Executive summary
This report gives an update on the work of the Medical Practitioners Tribunal Service (MPTS) since the last report to Council in December 2018. Key points to note:

- In 2019 and beyond, we are focussing on maximising MPTS resources, managing our workload more effectively and supporting the delivery of a high quality service to all users.

- We are implementing changes to our pre-hearing case management processes throughout 2019.

- These changes will allow for smarter listing of hearings, with cases where both parties are ready to proceed being listed sooner.

- All new hearings will be subject to pre-hearing case management, to ensure more hearings are ready to proceed on the first day.

On 21 May 2019, the GMC/MPTS Liaison Group agreed a revised Operating Framework for the MPTS. An update to the statement of purpose for the MPTS Committee requires Council approval. The main change is to permit the Committee, if the Chair is absent from a meeting, to nominate another member of the Committee to chair the meeting.

Recommendations
Council is asked to
a. Consider the report of the MPTS Committee.
c. Approve the revised statement of purpose for the MPTS Committee (Annex C).
Governance

1 The Medical Practitioners Tribunal Service (MPTS) reports twice a year to Council on how we are fulfilling the statutory duties for which we are accountable to the Privy Council, summarising our recent performance and the work of the MPTS Committee.

2 This paper is the MPTS Committee’s first report of 2019.

3 The MPTS Committee met on 6 February 2019 and considered updates on tribunal members training, the MPTS annual business plan and the Committee’s own annual work programme.

4 It also met on 8 May 2019 and considered updates on quality assurance of tribunal decisions and our approach to empanelment of tribunals.

5 The MPTS will lay its third annual report before Parliament later this year. A copy of the text is attached for Council’s information.

Operational update

6 As previously reported, the MPTS has made changes to its procedures in recent years to provide a more efficient and effective tribunal service, including: requiring parties to submit a hearing bundle in advance in most Medical Practitioners Tribunal (MPT) hearings, the use of Legally Qualified Chairs (LQCs) in most hearings, and greater use of pre-hearing case management.

7 We believe it is important to minimise the stressful impact delays can have on doctors, witnesses and all those involved in our hearings. Therefore, to support the delivery of a high quality service to all users, in 2019 we are focussed on maximising MPTS resources and managing our workload more effectively.

8 In 2018 we carried out a review of our pre-hearing case management service, to identify opportunities for continuous improvement, ensure efficient use of our resources and consider how best to meet the needs of those attending hearings.

9 The review recommended changes that we will implement throughout 2019. We have liaised closely with colleagues in both the Fitness to Practise directorate, and in organisations representing doctors in our hearings.

10 The changes we are making will allow for smarter listing of hearings, with cases where both parties are ready to proceed being listed sooner. This will reduce the peaks and troughs we currently see in our hearings calendar.

11 We will set clear expectations about the level of information we require from both parties after a case is referred to the MPTS. We will also publish our expected timescales for listing different types of cases.

www.mpts-uk.org
All new MPT hearings will be subject to pre-hearing case management, regardless of hearing length. Pre-hearing meetings will be held earlier, so that we use our powers to issue legally binding case management directions at the earliest opportunity.

The MPTS is developing guidance documents and forms to assist parties engaging with these revised processes. It will also be offering training sessions to colleagues in GMC Legal, the medical defence organisations and other regular users.

To help deliver these changes and improve the service we provide, we restructured the MPTS from the start of 2019. Our staff are now in four sections: Operations, Tribunal Development, Case Management and Communications & Corporate Affairs.

Our Doctor Contact Service continues to offer support to doctors on the day of a hearing, particularly those attending alone or without legal representation. In 2018 our service helped 109 individual doctors on 159 occasions. Between January and March 2019, the service has already helped 34 doctors on 79 occasions.

The Service aims to help lessen the isolation and stress doctors might encounter when attending a hearing. A member of our staff unconnected to the doctor’s case can be available to support them at any time.

