorate providing better information on the incoming volume of referrals to enable the MPTS to plan and list more effectively.

In addition, we have built on our existing monthly reviews of themes and points of action arising from unplanned adjournments, and our quarterly reporting to our statutory MPTS Committee. This is providing further oversight of this important issue, as we seek to get behind the reasons for adjournments in a systematic and rigorous way.

Our tribunals carry out an important public protection function, but we are also careful not to lose sight of the impact of our work and decisions on the lives of the doctors referred to a hearing and on the lives of witnesses involved. It is paramount that our decisions are fair and proportionate, and seen to be so, and that we are open to informed scrutiny in this regard.

## Foreword

In order to increase understanding of the work of the MPTS, over the last year I have taken opportunities to speak with various groups of doctors, aiming to provide them with important context and information. In particular, I try to highlight how few doctors appear before our tribunals. The medical register carries more than 370,000 names, the vast majority of whom are conducting their work and lives in a manner which will never be the subject of referral to an MPTS tribunal. In 2023, only 231 were newly referred to us for a substantive hearing, which is less than 0.07% of the population of doctors in the UK.

Inevitably, there is wide reporting on the small number of cases referred to us, and this can create an imbalance in perception of our work. In spending time with doctors, I have shared data on the outcomes of our tribunal hearings, with the aim of providing material from which they can take a proportionate and better-informed view. For example, it has come as both a surprise and comfort to many, that never in the MPTS' history has a doctor been erased for a single clinical incident. I intend to continue to meet and speak to doctors throughout 2024.

Often, these conversations also cover the disproportionality evident in referrals to us: specifically doctors from ethnic minorities and doctors trained outside the UK. We welcome the GMC's work to tackle this issue at the stage employers refer cases to them. It is important that we assure both ourselves and others that there is no connection between a doctor's protected characteristics and the seriousness of a hearing outcome. The MPTS will continue to publish data on this issue and support research to provide that reassurance.

We also continue to work with our GMC counterparts on regulatory reform, as we prepare to become a multi-profession adjudicator.



The *Anaesthesia Associates and Physician Associates Order 2024* will make us the adjudicator for cases involving Physician Associates (PAs) and Anaesthesia Associates (AAs). Though the expected number of cases is low, the new legal framework for these hearings will be a template for future reform of the fitness to practise process for doctors.



**Her Honour Deborah Taylor**  
June 2023

## Review of 2023

In recent years our work has focused on our operational recovery from the impact of the COVID-19 pandemic - catching up on the hearing days lost in 2020. I am delighted that last year we were able to return to pre-pandemic hearing volumes and are now running a similar number of hearings to the years 2018 and 2019.

### Virtual hearings

As with many organisations, the pandemic posed challenges for us, but also encouraged us to improve our use of technology. Now, a little over half our time is spent running virtual medical practitioners tribunal (MPT) hearings and all of our interim orders tribunals (IOT) are held virtually. Virtual IOT hearings mean that doctors and their legal teams can dial in from their homes or places of work, rather than incur the cost and inconvenience of travelling to Manchester for a short hearing.

We recognise that there are benefits to both in-person and virtual MPT hearings. The right venue depends on the circumstances of a case and the evidence being presented and we have shown the ability to be flexible. Our use of modern technology means we have greater flexibility to allow witnesses to give evidence virtually, where appropriate.

We will continue to work with both parties in each case, the doctor and the GMC, when deciding on a hearing's venue.

Our use of virtual hearings means we no longer require as many hearing rooms. At the end of 2023, we signed a new lease agreement with our landlord in Manchester. As part of this agreement, refurbishment work is being undertaken by our landlord to provide us with nine hearing rooms by the start of 2025, instead of the current 15.

### Regulatory reform

Turning to the GMC's regulation of PAs and AAs, which will take effect at the end of 2024, in 2023 we underwent an internal reorganisation which will allow us to better address the opportunities presented by the regulation of this new group of professions.

Bringing PAs and AAs into regulation by the GMC will mean the MPTS needs to be ready to hold hearings for those referred to us following a GMC investigation.

