MPTS Committee
Wednesday 3 May 2017
10:00-13:00
Chair’s office
7th Floor, St James’s Buildings
79, Oxford Street, Manchester, M1 6FQ

Agenda

Meeting

1  Chair’s business

2  Minutes of the meeting on 8 February 2017

3  Chair’s report (oral)

4  Assistant Director’s report and risk log

5  MPTS report to Parliament 2017

6  MPTS vision

7  Adjournments

8  Update on collaboration with other regulators (oral)

9  MPTS Committee work programme for 2017

10  Any other business

11  *Quality Assurance Group update

*Members should notify the Chair a minimum of two days prior to the meeting should they wish to discuss any *starred items. If not then it is assumed that the Committee wishes to agree the recommendations without discussion.
3 May 2017

**MPTS Committee**

*Draft of 29 March 2017*

**Minutes of the Meeting on 8 February 2017**¹

**Members present**

Dame Caroline Swift, Chair

Richard Davies
Jacky Hayden

Patricia Moultrie
Judith Worthington

**Others present**

Lyndy Geddes, Assistant Director – MPTS
Dale Langford, Committee Secretary
Anna Rowland, Assistant Director – Policy, Business Transformation and Safeguarding

¹ These Minutes should be read in conjunction with the MPTS Committee papers for this meeting, which are available on our website at [http://www.mpts-uk.org](http://www.mpts-uk.org)
Chair’s business
1 The Chair welcomed members to the meeting of the MPTS Committee, and in particular Lyndy Geddes, who replaced Howard Matthews as the interim Assistant Director – MPTS, and Dale Langford, Committee Secretary to their first meeting of the Committee.

Minutes of the meeting on 15 November 2016
2 The Committee approved the minutes of the meeting on 15 November 2016 as a true record. The Committee noted that the minutes would be signed by both the current and previous MPTS Chairs.

Matters arising
3 The Chair reported that the previous Chair, David Pearl, had considered an amendment to the minutes but had decided that the text was more of a clarification than a record of the discussion. The Committee therefore noted, in relation to paragraph 17c of the minutes (MPTS Equality and Diversity Plan 2017) that: ‘while local support for doctors is important, there is a need for additional arrangements to support doctors at hearings. In some cases, the concerns may have been referred by the Trust and/or there may be simultaneous disciplinary processes underway. In addition, the doctor’s employer often provided important evidence in the GMC's case.’

Chair’s report
4 The Chair provided an update on work and activities that had taken place since November 2016, noting that:

a David Pearl had attended a meeting of the GMC/MPTS Liaison Group, attended the GMC conference and presented the MPTS Committee Report to Council on 14 December 2016.

b As part of her induction period, prior to taking up her appointment on 1 January 2017, she had spent time at the MPTS to meet staff and observe how various teams worked. In addition as well as attending meetings of the GMC/MTPS Liaison Group and GMC Council, she had also attended meetings of the Quality Advisory Group and MPTS Committee.

c She had held a meeting with representatives of the Medical Defence Union and Medical Protection Society, senior officers of the Professional Standards Authority (PSA) and attended a PSA conference for regulatory tribunal chairs.

5 The Chair indicated that her priority would be to focus on the first of the MPTS Committee’s duties: ‘the delivery of a hearings service that demonstrated efficiency
and effectiveness’ and would be discussing with staff ways to bring about improvements, which included:

a  Further investigation into the reasons for the high number of adjournments, an Adjournments Working Group had already been established and would undertake an analysis of the data related to adjournments in order to better understand and address the causes of the high rate of adjournments.

b  New powers for case managers to control disclosure and timekeeping, along with the provision of document bundles to tribunal members in advance of the hearing for certain types of case from March 2017. The advance provision of bundles would gradually be extended to all hearings.

c  Addressing problems with video links by exploring the use of in-built video equipment rather than mobile video equipment and discouraging the use of laptops for the purpose of video links.

d  Exploring the extension of paperless hearings. Currently, tribunal members in certain types of cases receive the case documents by means of tablets. The aim is to extend this to achieve a wholly paperless hearing. To that end, the Chair and MPTS staff paid a visit to Manchester Crown Court to observe their use of tablets and screens in jury trials.

e  The compilation of a list of proposed legislative changes that would assist with improving the efficiency and effectiveness of the service, while, in the meantime, continuing to make improvements that did not require legislative change.

6  During discussion, the Committee noted that:

a  There was a need for the Committee to address other strategic issues, including considering where the MPTS should be in 12 months and further time.

b  As was already the case, other organisations with video links in areas where the GMC did not have access to the technology would continue to be contacted with a view to putting in place alternative arrangements that might prove more reliable.

b  Consideration should be given to the possibility of offering doctors who were not able to attend their hearing the opportunity to attend by video conference if distance was a significant factor.

d  There was no change to the standards expected of doctors while there were so many pressures on the health service, but tribunals always looked at mitigating factors and whether the behaviour was reasonable in the particular situation. Training for tribunal members could also refer to pressures in the health service, to inform those tribunal members not directly involved in the NHS.
**Assistant Director’s report**

7 The Committee considered the Assistant Director’s report, and noted:

- The dashboard of performance details and key performance indicators (KPIs) to December 2016.

- MPTS operational performance data for the year end 2016, with rolling 12 month figures where appropriate

- The full year data on MPT and Interim Orders Tribunal diversity achievement rates.

- The diversity breakdown of applicants and appointees from the recent medical member appointment campaign.

8 During discussion, the Committee noted that:

- Utilisation of the hearing centre was showing as below target due to the significant reduction in the number of hearings, and the number of hearings forecast in 2017, at nearly 500 fewer than 2016, would lead to only 60% utilisation of the 16 hearing rooms. Options for using the excess capacity were being looked at, including dedicated space for video hearings and training, sharing the resource with other regulators and making space available to other areas of the GMC, other than Fitness to Practise to ensure reception remained uncompromised. Care would need to be taken with the choice of organisations with which to share the hearing room facilities, but other regulators would be the most appropriate option.