We have also made improvements to the facilities available to witnesses called to our hearings by the GMC and by doctors. These include a new purpose-built waiting room and new online resources to help witnesses familiarise themselves with the hearings process.

Support services update

The MPTS is operationally separate from the GMC in all activities that impact on independent tribunal decision-making. In other areas, we share resources with the rest of the GMC.

As previously reported, in late 2018 we worked with our colleagues in GMC Facilities to improve our 7th floor reception and other facilities, including a new witness waiting room.

In 2019 we will be working with our Facilities colleagues to make improvements to the rest of our hearing centre. This includes making it easier for visitors to find their way around, with a more logical ordering of hearing room numbers, and colour coding of corridors. We will also be improving the rooms used by doctors when attending hearings.

Tribunal members

The MPTS ran an appointment campaign in January 2019 for new LQCs and medical tribunal members. We received a high number and standard of applications for both types of role. Following our competency-based assessment process, we have appointed
25 new LQCs and 23 new medical tribunal members, all of whom will receive full induction training before beginning to sit on hearings from the late summer.

22 As of December 2018, the MPTS had 297 tribunal members: 157 lay members and 140 medical members, of whom 48% are female and 20% identify as BME.

23 This compares favourably with the most recently published figures for courts in England and Wales (29% female and 7% BME) and tribunals in England and Wales (49% female and 15% BME). (Source: https://www.judiciary.uk/publications/judicial-diversity-statistics-2018)

24 It also compares well with the UK population (51% female and 13% BME). (Source: www.ons.gov.uk/census/2011census)

**Quality assurance**

25 The MPTS Quality Assurance Group (QAG) 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.

26 The QAG also identifies issues which can usefully be incorporated into future tribunal training sessions, and learning points which are sent out in tribunal circulars.

27 Some of the learning points we have issued since our last update to Council include:

- The need to explain clearly how any case law or guidance referred to supports the tribunal’s reasoning.

- The need clearly to explain the level of supervision (close or direct) required when imposing conditions on a doctor’s registration.

28 All learning points issued to tribunal members can be viewed at www.mpts-uk.org/learning_points

**Hearing outcomes**

29 Hearing outcomes for the previous three years and the first quarter of 2019 are provided at Annex A.

30 As previously reported, there were a higher number of referrals in 2018 than in previous years. That trend has continued into 2019.

31 In the calendar year 2018, 247 doctors appeared at new MPT hearings. 26% of those doctors had their name erased from the medical register, 41% were suspended and 10%
given conditions. 17% were found not impaired and a further 4% found not impaired but issued with a warning. In two hearings (>1%), the tribunal decided no action was necessary after a finding of impairment. In three hearings (1%) the tribunal accepted an application for voluntary erasure from the register.

32 While more doctors appeared at new MPT hearings in 2018 than in the previous calendar year, the proportion of different outcomes was broadly similar. In 2017, 195 doctors appeared at new MPT hearings. 32% of those doctors had their name erased from the medical register, 39% were suspended and 7% given conditions. 14% were found not impaired and a further 7% found not impaired but issued a warning. In the remainder of hearings (just under 2%), the tribunal granted an application for voluntary erasure, or decided no action was necessary after a finding of impairment.

33 If the GMC believes a doctor is consistently or explicitly refusing to comply with a direction to undergo a health, performance, or English language assessment, it may refer them to the MPTS for a non-compliance hearing.

34 10 new non-compliance hearings were held in 2018, with a suspension imposed in seven cases and non-compliance not found in three cases.

35 15 restoration hearings were held 2018, with the doctor’s application being refused in ten cases.