## Review of 2023

The number of PAs and AAs currently working in the UK stands at around 3,000 compared to more than 370,000 doctors registered with the GMC. Given this, and the small percentage of doctors currently referred, we are predicting that the volume of hearings for PAs and AAs will be small.

There will be a period during which we will be running tribunals for doctors and PAs and AAs under different legislation and procedures. Throughout 2023 we have been considering the legislation as it has developed, and how this will impact our adjudication work. That will continue throughout 2024 as we develop processes, procedures and guidance to ensure we are ready to run hearings for PAs and AAs.

### Cost of hearings

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

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

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

| Cost of hearings 2023 |                   |
|-----------------------|-------------------|
| Direct costs          | £4,741,850        |
| Indirect costs        | £3,709,521        |
| <b>Total costs</b>    | <b>£8,451,371</b> |
| Hearing days          | 3,063             |
| Cost per hearing day  | £2,759            |

# Our leadership

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## 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 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 2023 the MPTS Committee was composed of:

- ▶ Her Honour Deborah Taylor
- ▶ Gill Edelman, lay member
- ▶ Joy Hamilton, lay tribunal member
- ▶ Professor Jacky Hayden, medical member
- ▶ Dr Simon Mackenzie, medical tribunal member.

Joy Hamilton reached the end of her term as a Committee member and we are grateful for her contribution to the work of the MPTS.

Barbara Larkin was appointed as the lay tribunal member of the Committee in February 2024.

## 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 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 2023 we had 115 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

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# Decision-making

## Tribunal members

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

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

We launched a medical and lay appointment campaign at the start of 2023. 92 new tribunal members were appointed.

As of 31 December 2023, we had **342 tribunal members**, of whom:

**41.2%** were **medical members**

**26.6%** lay members

**32.2%** legally qualified chairs (LQCs).

## Diversity of tribunal members

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



As of 31 December 2023, **51.5%** of our 342 tribunal members were **women**, and **23%** 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 2023, our tribunals had ethnicity diversity on 46.7% of hearings and sex diversity on 70% of hearings. 31.9% of tribunals had both ethnicity and sex diversity. A single-sex tribunal with no ethnic minority members sat on 15% 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 2023, all tribunal members attended annual training, which included:



Managing hearings efficiently



Updates on Equality, Diversity and Inclusion, quality assurance learning points and anticipated regulatory reform



E-learning on case law updates.

## 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 led 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 2023, the QAG reviewed 246 tribunal decisions, including 25% of all MPT decisions 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 Professional Standards Authority (PSA) on cases that did not meet their respective thresholds for appealing.

# Decision-making

## Learning points issued by the Quality Assurance Group

In 2023, the QAG issued learning points to tribunal members on a variety of topics. These included:

- ▶ specific learning points from QAG on both IOTs and MPTs, including best practice for drafting determinations
- ▶ advice on making best use of time in IOTs when dealing with adjournments
- ▶ the approach to review hearings and restoration hearings
- ▶ clarification on when warnings should be used
- ▶ guidance on hearing evidence from witnesses located abroad
- ▶ specific learning points in relation to five appeals.

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

## Updates to tribunal guidance

In 2023, we issued updated MPTS guidance on imposing interim orders. Changes related to consideration of freedom of expression, sexual misconduct cases and remote consultations.

We also advised tribunal members that the new versions of *Good medical practice* and the *Sanctions guidance* would come into effect on 30 January 2024.

# Transparency

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# Transparency

## Public hearings

MPTs 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.

Anyone can attend a public hearing 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 IOT hearings should be held in private unless the doctor specifically requests a public hearing.

## Publishing decisions

After an MPT 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 interest

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

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

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

## Equality, diversity and inclusion

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

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

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

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

## Disproportionate referrals

In 2021, the GMC established targets to eliminate disproportionate fitness to practise referrals from employers in relation to ethnicity and origin of medical qualification by 2026.

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.

Information on the ethnicity and PMQ of doctors appearing at hearings in 2023 is included in the *Hearing outcomes* section (page 18) and *Representation and attendance* section (page 26).

