State of medical education and practice in the UK: 2013

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General Medical Council

Regulating doctors
Ensuring good medical practice
What is the General Medical Council - GMC?

- An independent public body
- A charity
- The independent regulator of the medical profession
- A UK wide organisation
- Funded entirely by registered doctors
- Accountable to the public via the UK Parliament through an annual accountability hearing
- PSA oversees the work of the nine UK healthcare regulatory bodies and carries out an annual performance review
The General Medical Council GMC is not...

.. a membership or professional organisation

Doctors in the UK are supported by:

- Medical Royal Colleges and Faculties
- Professional Associations and Societies
- British Medical Association
- Medical Defence Organisations
GMC in numbers

- maintain a register of 250,000 doctors
- oversee 41,000 medical students
- and 59,500 doctors in postgraduate medical training
- deal with 8,000 complaints per annum
- 5 offices in the UK, housing 1000+ staff and with an annual turnover of approximately £100 million.
The role of the GMC

*Our primary role is: ‘... to protect, promote and maintain the health and safety of the public’* (1)

we do this by

developing, approving and regulating the medical standards that ensure safe patient care in the UK

(1) Section 1(1A) of the Medical Act 1983
Maintain the register and control exit and entry

Deal firmly and fairly with doctors who fail to meet standards

Set and maintain educational standards

Set and maintain professional standards
How regulation has changed in the UK

Professional Self Regulation

- Independent of outside interests – whether employers, government or doctors.
- Accountable to Parliament (and so the British public).

Independent Professional Regulation
Structure of UK Post Graduate Medical Education (PGME)

Medical school

4-6 years

Foundation Training 1

1 year

Foundation Training 2

1 year

Postgraduate training as GP or specialist

3 – 10 years

Consultant or GP

Full registration

CCT

Revalidation
Introducing SoMEP 2013

- Third annual report produced by the GMC
- Uses data (2007 – 2012) to provide a picture of the medical profession and identify some challenges it faces
- This year we have focused on complaints to the GMC to see if we can understand more about them and whether they can help us identify areas of risk within medical practice
Overview of the report

Chapter 1: The changing shape of the profession and medical education

Chapter 2: Complaints and complainants

Chapter 3: Variations in the stands of UK medical practice

Chapter 4: How our data might contribute to understanding systems risks
2012 register

252,553 doctors on the medical register

- 73,481 on the Specialist register
- 61,062 on the GP register
- 1,382 on both
- 59,535 in approved postgraduate training programme
- 57,093 not in postgraduate training or on GP or Specialist register
Chapter 1: The changing shape of the profession and medical education

Demographics of the register

57% of the register are male, 43% are female

Primary medical qualification (PMQ)

- 63% are UK graduates
- 10% are European Economic Area (EEA) graduates
- 27% are International Medical Graduates (IMG)
The most significant change has been the growth in the number and proportion of female doctors:

- 61% of doctors under 30 were female.
- Over 6 years, there was a 24% increase in the number of female doctors aged 30-50.
- The increase has not yet affected the oldest age group - male doctors still made up 72% of doctors aged over 50 in 2012.
- But the rapid rise in the proportion of female doctors now seems to be slowing: 55% of medical students were female in 2012, compared with 61% in 2003.

### Table: Changing shape of the register 2007-2012

<table>
<thead>
<tr>
<th>Age group</th>
<th>2007</th>
<th>% change</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>18,819</td>
<td>+18%</td>
<td>22,286</td>
</tr>
<tr>
<td>30-50 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>54,540</td>
<td>+24%</td>
<td>67,798</td>
</tr>
<tr>
<td>&gt;50 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>58,391</td>
<td>-17%</td>
<td>48,661</td>
</tr>
</tbody>
</table>
### PRIMARY MEDICAL QUALIFICATION

<table>
<thead>
<tr>
<th>Age group</th>
<th>2007</th>
<th>% change</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of doctors</td>
<td>Number of doctors</td>
<td></td>
</tr>
<tr>
<td>&lt;30 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IMG</td>
<td>4,590</td>
<td>−61%</td>
<td>1,807</td>
</tr>
<tr>
<td>UK</td>
<td>27,181</td>
<td>+21%</td>
<td>32,989</td>
</tr>
<tr>
<td>&gt;50 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK</td>
<td>50,875</td>
<td>−17%</td>
<td>42,006</td>
</tr>
</tbody>
</table>

The number of international medical graduates (IMGs) appears to be decreasing.