Looking ahead

36 Our next report will provide an update on the implementation of changes to our pre-hearing case management processes.
M9 – Report of the MPTS Committee

M9 – Annex A

Hearing outcomes: Jan 2016 – Mar 2019

Medical practitioners tribunals

<table>
<thead>
<tr>
<th>New MPT hearing outcomes</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>Q1-3 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impaired: Erasure</td>
<td>70</td>
<td>62</td>
<td>65</td>
<td>14</td>
</tr>
<tr>
<td>Impaired: Suspension</td>
<td>93</td>
<td>76</td>
<td>101</td>
<td>34</td>
</tr>
<tr>
<td>Impaired: Conditions</td>
<td>17</td>
<td>13</td>
<td>25</td>
<td>3</td>
</tr>
<tr>
<td>Impaired: No action</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Not impaired: warning</td>
<td>11</td>
<td>13</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Not impaired</td>
<td>34</td>
<td>27</td>
<td>41</td>
<td>7</td>
</tr>
<tr>
<td>Voluntary erasure</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Undertakings</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>229</strong></td>
<td><strong>195</strong></td>
<td><strong>247</strong></td>
<td><strong>69</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-compliance hearing outcomes</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>Q1-3 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspension</td>
<td>2</td>
<td>8</td>
<td>7</td>
<td>1</td>
</tr>
</tbody>
</table>
Council meeting, 12 June 2019

Agenda item M9 – Report of the MPTS Committee

<table>
<thead>
<tr>
<th>Conditions</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>Q1-3 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Non-compliance not found</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
<td><strong>9</strong></td>
<td><strong>10</strong></td>
<td><strong>1</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcomes in restoration hearings</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>Q1-3 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application granted</td>
<td>6</td>
<td>8</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Application refused</td>
<td>9</td>
<td>13</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
<td><strong>21</strong></td>
<td><strong>15</strong></td>
<td><strong>3</strong></td>
</tr>
</tbody>
</table>

**Interim orders**

<table>
<thead>
<tr>
<th>New interim orders tribunal hearing outcomes</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>Q1-3 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspension</td>
<td>58</td>
<td>43</td>
<td>48</td>
<td>11</td>
</tr>
<tr>
<td>Conditions</td>
<td>233</td>
<td>238</td>
<td>247</td>
<td>53</td>
</tr>
<tr>
<td>No action</td>
<td>48</td>
<td>71</td>
<td>93</td>
<td>14</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>339</strong></td>
<td><strong>352</strong></td>
<td><strong>388</strong></td>
<td><strong>78</strong></td>
</tr>
</tbody>
</table>

**Number of review hearings**

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>Q1-3 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical practitioners tribunal review hearing</td>
<td>171</td>
<td>148</td>
<td>151</td>
<td>48</td>
</tr>
<tr>
<td>Medical practitioners tribunal review on the papers</td>
<td>4</td>
<td>12</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Interim orders tribunal review hearing</td>
<td>860</td>
<td>524</td>
<td>417</td>
<td>78</td>
</tr>
<tr>
<td>Interim orders tribunal review on the papers</td>
<td>277</td>
<td>351</td>
<td>462</td>
<td>112</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1312</strong></td>
<td><strong>1035</strong></td>
<td><strong>1036</strong></td>
<td><strong>239</strong></td>
</tr>
</tbody>
</table>
Statement of purpose of the Medical Practitioners Tribunal Service Committee

Purpose

1. The Medical Practitioners Tribunal Service (MPTS) is a statutory committee of the General Medical Council established under Section 1 (3) (g) of the Medical Act 1983 (as amended) and constituted in accordance with the MPTS Rules\(^1\).

2. The MPTS is responsible for providing a hearings service to the GMC that is efficient, effective and clearly separate from the investigatory role of the Fitness to Practise Directorate within the General Medical Council.

Duties and activities

3. The MPTS Committee is responsible for ensuring:

   a. The delivery of a hearings service that demonstrates efficiency and effectiveness.

   b. The appointment of Medical Practitioners Tribunal and Interim Orders Tribunal members (including chairs) and that appropriate systems for the appointment, training, assessment and, where required, the removal of tribunal members are in place.

   c. The appointment of legal assessors and case managers and that appropriate systems for the appointment, training, assessment and, where required, the removal of case managers are in place.

   d. Maintenance of a system for declaration and registration and publication of Committee members’ private interests.

   e. Consideration of matters by a Medical Practitioners Tribunal/Interim Orders Tribunal.