# Transparency

We are working with GMC colleagues to build on the peer-reviewed research published in 2019, which concluded that doctors who tended to receive more serious outcomes were those who did not attend their hearing or were not legally represented. There was no association between serious outcomes and any protected characteristics.\*

We continue to work with GMC colleagues who are implementing the recommendations of its internal *Regulatory Fairness Review*.†

## 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.

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

† See <https://www.gmc-uk.org/-/media/gmc-site/news-and-media/fairness-review-2022/reviewing-how-we-approach-fairness-and-bias---actions-for-2023.pdf>

# Hearing outcomes in 2023

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# Hearing outcomes in 2023

## Interim orders tribunal hearings – new cases

IOTs 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 | 2021       | 2022       | 2023       |
|--|------------|------------|------------|
| Suspension                                   | 35         | 34         | 29         |
| Conditions                                   | 217        | 184        | 173        |
| No action                                    | 56         | 54         | 37         |
| <b>Total</b>                                 | <b>308</b> | <b>272</b> | <b>239</b> |

## Interim orders tribunal hearings – reviews

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

When both the GMC and the doctor agree on the proposed outcome, a review can be carried out on the papers by an LQC. Otherwise, a review hearing is held. All review hearings were held virtually in 2023.

| IOT reviews held in 2023      |              |
|-------------------------------|--------------|
| Virtual review hearing        | 587          |
| In-person review hearing      | 0            |
| <b>Reviewed on the papers</b> | <b>681</b>   |
| <b>Total</b>                  | <b>1,268</b> |

# Hearing outcomes in 2023

## 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 an MPT hearing.

In 2023 we received 231 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 (restoration hearing).

|  |            |
|--|------------|
| Referral for a new medical practitioners tribunal hearing          | 204        |
| Referral for non-compliance hearing                                | 10         |
| Referral for a restoration hearing                                 | 17         |
| <b>Total referrals for medical practitioners tribunal hearings</b> | <b>231</b> |

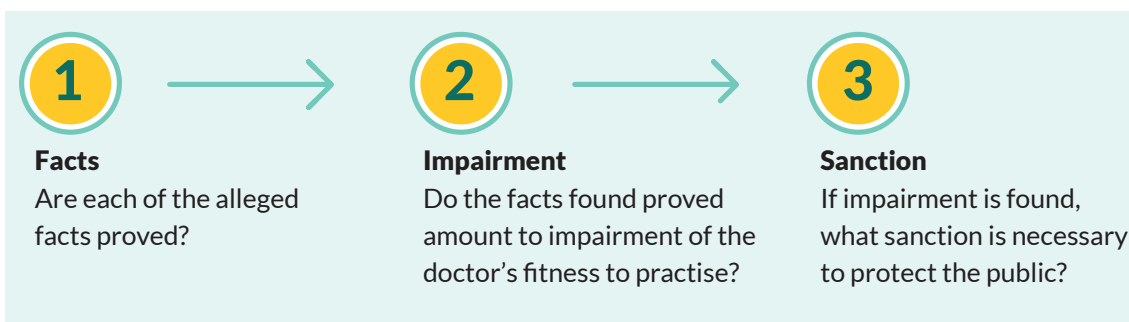
Referrals to the MPTS are sometimes cancelled. This might be because information has become available which means the threshold for referral is no longer met, or because of other circumstances.

Some referrals may include more than one doctor.