- The Chair also wished to explore the option of using the available space to hold additional MPT hearings with a view to cutting down the current time frames for holding hearings. Meetings had been arranged with the Assistant Director – Investigation and Assistant Director – Legal Services to discuss the possibility of expediting certain hearings, where it could be done in a fair way and without affecting the GMC’s delivery targets or targets set by the Professional Standards Authority.

- Adjournment rates were still a concern, and work was being undertaken to look at the issue in detail to determine any prevalent factors. A workbook for self-represented doctors was being prepared to reduce the need for adjournments caused by a lack of understanding of or preparation for the hearing process.

- Following the recent round of recruitment of tribunal members, 35 new medical members had been appointed. The age demographic of tribunal members was now much lower than in the past, with nearly 40% in the 35 to 44 age group.
e Although hearing days for 2016 were above budget and forecast, no increase in budget or staff resource had been required, as a number of vacancies had been kept unfilled during the year.

f The usage of the pool of tribunal members during 2017 should be monitored to ensure that any increase in the number of longer, complex cases did not result in a higher turnover of tribunal members because of the time commitments involved.

g Performance reporting would be reviewed to make it clearer what the factors in improved performance were, and proposals for refined reporting and targets would be brought to the Committee for approval. Statistics on length of hearing would be looked at again, to see whether showing numbers of cases in different bands would give a clearer picture than just an average. Comparisons with previous years would also be included where they were available.

h It was agreed that the MPTS should be wary about comparing certain statistics with other tribunals, such as on adjournment rates, as the range of factors involved were likely to be unique to the MPTS. However, other elements of case management in regulatory bodies would be worth looking at, such as the way the General Pharmaceutical Council empowers legally qualified chairs to manage cases.

i It was hoped that the appointment of over 80 legally qualified chairs would provide the opportunity to reduce the time taken to start hearings from nine months to closer to six months for some categories of cases.

MPTS Risk Register

9 The Committee received and considered the MPTS Risk Register.

10 The Committee noted the report and approved the following changes to the risks listed:

a A new risk relating to future legislative reform and how it might impact on any future transformation to the adjudication function, with the addition of text to recognise the likelihood of much wider ranging legislative changes.

b Removal of a risk relating to the appointment of the new Chair and interim Assistant Director – MPTS given that both appointees were in post.

c Removal of a risk relating to the MPTS not being able to get confirmation from the High Court of a doctor’s appeal status. The risk was proposed for removal as the Operations teams had made adjustments to correspondence in order to make it clear to doctors that if they wished to appeal an order, it was their responsibility to inform the MPTS.
11 During discussion, the Committee noted that:

a Work on the MPTS vision had been paused temporarily, following an internal workshop on the topic. As well as the vision, members also wanted to see a few practical measures to reduce the lead time for hearings. The draft vision and operational priorities would be presented to the Committee at its meeting on 3 May 2017, with the relevant risk (R3 in Annex A) updated accordingly.

b The MPTS would have to collaborate closely with the rest of the GMC to reduce timescales, as the investigative procedures were such a significant element in determining the timescale of cases.

c Exploration of changes that did not require legislation should be included in the mitigating action for the new legislative reform risk.

d The MPTS Risk Register would be withheld from publication on the external website as directorate level risk registers were not published.

MPTS report to Parliament 2017 - second skeleton draft

12 The Committee considered the second skeleton draft of the MPTS report to Parliament, which had been updated and expanded since the previous meeting of the Committee.

13 The Committee requested the following changes to the second skeleton draft of the report:

a Further text showing the aspirations of the MPTS to make the process of tribunals more efficient and effective, such as making the process for self-represented doctors easier to understand.

b An additional section at the end to set out ambitions for the following 12 months.

c Removing phrases which were not backed up with evidence in the report, such as ‘much greater confidence in the way doctors’ hearings are managed’ to put the focus on where improvements were being made.

d A clear statement at the start to set out the governance structure, including the MPTS Committee itself, with more to be made of the separation of MPTS processes from the work of the rest of the GMC, in particular the independence of judgment by tribunals.

e The report to acknowledge that revalidation was moving towards its second cycle and the impact that might have on the kind of cases that would proceed to hearing, such as fewer relating to performance.
f The finished report should not be too long, so any long sections of content should be considered for inclusion in an annex.

g A clearer statement about the involvement of lay persons in tribunals to bring other experience and background to the process, although more data on the background of lay members might be needed.

h The fourth sentence under the History section was corrected to say: ‘The MPTS was created in June 2012, and separated adjudication from the GMC’s investigations function.’

i The first sentence under the Interim Orders Tribunal hearings section to be changed so that allegations were not referred to as being ‘resolved’.

j During discussion, the Committee noted that issues relating to the perception by medical defence organisations of fairness should continue to be addressed, including at the next MPTS staff away day, such as the provision of a room for the defence lawyers and how the clerk’s role in updating a doctor’s record was described.

Quality Assurance Group update 2016 and criteria review

14 The Committee considered and noted an overview of Quality Assurance Group (QAG) activity in 2016 and proposals to review the number of determinations to be reviewed each month by the QAG.