The national expansion of medical schools in the UK has led to an increase in home-grown doctors.
Fitness to practice – the shape of complaints

- In this year’s report we have looked in more detail at the nature of complaints about doctors and who is making the complaints.

- The overall number of complaints received is small relative to the number of interactions between doctors and patients.

- However, the number of complaints continues to grow – there has been a 24% increase since 2011 and a 104% increase since 2007.
Who complains and how the GMC handles complaints

- Complaint may be from patients and the public, an employer, another doctor, the police or the GMC itself (review of press and other sources).

- In the GMC the complaint undergoes a ‘Triage’ process to decide whether the complaint reaches the threshold for an investigation.
How we handled complaints in 2012

10,305 Enquiries received
8,109 Complaints
2,673 Investigated complaints

1,408 Referred to employers
4,028 Closed immediately

2,196 Enquiries not about a doctor’s fitness to practise

1,169 Closed with no further action
448 Closed with advice
179 Sanction or warning given
877 Still being investigated
The range of complaints

- Clinical Care
- Communication
- Probity
- Health of a doctor
What were the complaints about in 2012?

- 54% of complaints were about clinical care or about both clinical care and communication with patients. These were the most common complaints made by members of the public, employers and the GMC.

- The most common complaints from individual doctors and the police were about probity (38% and 70% respectively), such as a criminal conviction or a conflict of interest.

- Complaints about probity or the health of a doctor are more likely to meet the threshold for a GMC investigation than complaints about clinical care because of differences in the type of concerns they raise.
Complaints from the public

- In 2012, 62% of all complaints came from members of the public.
- However, only 20% of their complaints met GMC criteria for a full investigation.

“Our report shows that some patients don’t know where to go to raise a concern about their treatment and more needs to be done to help them raise issues.”

Sir Peter Rubin
### Who is most likely to make a complaint?

Women are more likely to complain about a doctor than men

#### Complaints per million people

<table>
<thead>
<tr>
<th></th>
<th>Age (years)</th>
<th>Fully investigated complaints</th>
<th>Other complaints</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18–30</td>
<td>28</td>
<td>94</td>
<td>122</td>
<td></td>
</tr>
<tr>
<td>31–45</td>
<td>56</td>
<td>166</td>
<td>222</td>
<td></td>
</tr>
<tr>
<td>46–60</td>
<td>68</td>
<td>192</td>
<td>260</td>
<td></td>
</tr>
<tr>
<td>&gt;61</td>
<td>40</td>
<td>154</td>
<td>194</td>
<td></td>
</tr>
<tr>
<td>All ages</td>
<td>49</td>
<td>154</td>
<td>203</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Men</strong></th>
<th>Age (years)</th>
<th>Fully investigated complaints</th>
<th>Other complaints</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>18–30</td>
<td>16</td>
<td>80</td>
<td>95</td>
<td></td>
</tr>
<tr>
<td>31–45</td>
<td>29</td>
<td>150</td>
<td>179</td>
<td></td>
</tr>
<tr>
<td>46–60</td>
<td>42</td>
<td>173</td>
<td>215</td>
<td></td>
</tr>
<tr>
<td>&gt;61</td>
<td>37</td>
<td>131</td>
<td>168</td>
<td></td>
</tr>
<tr>
<td>All ages</td>
<td>31</td>
<td>136</td>
<td>167</td>
<td></td>
</tr>
</tbody>
</table>
Complaints from doctors and employers

- Employers accounted for 7% and individual doctors 10% of all complaints received in 2012

- A high proportion of complaints from employers and doctors reach the GMC criteria for a full investigation: 84% for employers and 48% for doctors

There has been an increasing number of complaints from employers and doctors since 2007, suggesting that doctors might be more willing to speak up about poor medical practice.
Complaints as a leading indicator of future problems

Previous complaints may be an indicator of future problems: doctors who received no complaints between 2007 and 2011 had only a 1% risk of a full investigation by the GMC in 2012.