## Medical practitioners tribunal hearings – new cases

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

An MPT hearing follows three stages:



## Hearing outcomes in 2023

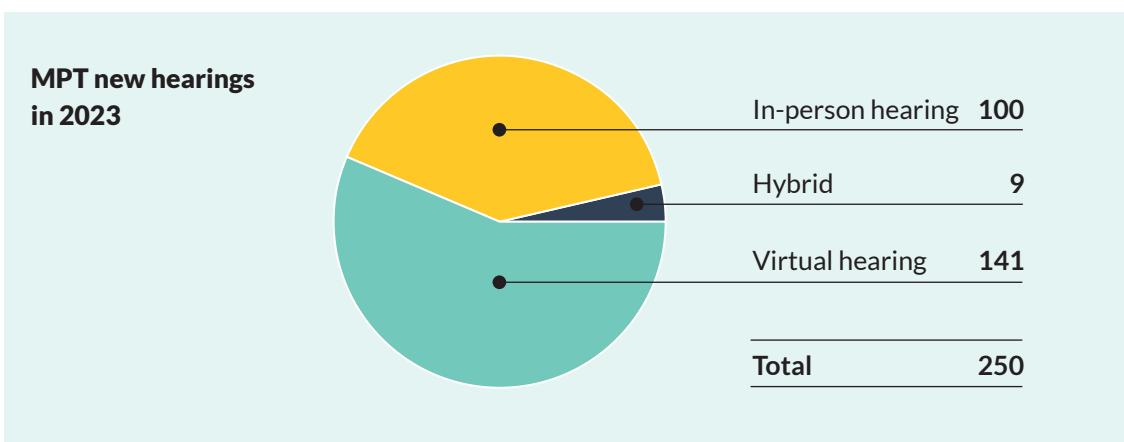
MPTs made decisions in 250 doctors' cases in 2023.

To put that figure in context, there were 357,198 doctors on the UK medical register at the end of 2022. In that same year, the GMC considered 8,893 (2.49%) concerns about doctors, of which 851 (0.24%) met the statutory threshold for investigation.

| New MPT outcome       | 2021       | 2022       | 2023       |
|-----------------------|------------|------------|------------|
| Impaired: Erasure     | 58         | 68         | 60         |
| Impaired: Suspension  | 91         | 101        | 109        |
| Impaired: Conditions  | 14         | 18         | 13         |
| Impaired: No action   | 2          | 4          | 2          |
| Not impaired: Warning | 28         | 21         | 15         |
| Not impaired          | 71         | 58         | 49         |
| Voluntary erasure     | 4          | 2          | 2          |
| Undertakings          | 1          | 1          | 0          |
| <b>Total</b>          | <b>269</b> | <b>273</b> | <b>250</b> |

## Hearing venue

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



# Hearing outcomes in 2023

## Types of alleged impairment in 2023

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 2023 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.

| New MPT impairment allegation 2023 | Number     | Percentage |
|------------------------------------|------------|------------|
| Misconduct                         | 194        | 77.6       |
| Conviction                         | 23         | 9.2        |
| Performance                        | 5          | 2.0        |
| Health                             | 3          | 1.2        |
| Misconduct and conviction          | 8          | 3.2        |
| Misconduct and performance         | 1          | 0.4        |
| Misconduct and health              | 7          | 2.8        |
| Conviction and health              | 1          | 0.4        |
| Other combinations of the above    | 8          | 3.2        |
| <b>Total</b>                       | <b>250</b> |            |

# Hearing outcomes in 2023

## About the doctors attending new MPT hearings in 2023

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          | 212        | 84.8       | 75.4                      |
| Northern Ireland | 4          | 1.6        | 2.4                       |
| Scotland         | 11         | 4.4        | 7.3                       |
| Wales            | 11         | 4.4        | 3.8                       |
| Outside UK       | 12         | 4.8        | 11.1                      |
| <b>Total</b>     | <b>250</b> |            |                           |

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

| Sex          | Number     | Percentage | Percentage of UK register |
|--------------|------------|------------|---------------------------|
| Male         | 212        | 84.8       | 53.9                      |
| Female       | 38         | 15.2       | 46.1                      |
| <b>Total</b> | <b>250</b> |            |                           |

Doctors appearing at new MPT hearings in 2023 were more likely to be from an ethnic minority, despite white doctors accounting for nearly half of the UK medical register.