15 During discussion, the Committee noted that:

a A high level of staff time was spent each month reviewing determinations, with 49% of Medical Practitioner Tribunals and restoration hearings reviewed and letters issued to tribunal members in 12% of the decisions reviewed; 19% of Interim Orders Tribunals were reviewed and 14% of those reviewed resulted in letters to tribunal members.

b The MPTS Programme Board had agreed a proposal to reduce the number of determinations reviewed by QAG in areas where risk was considered to be reduced but to retain the level of oversight where decisions were in areas of greater risk. The overall number of cases reviewed would be reduced by 75%. The Programme Board was satisfied that the change would not result in the lowering of standards.

c When the PSA send letters relating to specific cases and containing learning points from which they believe the MPTS would benefit, these would continue to be considered; and at the conclusion of every appeal and application for judicial review of a case, the relevant judgment would be looked at with a view to using it to improve the quality of our decision making. The QAG would still carry out a review...
where the GMC, Tribunal Clerks or Tribunal Chairs identified problems arising during hearings in which they have been involved and where they believe our processes might be improved. However, cases were not to be reviewed by QAG solely where the outcome was not what the GMC had asked for.

d It was intended that the monthly session to review determinations would be reduced from two three-hour sessions to one session of three to three-and-a-half hours.

e It would be helpful if the role of QAG could be clearly articulated to tribunal members.

16 The Committee considered the letters that were sent to tribunal members when learning points arose from the review of their determinations and noted that the Chair had concerns about the way the letters were perceived by the recipients. The Committee considered that the MPTS should continue to send out letters containing generic learning points, with individuals being approached personally if necessary to discuss significant issues that need to be addressed. The Committee agreed to discontinue the issuing of individual letters to tribunal members and that tribunal members should be informed of the decision. The decision would be reviewed regularly throughout the year to ensure there was no negative impact upon quality going forward.

MPTS Committee work programme for 2017

17 The Committee considered its work programme for 2017 and noted the changes made to the programme since the meeting on 15 November 2016.

18 The Committee noted that:

a Following the discussion under the item on the MPTS Risk Register, an item on the vision for the MPTS would be included on the agenda for the meeting on 3 May 2017. The draft vision would include a look at issues from the doctor’s perspective and more exploration of collaborative working.

b The priorities set out in the draft vision for the MPTS should be clearly linked to the MPTS Business Plan. The work plan and dashboard annex to the Assistant Director’s report would also be revised to make links to the Business Plan clearer.
Any other business

Joint working with the Nursing and Midwifery Council

19 The Committee received a short presentation on joint working with the Nursing and Midwifery Council (NMC).

20 The Committee noted that:

a The Chief Executive of the GMC had attended a meeting of chairs and chief executives of healthcare regulatory bodies on 15 December 2016, from which a number of proposals for collaborative working arose.

b It should not be necessary for all nine regulators to move at the same pace on all initiatives, particularly given variations in size and approach. It was therefore envisaged that two or three regulators could start elements of collaborative work, with others joining later.

c The GMC had committed to lead on working more collaboratively with NMC on all aspects of fitness to practise (FTP), from investigation through to tribunals, such as tribunal member training, recruitment and witness liaison. In particular the GMC would like to explore the feasibility in both operational and financial terms of holding FTP tribunal hearings in Scotland, Wales and Northern Ireland using shared facilities. The NMC would be invited to Manchester to see the hearing centre and discuss potential collaboration.

d There were significant differences between the NMC’s and GMC’s fitness to practise functions, and the scale of the NMC, with around 700,000 registrants, would make it challenging to align closely the work of the two organisations.

e The General Dental Council was looking to separate its investigative and prosecution functions from the adjudication function, so would work closely with the GMC and MPTS to explore the issues that arose from implementing that approach.

f It would be important for the separate functions of the GMC and MPTS to be acknowledged in the terms of engagement with other regulators, with some representation by the MPTS at the table when discussions took place.

21 The Committee agreed that the MPTS should be willing and prepared to explore the opportunities for joint working and be prepared to devote time and resource to developing and considering options. However, the core work of the MPTS would always be the first priority.
Requirement for medical tribunal members to have a licence to practice

22 The Committee noted a list of proposals for legislative change that the MPTS wished to see and that had been informally discussed with DH officials.

23 The Committee noted that:

a The DH view was that any change should keep patient safety paramount, while improved doctor experience would be very much a secondary consideration. Changes that could be seen as shifting costs onto employers or reducing transparency would be unlikely to succeed, so proposals would need to demonstrate improvements in efficiency.

b Enabling non-licensed doctors to sit as medical members of tribunals would require legislative change. Such a change would allow doctors who sat as medical members of tribunals to be relieved of the need to incur the cost of revalidation just in order to retain their licence to undertake MPTS related work. There were currently five medical tribunal members who were due to revalidate during 2017, so there was a risk that their skills could be lost if they chose not to revalidate.

c The medical members of the tribunal were there, not as experts, but to bring a broad medical view to the proceedings, so doctors and members of the public might expect those members to have a licence to practise. It was essential that any changes did not jeopardise the regard with which the tribunal process was held.

d Further work on the requirement for medical tribunal members to have a licence to practise was required, including informal consultation with the British Medical Association.

Committee member role

24 The Committee noted that some of the Committee members attended meetings of the User Group and Case Management Group. The Committee agreed that members should continue to be involved in the User Group, but that attendance at the Case Management Group was not essential. The Committee members would be provided with dates for the User Group meetings.

25 The Chair invited Committee members to be more involved in promoting the work of the MPTS and welcomed the willingness of members to take up speaking engagements, including induction training, if the Chair was not able to attend.

26 The Committee noted that its next meeting would be on 3 May 2017.
Expectations of Associates/ Associate complaint procedures

27 Following notification by members of the Committee, the Chair agreed to a discussion taking place on this item. The Committee noted a report setting out minor changes to the code of conduct for Associates and new guidance by the Associate Services Team to support the MPTS in managing concerns relating to Associates, along with minor amendments to the operational process for how complaints regarding MPTS Associates were managed.

28 The Committee noted the revision and creation of documents to manage concerns and complaints about Associates.

29 During discussion, the Committee noted that:

a There were concerns about whether the report was clear enough about the definition of MPTS Associates, and about the respective roles of the MPTS and the GMC as set out in the documents, including the reference in Annex B to Associates doing work ‘for other parts of the business’.

b The Chair would discuss the proposed changes with the Head of Tribunal Development prior to further consideration by the Committee.