\(^1\) The General Medical Council (Constitution of the Medical Practitioners Tribunal Service) Rules Order of Council 2015.
f High quality standards of decision-making by Medical Practitioners Tribunals and Interim Orders Tribunals are maintained.

g High quality standards of case management by case managers are maintained.

h The setting and maintenance of guidance for the MPTS tribunals, case managers, and legal assessors, as required.

i That the MPTS applies the equality and diversity strategy and policies of the GMC.

j Notification of Medical Practitioners Tribunal and Interim Orders Tribunal decisions as required by the Medical Act.

k Effective liaison with all users of the hearings service provided by the MPTS.

l An annual report which meets the requirements of Section 52B of the Medical Act 1983 as amended.

Delegations

4 The delivery of the operational requirements of the MPTS may be delegated by the GMC Council to the Chair of the MPTS or to such other officer of the General Council as specified in Council’s Schedule of Authority. Responsibility for the day-to-day operational management of the MPTS rests with the Executive Manager, MPTS.

Membership

5 The membership of the MPTS Committee, as constituted in accordance with the MPTS Rules, is the Chair of the MPTS and four other MPTS members, two medical and two lay. The MPTS is chaired by the Chair of the MPTS.

6 One medical and one lay member will be currently sitting MPTS tribunal members. The remaining medical and lay members may be external co-opted or demitted MPTS tribunal members.

7 When the appointed chair of the MPTS Committee is absent from a meeting, or has had to withdraw owing to a conflict of interest, the meeting is chaired by another member of the MPTS Committee nominated by the members of the Committee present.

8 The Executive Manager, MPTS will attend Committee meetings but is not a member of the Committee.

9 The Committee may invite other members of MPTS or GMC staff, or external parties to attend or present at individual meetings so as to progress its business.
10 The quorum for meetings of the MPTS Committee is three.

**Working Arrangements**

11 The MPTS Committee meets at least four times a year. At the discretion of the Chair of the MPTS, additional meetings can be convened, if required. Formal decision-making is supported by papers setting out options and recommendations.

12 Papers for each meeting will normally be sent electronically, and in hard copy on request, to MPTS Committee members at least seven days in advance of meetings. Work may be progressed electronically outside of the meetings, including the use of teleconference and videoconference facilities, at the discretion of the Chair.

13 In discussion of agenda items the intention is to reach agreement by consensus. Voting occurs only when consensual agreement cannot be reached and is by show of hands. If the votes are equal the person who chairs the meeting has a casting vote in addition to his/her vote as a member of the Committee.

14 The MPTS Committee Secretary minutes each meeting and aims to circulate the minutes, as cleared by the Chair of the MPTS, to members for comments within two weeks of the meeting. The MPTS Committee approves minutes at the next Committee meeting. Minutes record the conclusions of the MPTS Committee on the issues considered.

15 Where matters are being discussed outside a face-to-face meeting, for example by exchange of emails or teleconference calls or videoconferences, the MPTS Committee Secretary will liaise with the Chair of the MPTS to agree the most appropriate mechanism for seeking views depending on the issue. In such instance the conclusions of the MPTS Committee will be reported at the next Committee meeting and recorded in the minutes.

16 The MPTS Committee agenda, minutes and papers will be published on the MPTS website. Papers relating to a decision being made will be published in accordance with our publication scheme.

**Accountability and reporting**

17 The Chair of the MPTS is accountable to the General Medical Council through the Chair of the GMC’s Council, and will report to Council on its work to fulfil the statutory duties for which it is accountable to the Privy Council on a twice-yearly basis. The report will summarise the performance of the MPTS during the previous reporting period, and the work of the MPTS Committee.

18 In addition, the MPTS will report annually to Parliament (via the Privy Council). This report will be coordinated for submission with the GMC Trustees’ annual report and accounts.

www.mpts-uk.org