Also, doctors who qualified outside of the UK accounted for 60% of new MPT hearings, despite being just 41.5% 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 2023

| Primary medical qualification  | Number     | Percentage | Percentage of UK register |
|--------------------------------|------------|------------|---------------------------|
| United Kingdom                 | 100        | 40.0       | 58.5                      |
| European Economic Area         | 32         | 12.8       | 10.1                      |
| International Medical Graduate | 118        | 47.2       | 31.4                      |
| <b>Total</b>                   | <b>250</b> |            |                           |

| Ethnicity           | MPT new hearings 2023 |       | UK register |
|---------------------|-----------------------|-------|-------------|
| Asian/Asian British | 98                    | 39.2% | 29.3%       |
| Black/Black British | 22                    | 8.8%  | 5.9%        |
| Mixed               | 6                     | 2.4%  | 2.6%        |
| Other ethnic groups | 18                    | 7.2%  | 5.4%        |
| White               | 84                    | 33.6% | 49.9%       |
| Unspecified         | 22                    | 8.8%  | 6.9%        |
| <b>Total</b>        | <b>250</b>            |       |             |

## Non-compliance hearings

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

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

| Outcomes in non-compliance hearings | 2021     | 2022     | 2023      |
|-------------------------------------|----------|----------|-----------|
| Suspension                          | 8        | 3        | 8         |
| Conditions                          | 1        | 1        | 1         |
| Non-compliance not found            | 0        | 0        | 1         |
| <b>Total</b>                        | <b>9</b> | <b>4</b> | <b>10</b> |

# Hearing outcomes in 2023

## Restoration hearings

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

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

| Outcomes in restoration hearings | 2021      | 2022      | 2023      |
|----------------------------------|-----------|-----------|-----------|
| Application granted              | 6         | 6         | 3         |
| Application refused              | 15        | 17        | 12        |
| <b>Total</b>                     | <b>21</b> | <b>23</b> | <b>15</b> |

## MPT review hearings

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

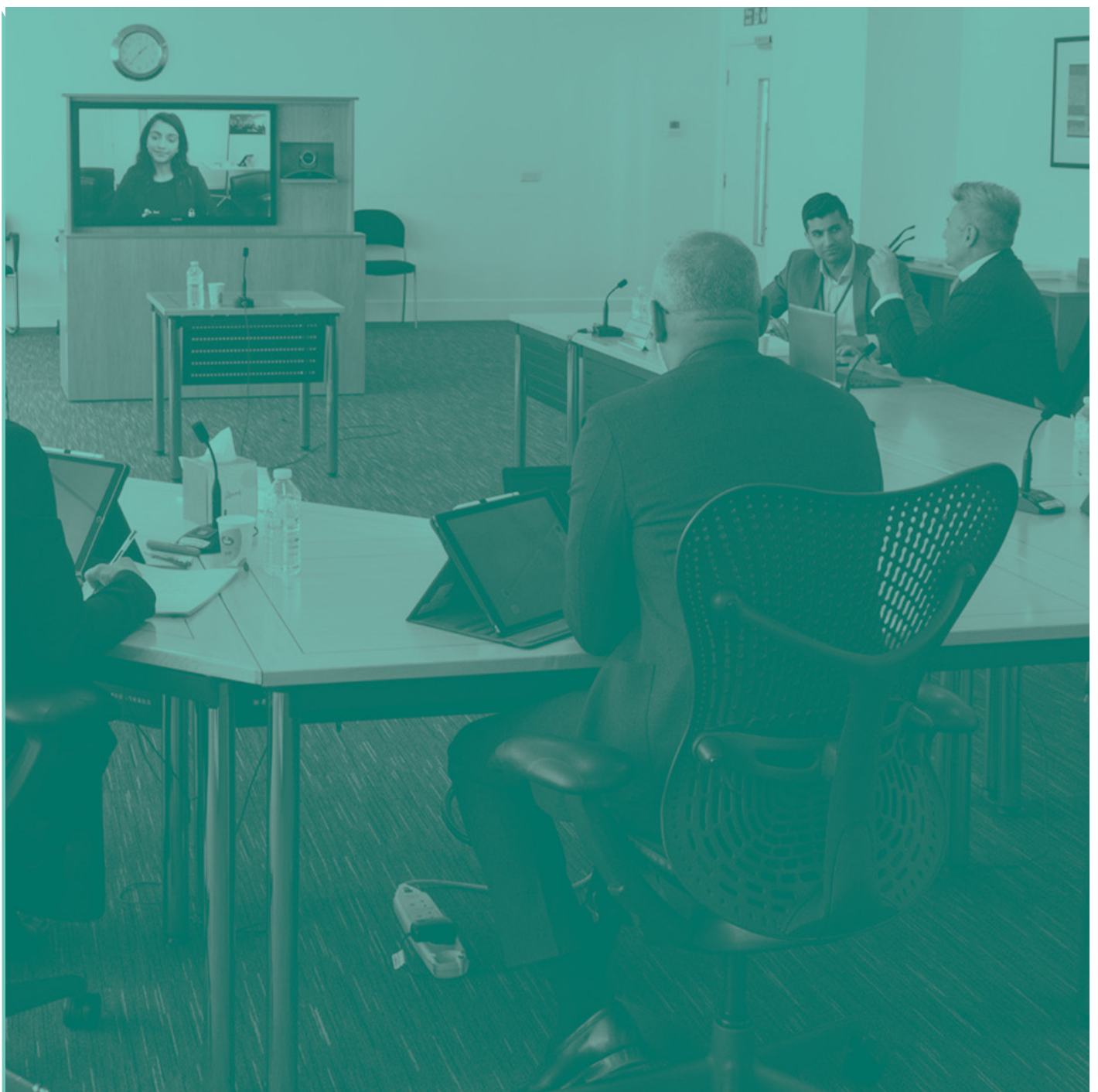
A fresh tribunal will determine whether the doctor’s fitness to practise remains impaired. If impairment is found, the full range of sanctions is available. Review hearings may be held on the papers when both parties agree on the proposed outcome, avoiding the need for a full hearing.