Confirmed

Dame Caroline Swift, Chair  Date:  3 May 2017
Executive summary
This report provides an update on our operational performance and includes the front page dashboard for key measures with supporting data provided. The figures are to the end of March 2017. The committee is asked to note the report.

Annex A is the dashboard and Annex B is the supporting data.

Annex C is the Risk Log, which forms part of the assurance process around the management of risks relating to the Committee’s responsibility for ensuring the delivery of an efficient and effective Tribunal Service.

Recommendations
a The Committee is asked to consider the report and Annexes A and B.
b The Committee is asked to consider the Risk Log at Annex C
Operational Data

1. Annex A is a short dashboard, summarising key indicators and service level agreements (SLAs) against the headings of efficiency and effectiveness. The data supporting the dashboard is contained in Annex B.

2. Interim Orders Tribunal (IOT) referrals continue to fall to a steady 40% decrease over the last 12 months. MPT referrals have remained below 20 for several months. The impact of this will be felt in hearing days in 2017 which are now being built into the forecast budget.

3. Hearing room utilisation has remained high (circa 70%) as referrals from earlier in the year are dealt with and complex cases come to hearing.

4. Service Targets continue to be met with no areas for concern.

5. The rest of 2017 remains busy with more hearing days now forecast than were planned for the year. This is in part due to rescheduling of adjourned and additional days. These will be delivered within budget due to efficiencies made elsewhere.

2017 forecast

6. Planning work with GMC has been completed and the forecast hearing days for 2017 is 2,380, down from 2,488 planned for 2016 and 2,857 in the current year end forecast. The result of this, combined with Section 60 efficiencies for the full year is that the MPTS budget for 2017 is £9,461k, a reduction of £1,112k or 10.5% against 2016. This was submitted to GMC Council and approved in December 2016. We will continue to monitor this.

Doctor Representation

7. Data on the number of self-represented doctors appearing at hearings has remained largely static at 13% for fitness to practise/MPT and 10% for Interim Orders Panels (IOP)/IOT.

Complaints

8. No complaints have been received this period.

Adjourned and Postponed

9. The SLA on hearing start time is consistently met, however adjournment rates remain high – with a smallish drop to 23% in March. The MPTS Adjournments working group has been established to review and monitor the volume and reasons for
adjournments going forward. The group will make recommendations in an effort to further reduce the likelihood and impact of adjournments.

10 Tribunal Diversity and recruitment.

Data on the diversity of the Tribunal pool and of hearings is included in Annex B. We are currently mid-interview process for legally qualified chairs (LQCs) with training and induction scheduled for later this year. A full report will be circulated and included in the Chair’s report to Council.

User Group Meeting

11 A productive and positive User Group Meeting has taken place with the agenda covering various topics including:

- Cancellations of IOTs
- Wifi
- Videolinks/Skype
- Timetabling and Decision Making
- Decision Letters/Notifications on Website
- Sanctions Guidance

MPTS Collaborative Working

12 The Assistant Director and Chair met with the Chief Executive of the NMC with a view to firming up arrangements for them to use MPTS premises to hold a limited number of hearings in Manchester. It was also agreed that a joint working group be established to consider more options for collaborative working.

Risk log

13 The MPTS Committee is asked to review the risk log and highlight any concerns or new areas of risk.
Annex A:
MPTS Performance Dashboard
## MPTS Performance Dashboard 2017

<table>
<thead>
<tr>
<th>KPIs</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>To commence 100% of IOT hearings within 3 weeks of referral</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
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<tr>
<td>Commence 90% of MPT hearings within nine months of referral</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

### Efficiency

- **Finance variance in £ (cumulative)**
  - Q1: 162,144 (7.1%)
  - Q2
  - Q3
  - Q4

- **Hearing room utilisation (80%)**
  - 74% 63% 77%

- **Hearing days vs budget variance (cumulative)**
  - Q1
    - ALL 586/565a, -18 days, 3%
    - MPT 510/486a, -24 days, 4.7%
    - ROP 76/79a, +3 days, 3.9%
  - Q2
  - Q3
  - Q4

- **Adjournments – MPT (new)**
  - 20% 35% 29%

- **Postponements (granted)**
  - 2017 cumulative 22(13)
    - MPT 17/14 – IOT 8/5

- **Average hearing length MPT (incl new & reconvened)**
  - (9.4) 8.8

- **Appeals registered (results)**
  - Dr 4 0 1
  - GMC 0 2 2
  - PSA 1 0 0

- **PSA Reports**
  - 0 0 0

- **Complaints**
  - 0 1 1

- **Diversity Quarterly % of MPT / IOT**
  - 38% / 21%
Annex B: Supporting Information
## MPTS Performance Dashboard 2017 - Supporting info
### 1. Diversity Data MPT

<table>
<thead>
<tr>
<th>Medical Practitioners Tribunal</th>
<th>Q1 2017</th>
<th>Q2 2017</th>
<th>Q3 2017</th>
<th>Q4 2017</th>
<th>Total 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Actual hearing days</td>
<td>484</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Diverse tribunal hearing days - ethnicity and gender (%)</td>
<td>184 (38%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
</tr>
<tr>
<td>3. Diverse tribunal hearing days - gender only (%)</td>
<td>281 (58%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
</tr>
<tr>
<td>4. Diverse tribunal hearing days - ethnicity only (%)</td>
<td>9 (2%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
</tr>
<tr>
<td>5. Non-diverse tribunal hearing days – no BME/Non-BME and single-sex (%)</td>
<td>10 (2%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
</tr>
</tbody>
</table>
# MPTS Performance Dashboard 2017 - Supporting info