This increased to 3% if a doctor was complained about once and 8% if the doctor was complained about twice or more, over the same period.

<table>
<thead>
<tr>
<th>Pattern of complaints in 2007-11</th>
<th>Probability of receiving a complaint that met the GMC threshold for an investigation in 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>No complaints</td>
<td>1%</td>
</tr>
<tr>
<td>One complaint</td>
<td>3%</td>
</tr>
<tr>
<td>Two or more complaints</td>
<td>8%</td>
</tr>
</tbody>
</table>

- Two or more complaints not meeting our threshold for a full investigation: 5%
- Two or more complaints where at least one met our threshold for a full investigation: 11%
What is associated with a doctor’s risk of being complained about?

A doctor’s risk of being complained about varies across their career and is affected by their gender, where they gained their primary medical qualification and the role they work in.

Doctors under 30 years old have a different pattern of risk compared with doctors aged 30 years and over.

<table>
<thead>
<tr>
<th>Age of doctor (years)</th>
<th>Doctors’ risk of receiving a complaint</th>
<th>Risk of complaint being investigated</th>
<th>Risk of investigation leading to a sanction or warning</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30</td>
<td>4%</td>
<td>60%</td>
<td>35%</td>
</tr>
<tr>
<td>30-50</td>
<td>8%</td>
<td>42%</td>
<td>27%</td>
</tr>
<tr>
<td>&gt;50</td>
<td>13%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>All doctors</td>
<td>9%</td>
<td>42%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Chapter 3: Variations in the standards of UK medical practice
What factors are associated with a doctor’s risk of being complained about?

- 1% of doctors had an incident reported to the GMC, 2007 -12, that merited a sanction or warning.

- GPs were more likely to have a complaint made against them than other doctors, but a lower proportion led to a sanction or warning.

- Male doctors were around twice as likely as female doctors to be complained about.

- Doctors over 50 years old were more likely to receive a complaint than their younger counterparts.

- IMGs were more likely to be complained about than UK or EEA graduates.

- Some groups of international medical graduates and EEA graduates that had more than double the risk of receiving a sanction or warning in this period.
### Risk of receiving a sanction or warning

Percentage of doctors receiving a warning or sanction in 2007–12

**BY GENDER + AGE + PLACE OF PMQ**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female + over 50 years</td>
<td>0.4%</td>
</tr>
<tr>
<td>Male + over 50 years + UK graduate</td>
<td>0.8%</td>
</tr>
<tr>
<td>Male + over 50 years + IMG graduate</td>
<td>1.9%</td>
</tr>
<tr>
<td>Male + over 50 years + EEA graduate</td>
<td>2.1%</td>
</tr>
</tbody>
</table>
What do our data tell us about NHS trusts in England?

This year we’ve looked at whether there are associations between the data that we hold and other data about National Health Service (NHS) trusts

Our findings are only exploratory and need further exploration

- Mortality rates are associated with the number of doctors who receive a sanction or warning
- The number of complaints about doctors are associated with whether staff would recommend their healthcare facility to their friends and family
- Patient experience is associated with complaints and doctors’ perceptions of their training
Proportion of allegations about clinical care across speciality 2007-2011

- General Practice
- Obstetrics and gynaecology
- Surgery
- Ophthalmology
- Radiology
- Medicine
- Paediatrics
- Pathology
- Psychiatry
- Anaesthetics
- Emergency medicine
Addressing the challenges

- The changing shape of the workforce
- Supporting complaints
- Variation in the risk of being complained about
- Interactions between professional and systems risks
Shape of training review – just out
Moving forward

What are the implications?

Does regulation need to change?

How do we address these issues?

Where does the responsibility lie?

What support is needed?

How can we work together to improve patient safety?