| MPT reviews held in 2023                    |            |
|---|------------|
| Virtual review hearing                      | 96         |
| In-person review hearing (including hybrid) | 7          |
| Reviewed on the papers                      | 23         |
| <b>Total</b>                                | <b>126</b> |

| MPT non-compliance reviews held in 2023 |           |
|---|-----------|
| Virtual review hearing                  | 13        |
| In-person review hearing                | 0         |
| Reviewed on the papers                  | 0         |
| <b>Total</b>                            | <b>13</b> |

# Representation and attendance

|  |    |
|--|----|
| Doctors without legal representation       | 28 |
| Non-attendance of doctors                  | 29 |
| Representation and attendance by ethnicity | 29 |
| Support for witnesses                      | 30 |



## 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.

Last year 26.3% of doctors did not attend their hearing or send a legal representative. 16.7% of doctors attended their hearing without a legal representative, and a further 0.4% with a non-legal representative.

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

| All hearing types                      | 2023       |            |
|--|------------|------------|
|  | Number     | Percentage |
| Attended with legal representation     | 523        | 53.5       |
| Attended with non-legal representation | 4          | 0.4        |
| Attended without representation        | 163        | 16.7       |
| Legal representation only              | 31         | 3.2        |
| Non-legal representation only          | 0          | 0.0        |
| Did not attend                         | 257        | 26.3       |
| <b>Total</b>                           | <b>978</b> |            |

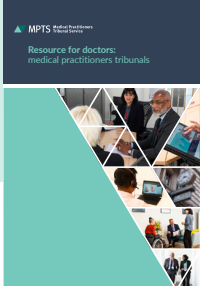
| New IOT hearings                       | 2023       |            |
|--|------------|------------|
|  | Number     | Percentage |
| Attended with legal representation     | 174        | 72.8       |
| Attended with non-legal representation | 0          | 0.0        |
| Attended without representation        | 33         | 13.8       |
| Legal representation only              | 4          | 1.7        |
| Did not attend                         | 28         | 11.7       |
| <b>Total</b>                           | <b>239</b> |            |

## Representation and attendance

| New MPT hearings                       | 2023       |            |
|--|------------|------------|
|  | Number     | Percentage |
| Attended with legal representation     | 157        | 62.8       |
| Attended with non-legal representation | 1          | 0.4        |
| Attended without representation        | 31         | 12.4       |
| Legal representation only              | 5          | 2.0        |
| Did not attend                         | 56         | 22.4       |
| <b>Total</b>                           | <b>250</b> |            |

### 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, both before and on the day of a hearing and is particularly aimed at those attending alone or without legal representation. A member of our staff unconnected to the doctor’s case can be available to talk at any time.