## 2. Diversity Data IOT

<table>
<thead>
<tr>
<th>Interim Orders Tribunal</th>
<th>Q1 2017</th>
<th>Q2 2017</th>
<th>Q3 2017</th>
<th>Q4 2017</th>
<th>Total 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Actual hearing days</td>
<td>67</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Diverse tribunal hearing days – both ethnicity and gender (%)</td>
<td>14 (21%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
</tr>
<tr>
<td>3. Diverse tribunal hearing days - gender only (%)</td>
<td>47 (70%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
</tr>
<tr>
<td>4. Diverse tribunal hearing days - ethnicity only (%)</td>
<td>2 (3%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
</tr>
<tr>
<td>5. Non-diverse tribunal hearing days – no BME/Non-BME and single-sex (%)</td>
<td>4 (6%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
</tr>
</tbody>
</table>
### Table 1. MPT new hearings - doctor representation and attendance January-March 2017

<table>
<thead>
<tr>
<th>Category</th>
<th>January 2017</th>
<th>February 2017</th>
<th>March 2017</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor represented and either present or not present</td>
<td>10 (50%)</td>
<td>10 (59%)</td>
<td>11 (65%)</td>
<td>31 (57%)</td>
</tr>
<tr>
<td>Doctor not represented but present</td>
<td>3 (15%)</td>
<td>3 (18%)</td>
<td>2 (12%)</td>
<td>8 (15%)</td>
</tr>
<tr>
<td>Doctor not represented or present</td>
<td>7 (35%)</td>
<td>4 (23%)</td>
<td>4 (23%)</td>
<td>15 (28%)</td>
</tr>
<tr>
<td>Total</td>
<td>20 (100%)</td>
<td>17 (100%)</td>
<td>17 (100%)</td>
<td>54 (100%)</td>
</tr>
</tbody>
</table>

### Table 2. IOT new hearings - doctor representation and attendance January-March 2017

<table>
<thead>
<tr>
<th>Category</th>
<th>January 2017</th>
<th>February 2017</th>
<th>March 2017</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor represented and either present or not present</td>
<td>14 (74%)</td>
<td>22 (65%)</td>
<td>13 (62%)</td>
<td>49 (66%)</td>
</tr>
<tr>
<td>Doctor not represented but present</td>
<td>1 (5%)</td>
<td>3 (9%)</td>
<td>3 (14%)</td>
<td>7 (10%)</td>
</tr>
<tr>
<td>Doctor not represented or present</td>
<td>4 (21%)</td>
<td>9 (26%)</td>
<td>5 (24%)</td>
<td>18 (24%)</td>
</tr>
<tr>
<td>Total</td>
<td>19 (100%)</td>
<td>34 (100%)</td>
<td>21 (100%)</td>
<td>74 (100%)</td>
</tr>
</tbody>
</table>
## MPTS Performance Dashboard 2017 - Supporting info

### 4. Monthly referrals to IOT and MPT

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IOT</td>
<td>39</td>
<td>23</td>
<td>25</td>
<td>18</td>
<td>36</td>
<td>24</td>
<td>22</td>
<td>36</td>
<td>26</td>
<td>28</td>
<td>32</td>
<td>27</td>
<td>25</td>
<td>27</td>
</tr>
<tr>
<td>MPT</td>
<td>23</td>
<td>19</td>
<td>23</td>
<td>17</td>
<td>18</td>
<td>18</td>
<td>22</td>
<td>16</td>
<td>24</td>
<td>18</td>
<td>19</td>
<td>22</td>
<td>19.5</td>
<td></td>
</tr>
</tbody>
</table>
## MPTS Performance Dashboard 2017 - Supporting info

### 5. Tribunal actual hearing days

Tribunal actual hearing days, compared with the same period in 2016 (in brackets)

<table>
<thead>
<tr>
<th>Tribunal</th>
<th>March 2017</th>
<th>Year to end March 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Manchester</td>
<td>Outside Manchester</td>
</tr>
<tr>
<td>MPT Conviction</td>
<td>2 (8)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>MPT Determination</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>MPT Health</td>
<td>6 (20)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>MPT Misconduct</td>
<td>133 (126)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>MPT Performance</td>
<td>13 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>MPT English language</td>
<td>1 (2)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>MPT Multi-factorial</td>
<td>25 (31)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>MPT Non-compliance</td>
<td>1 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>MPT Restoration</td>
<td>9 (9)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Interim Orders Tribunal</td>
<td>22 (38)</td>
<td>0 (0)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>212 (234)</td>
<td>0 (0)</td>
</tr>
</tbody>
</table>
### 6. Budget

<table>
<thead>
<tr>
<th></th>
<th>This quarter</th>
<th>Year to date</th>
<th>Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Budget</td>
<td>Actual</td>
<td>Variance</td>
</tr>
<tr>
<td>Staff costs</td>
<td>269,796</td>
<td>243,666</td>
<td>26,131</td>
</tr>
<tr>
<td>Staff support costs</td>
<td>3,299</td>
<td>(558)</td>
<td>3,857</td>
</tr>
<tr>
<td>Office supplies</td>
<td>9,013</td>
<td>5,219</td>
<td>3,794</td>
</tr>
<tr>
<td>IT and telecoms costs</td>
<td>2,245</td>
<td>(491)</td>
<td>2,736</td>
</tr>
<tr>
<td>Legal costs</td>
<td>1,292</td>
<td>0</td>
<td>1,292</td>
</tr>
<tr>
<td>Panel &amp; assessment costs</td>
<td>495,654</td>
<td>550,499</td>
<td>(54,846)</td>
</tr>
<tr>
<td>Unallocated efficiency savings</td>
<td>(14,321)</td>
<td>0</td>
<td>(14,321)</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td>766,978</td>
<td>798,335</td>
<td>(31,357)</td>
</tr>
</tbody>
</table>

**Staff costs**
- Headcount has been around 10% lower than budget. From late 2016 to March 2017 a number of staff have left the team, usually to other roles within the GMC. Many of these roles have been recruited to in April or there is active recruitment to fill them.

**Staff support costs**
- Ytd underspend largely relates to no recruitment spend.

**Office supplies**
- Underspend across all cost types, most significantly reduced postage and photocopying charges.

**IT & telecomms costs**
- Small underspend due to reduced BT Conferencing and minimal spend on IT Equipment.

**Legal costs**
- The budget is for ad hoc legal costs for unrepresented doctors & process server work. No spend in ytd.

**Panel & assessment costs**
- Budgeted number of hearing days was 586 (inc ROPs), 510 MPT days and 76 IOT days. The actual number was 565 (inc ROPs), 79 IOT days and 486 MPT days. This reduction in volumes provides £53k underspend on Associate Fees and Expenses. There has been a slight reduction in average hearing length which contributes to reduced volume. Further underspend to Associate Recruitment largely relates to lower numbers of interviews than budgeted, therefore less expense claims. Interviews are ongoing through April. There is a £14k overspend on transcription costs. This mostly relates to requests for appeals. Underspend is after reducing budget by £27.5k ytd for allocation of efficiencies through greater use of LQCs.

**Unallocated efficiency savings**
- Achieved £27.5k efficiencies ytd against a target of £27k. Efficiencies claimed are for increased us of LQCs.
Medical Practitioners Tribunal adjournments 2017

Item 7 – to note

Scott Geddes

Head of Operations

May 2017
In November 2016 the MPTS Adjournments Working Group (AWG) was established to review all MPT adjournments, their impact, including cost, and to identify ways in which adjournments might be reduced.

Membership of the AWG includes Dame Caroline Swift, Chair, Lyndy Geddes, MPTS AD, Scott Geddes, Head of Operations, Tamarind Ashcroft, Head of TDS, and Sam Bedford, MPTS Case Manager.

The AWG will meet each month in 2017 to conduct a thorough review of all MPT adjournments made, to identify general themes and, particularly, actions to be taken to reduce the number of adjournments, and their impact. The AWG will also monitor and report on the success of the improvement actions identified.

Progress will be reported at the monthly MPTS Change Board meetings and the MPTS Committee will receive reports on a regular basis through the AD’s report.
In Q1 2017 there were 27 adjournments in total - 19 new cases, including seven reconvened cases and one case which adjourned twice (both during-hearing and at the end of the allocated hearing days), six review cases and one restoration case.

Of the 19 new cases, the timing of the adjournments meant that we ‘lost’ 31 days, including six during-hearing days, i.e. days scheduled to run, but which didn’t. For each of the 31 days we will have to pay cancellation fees to the tribunal members, which will cost in the region of £15,000.

The 19 new case adjournments also require us to schedule an additional 118 [reconvened] hearing days. At an average hearing day cost of £2,270, this means the 19 new case adjournments will cost around £267,860, should all 118 days be required.
## New MPT - doctor representation and attendance

### Table 1. MPT new hearings - doctor representation & attendance [excluding reconvened hearings]

<table>
<thead>
<tr>
<th>Category</th>
<th>January 2017</th>
<th>February 2017</th>
<th>March 2017</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr represented and either present or not present</td>
<td>10 (50%)</td>
<td>10 (59%)</td>
<td>11 (65%)</td>
<td>31 (57%)</td>
</tr>
<tr>
<td>Dr not represented but present</td>
<td>3 (15%)</td>
<td>3 (18%)</td>
<td>2 (12%)</td>
<td>8 (15%)</td>
</tr>
<tr>
<td>Dr not represented or present</td>
<td>7 (35%)</td>
<td>4 (23%)</td>
<td>4 (23%)</td>
<td>15 (28%)</td>
</tr>
<tr>
<td>Total</td>
<td>20 (100%)</td>
<td>17 (100%)</td>
<td>17 (100%)</td>
<td>54 (100%)</td>
</tr>
</tbody>
</table>
## New MPT - doctor representation and attendance

### Table 2. MPT new hearings - adjournments [excluding reconvened cases]

<table>
<thead>
<tr>
<th>Category</th>
<th>January 2017</th>
<th>February 2017</th>
<th>March 2017</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr represented and either present or not present</td>
<td>2 (50%)</td>
<td>3 (60%)</td>
<td>3*(100%)</td>
<td>8 (67%)</td>
</tr>
<tr>
<td>Dr not represented but present</td>
<td>2 (50%)</td>
<td>1 (20%)</td>
<td>0^ (0%)</td>
<td>3 (25%)</td>
</tr>
<tr>
<td>Dr not represented or present</td>
<td>NIL</td>
<td>1 (20%)</td>
<td>0 (0%)</td>
<td>1 (8%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4 (100%)</td>
<td>5 (100%)</td>
<td>3 (100%)</td>
<td>12 (100%)</td>
</tr>
</tbody>
</table>
Table 3. MPT new hearings *that commenced in Q1 2017 and either finished short, exactly to schedule or adjourned*

<table>
<thead>
<tr>
<th>MPT new hearings</th>
<th>Jan 17</th>
<th>Feb 17</th>
<th>Mar 17*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short</td>
<td>11</td>
<td>7</td>
<td>10</td>
<td>28 (57%)</td>
</tr>
<tr>
<td>Exactly to schedule</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>10 (20%)</td>
</tr>
<tr>
<td>Adjourned</td>
<td>4</td>
<td>6</td>
<td>1</td>
<td>11 (23%)</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>17</td>
<td>12</td>
<td>49 (100%)</td>
</tr>
</tbody>
</table>
MPT adjournment ‘themes’

- Readiness and preparedness of parties – not complying with case manager directions, late disclosure of bundles/material.
- Doctor representation not in place, or being negotiated.
- Doctor seeking to engage remotely or attending inconsistently.
- Time management: the tribunal’s management of the hearing; witness scheduling; insufficient time listed.
- Self-represented doctor engagement/understanding
- Truly unavoidable circumstances – sickness, changes of circumstance, need to obtain reports.