The aim of this service is to:

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



In 2023, the service was accessed by 58 doctors on 183 occasions.

# Representation and attendance

## Non-attendance of doctors

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

Our tribunals always consider the reasons for the doctor’s absence carefully, in order to decide whether it is fair to proceed. Usually, in a case where the doctor has voluntarily absented themselves 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

As outlined above in the *Transparency* section (see p14), 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 2023                        | All doctors | Asian / Asian British | Black / Black British | Mixed | Other ethnic groups | White | Un-specified |
|--|-------------|-----------------------|-----------------------|-------|---------------------|-------|--------------|
| Attended with legal representation     | 72.8%       | 73.2%                 | 76.9%                 | 80.0% | 70.0%               | 73.1% | 63.2%        |
| Attended with non-legal representation | 0.0%        | -                     | -                     | -     | -                   | -     | -            |
| Attended without representation        | 13.8%       | 9.9%                  | 15.4%                 | 10.0% | 20.0%               | 14.0% | 21.1%        |
| Legal representation only              | 1.7%        | 4.2%                  | -                     | -     | 5.0%                | -     | -            |
| Did not attend                         | 11.7%       | 12.7%                 | 7.7%                  | 10.0% | 5.0%                | 12.9% | 15.8%        |

## Representation and attendance

| New MPT in 2023                    | All doctors | Asian / Asian British | Black / Black British | Mixed | Other ethnic groups | White | Un-specified |
|------------------------------------|-------------|-----------------------|-----------------------|-------|---------------------|-------|--------------|
| Attended with legal representation | 62.8%       | 70.4%                 | 54.5%                 | 50.0% | 61.1%               | 57.1% | 63.6%        |
| Attended without representation    | 0.4%        | -                     | -                     | -     | -                   | 1.2%  | -            |
| Legal representation only          | 12.4%       | 11.2%                 | 18.2%                 | 16.7% | 16.7%               | 11.9% | 9.1%         |
| Non-legal representation only      | 2.0%        | 1.0%                  | 4.5%                  | 16.7% | -                   | 1.2%  | 4.5%         |
| Did not attend                     | 22.4%       | 17.3%                 | 22.7%                 | 16.7% | 22.2%               | 28.6% | 22.7%        |