www.mpts-uk.org
Actions identified

- Bundles to tribunal members in advance of new MPT hearings - pilot March 2017
- Recruitment of Legally Qualified Chairs
- Training for Tribunal Chairs on assertiveness/managing hearings
- Tribunal Chair reports on reasons for adjournments
- Adjournments Working Group monitoring and reporting
- Case management - pilot pre-hearing meetings at start of the process rather than mid-way
- Case manager direction on advance provision of party witness schedules
- Direct feedback to GMC on readiness and preparedness [and impact on hearings]
- Engagement with parties at MPTS User Group and Case Management meetings
- Self-represented doctor case management workbook /additional support material
- MPTS Doctor Contact Service support to self-represented doctors at the hearing centre

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Executive summary
The MPTS Committee work programme for 2017 has been developed to reflect the Committee’s near time priorities, and duties and activities outlined in its statement of purpose. The work programme has been revised since the Committee’s meeting on 8 February 2017.

Recommendation
The MPTS Committee is asked to note its forward work programme for 2017.
Meeting schedule and work programme for 2017

1 The Committee’s work programme for 2017 at Annex A was derived from ongoing and new work arising from the MPTS Business Plan, and the Committee’s duties and activities outlined in its Statement of Purpose.

2 The work programme was revised following the Committee’s meeting on 8 February 2017 to include an item on the MPTS Vision at today’s meeting.

3 In 2017 the priorities are:
   a Recruit the required numbers of Legally Qualified Chairs and Legal Assessors to meet hearing needs.
   b Further develop support for self-represented doctors through hearing centre facilities and resources.
   c Review adjournments with all parties and implement changes required to reduce adjournment levels towards the benchmark for other tribunals.
   d Continue to deliver high quality decisions and meet revised Service Level Agreements.

4 In order to provide clarity on how the Committee can expect to receive assurance on all elements of its responsibilities we have mapped the Committee’s duties and activities against the reports that will be presented throughout 2017.

5 The work programme will be kept under review by the Chair of the MPTS and the Committee will be informed of any substantive changes as part of the Assistant Director’s report, as required.

Standing items

6 In addition to the substantive items detailed above, the Committee will consider the following standing items at each meeting:
   a Chair’s report (oral).
   b Assistant Director’s report.
   c MPTS Risk Register.
   d Quality Assurance Group update.
Equality and Diversity

In making its decisions the Committee will at all times pay due regard to equality and diversity considerations, as required.

Meeting schedule

The remaining meetings during 2017 are as follows:

a Tuesday 19 September 2017, 10:00-13:00.

b Wednesday 1 November 2017, 10:00-13:00.

All meetings will take place in St James's Buildings, Manchester.
The MPTS Committee is responsible for ensuring:

<table>
<thead>
<tr>
<th>MPTS Committee responsibilities</th>
<th>Assurance route</th>
</tr>
</thead>
<tbody>
<tr>
<td>a The delivery of a hearings service that demonstrates efficiency and effectiveness.</td>
<td>Assistant Director’s Report and report from the Quality Assurance Group</td>
</tr>
<tr>
<td>b The appointment of Medical Practitioners 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.</td>
<td>Papers on recruitment campaigns, training and appraisal as required.</td>
</tr>
<tr>
<td>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.</td>
<td>Papers on recruitment campaigns, training and appraisal as required: Report on LQC and LA recruitment scheduled for completion May/June 2017</td>
</tr>
<tr>
<td><strong>d</strong></td>
<td>The setting and maintenance of guidance for the MPTS tribunals, case managers, and legal assessors, as required.</td>
</tr>
<tr>
<td><strong>e</strong></td>
<td>High quality standards of case management by case managers are maintained.</td>
</tr>
<tr>
<td><strong>f</strong></td>
<td>High quality standards of decision-making by Medical Practitioners Tribunals and Interim Orders Tribunals are maintained.</td>
</tr>
<tr>
<td><strong>g</strong></td>
<td>Consideration of matters by a Medical Practitioners Tribunal/Interim Orders Tribunal.</td>
</tr>
<tr>
<td><strong>h</strong></td>
<td>Maintenance of a system for declaration and registration and publication of Committee members’ private interests.</td>
</tr>
<tr>
<td><strong>i</strong></td>
<td>That the MPTS applies the equality and diversity strategy and policies of the GMC.</td>
</tr>
<tr>
<td><strong>j</strong></td>
<td>Notification of Medical Practitioners Tribunal and Interim Orders Tribunal decisions as required by the Medical Act.</td>
</tr>
<tr>
<td><strong>k</strong></td>
<td>Effective liaison with all users of the hearings service provided by the MPTS.</td>
</tr>
<tr>
<td><strong>l</strong></td>
<td>An annual report which meets the requirements of Section 52B of the Medical Act 1983 as amended.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Updates on guidance not requiring Committee consideration via the Assistant Director's Report. Guidance requiring consideration to be added to work programme as required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Report from the Quality Assurance Group: outcome of review of case management May 2017</td>
</tr>
<tr>
<td></td>
<td>Report from the Quality Assurance Group</td>
</tr>
<tr>
<td></td>
<td>Assistant Director's report – report on performance against SLAs</td>
</tr>
<tr>
<td></td>
<td>Governance team business as usual planning – bi-annual updates planned</td>
</tr>
<tr>
<td></td>
<td>Integral part of Committee's consideration and decision-making</td>
</tr>
<tr>
<td></td>
<td>Assistant Director's report</td>
</tr>
<tr>
<td></td>
<td>Assistant Director's Report, Chair's Report and papers on engagement activities as required</td>
</tr>
<tr>
<td></td>
<td>Paper on work programme</td>
</tr>
</tbody>
</table>
### Date and Time