### Support for witnesses

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

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

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

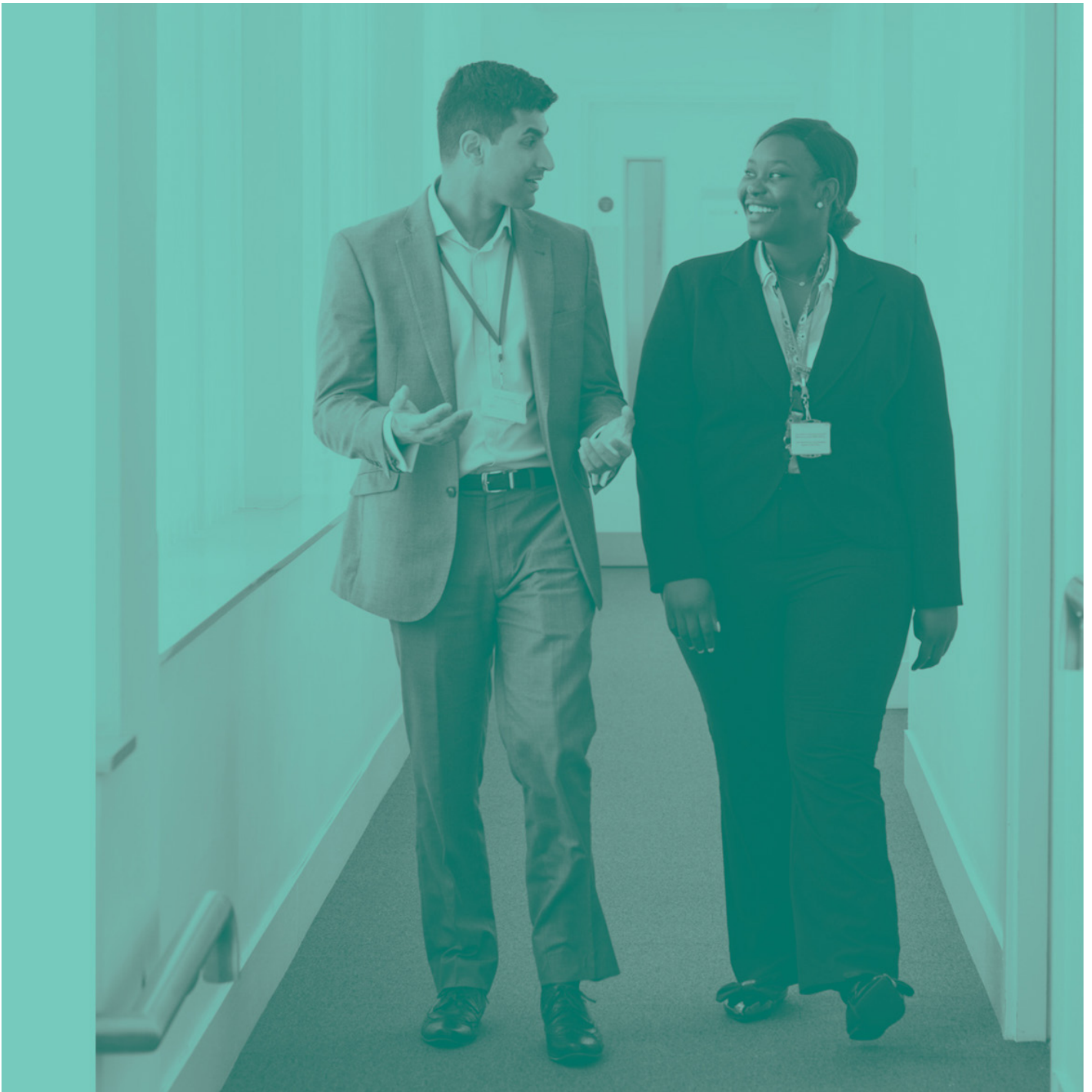
# Appeals

How we respond to appeal judgments

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Appeal outcomes

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# Appeals

A decision of an MPT can be appealed by the doctor, the GMC and the 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 2023 can be seen in the *Decision-making* section of this report (see page 10).

# Appeals

## Appeal outcomes

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

| Doctor appeals  | 2021     | 2022     | 2023      |
|-----------------|----------|----------|-----------|
| Successful      | 2        | 2        | 1         |
| Dismissed       | 6        | 3        | 1         |
| Struck out      | 0        | 0        | 0         |
| Withdrawn       | 1        | 0        | 1         |
| Remitted to MPT | 0        | 0        | 0         |
| To be heard     | 0        | 4        | 12        |
| <b>Total</b>    | <b>9</b> | <b>9</b> | <b>15</b> |

| GMC appeals  | 2021      | 2022     | 2023     |
|--------------|-----------|----------|----------|
| Successful   | 9         | 0        | 1        |
| Dismissed    | 1         | 0        | 0        |
| To be heard  | 0         | 0        | 1        |
| <b>Total</b> | <b>10</b> | <b>0</b> | <b>2</b> |

| PSA appeals     | 2021     | 2022     | 2023     |
|-----------------|----------|----------|----------|
| Successful      | 0        | 0        | 0        |
| Dismissed       | 1        | 0        | 0        |
| Remitted to MPT | 1        | 0        | 0        |
| <b>Total</b>    | <b>2</b> | <b>0</b> | <b>0</b> |





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