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday 3 May 2017</td>
<td>MPTS Committee</td>
</tr>
<tr>
<td></td>
<td>- Assistant Director’s report (a, d, g, j, k and i) and Risk log (a-l)</td>
</tr>
<tr>
<td></td>
<td>- Report of the Chair of the MPTS to Council (a-l)</td>
</tr>
<tr>
<td></td>
<td>- Draft MPTS report to Parliament</td>
</tr>
<tr>
<td></td>
<td>- MPTS Vision</td>
</tr>
<tr>
<td></td>
<td>- Adjournments</td>
</tr>
</tbody>
</table>

*Below the line*

- Quality Assurance Group update (a, e, f and i)

### Date and Time

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday 19 September 2017</td>
<td>MPTS Committee</td>
</tr>
<tr>
<td></td>
<td>- Assistant Director’s report (a, d, g, j, k and i)</td>
</tr>
<tr>
<td></td>
<td>- MPTS Risk Register (a-l)</td>
</tr>
<tr>
<td></td>
<td>- Report on recruitment and induction of Legally Qualified Chairs and Legal Assessors</td>
</tr>
<tr>
<td></td>
<td>- Deep dive review of information security</td>
</tr>
<tr>
<td></td>
<td>- Report on review of Case Management</td>
</tr>
</tbody>
</table>

*Below the line*

- Update from the Quality Assurance Group (a, e, f and i)
Date and Time | Meeting
---|---
Wednesday 1 November 2017 | MPTS Committee

- Assistant Director’s report (a, d, g, j, k and i)
- Report of the Chair of the MPTS to Council (a-l)
- MPTS Risk Register (a-l)
- 2018 Equality and Diversity Action Plan (a-l)
- Effectiveness review (tbc)
- Quality and Assurance update

*Below the line*

- Update from the Quality Assurance Group (a, e, f and i)
Executive summary
This paper details the outputs from the Quality Assurance Group (QAG) for the period 1/1/17 until 31/3/17- covering decisions made between December 2016 and February 2017.

To date we have reviewed 37% of the decisions made by new Medical Practitioners Tribunals (MPT), and 59% of new Interim Orders Tribunal (IOT) decisions.

This takes into account the changes to the volume of determinations to be reviewed as approved by the MPTS Committee at the last meeting.

Recommendation
The MPTS Committee is asked to note the update which provides information on the quality assurance process to monitor and assist in the improvement of decision-making by Tribunals.
Volumes

1. During the period 1 January - 31 March 2017 there were 437 MPTS hearings (including reviews on the paper). During this period, 151 determinations were selected for QAG review.

MPT Decisions

2. During this period the QAG reviewed 33% of MPT decisions.

<table>
<thead>
<tr>
<th></th>
<th>Jan-Mar 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of hearings</td>
<td></td>
</tr>
<tr>
<td>MPT (N)</td>
<td>70</td>
</tr>
<tr>
<td>MPT (R)</td>
<td>58</td>
</tr>
<tr>
<td>TOTAL</td>
<td>128</td>
</tr>
<tr>
<td>Cases selected for QAG</td>
<td></td>
</tr>
<tr>
<td>MPT (N)</td>
<td>26</td>
</tr>
<tr>
<td>MPT (R)</td>
<td>16</td>
</tr>
<tr>
<td>TOTAL</td>
<td>42</td>
</tr>
</tbody>
</table>

3. Common themes for feedback include the reasoning regarding expert evidence and witness credibility (particularly of interest due to recent appeals), ensuring that guidance or case law is referred to appropriately/fully, and the structure of determinations being unclear. Annual training will take place from September onwards and we are scheduled to include these topics in the training programme. We are also currently reviewing the structure of determinations with a view to providing clearer frameworks to assist in determinations being less repetitive and easier for the reader to understand.

IOT Decisions

4. During this period the QAG reviewed 33% of IOT decisions*.

<table>
<thead>
<tr>
<th></th>
<th>Jan-Mar 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of hearings</td>
<td></td>
</tr>
<tr>
<td>IOT (N)</td>
<td>76</td>
</tr>
<tr>
<td>IOT (R)</td>
<td>232</td>
</tr>
<tr>
<td>TOTAL</td>
<td>308</td>
</tr>
<tr>
<td>Cases selected for QAG</td>
<td></td>
</tr>
<tr>
<td>IOT (N)</td>
<td>45</td>
</tr>
<tr>
<td>IOT (R)</td>
<td>56</td>
</tr>
<tr>
<td>TOTAL</td>
<td>101</td>
</tr>
</tbody>
</table>

* This percentage appears lower due to the high volume of review hearings, 59% of new hearings were selected for review.
Common themes for feedback continued to be regarding a lack of reasons, case law being used in a non-constructive manner and determinations not ‘standing alone’.

**PSA Feedback**

Between 1 January and 31 March, we were notified that 4 cases had been considered by the PSA, one of which has resulted in learning points to date and one of which is to be appealed.

**GMC Feedback**

During the period 1 January and 31 March the GMC’s Decision Review Group sent the QAG 4 letters covering 12 cases. They have also exercised their power to appeal decisions in 4 cases this year. There are now a total of 8 appeals awaiting hearings with the early 2016 ‘GMC’ appeals having been rescheduled, with the first due to take place on 9-10 May 2017.

**Training issues**

Key training issues relate to the feedback above, with a particular need to focus on reasons/ clarity of reading for IOT and the structure of determinations and the assessment of experts/ witnesses within determinations for MPT being noted as the key areas. Two learning points circulars were sent in March highlighting the issues that had emerged for the first two QAG meetings of the year.

**Tribunal Feedback**

Feedback from the tribunal during this period has largely been for MPT regarding the drafting of GMC allegations and witness scheduling. Discussions on these matters are being taken forward with GMC legal/ investigations.