

Practitioner Performance Advice Insights

Who are the practitioners we advise on and are there any patterns of concerns?

July 2022

To support the [fair management and resolution of concerns](#), we have analysed the casework of Practitioner Performance Advice from 2017/18 to 2021/22 to understand if there are any trends in the practitioners we advise on and patterns of concerns reported to us by employers and contracting bodies.

If you are reading this as an employer or contracting body, you may want to ask yourself the following questions:

- Are any of the patterns shown also present in my organisation?
- What could my organisation learn from this?
- Who should I share this information with?

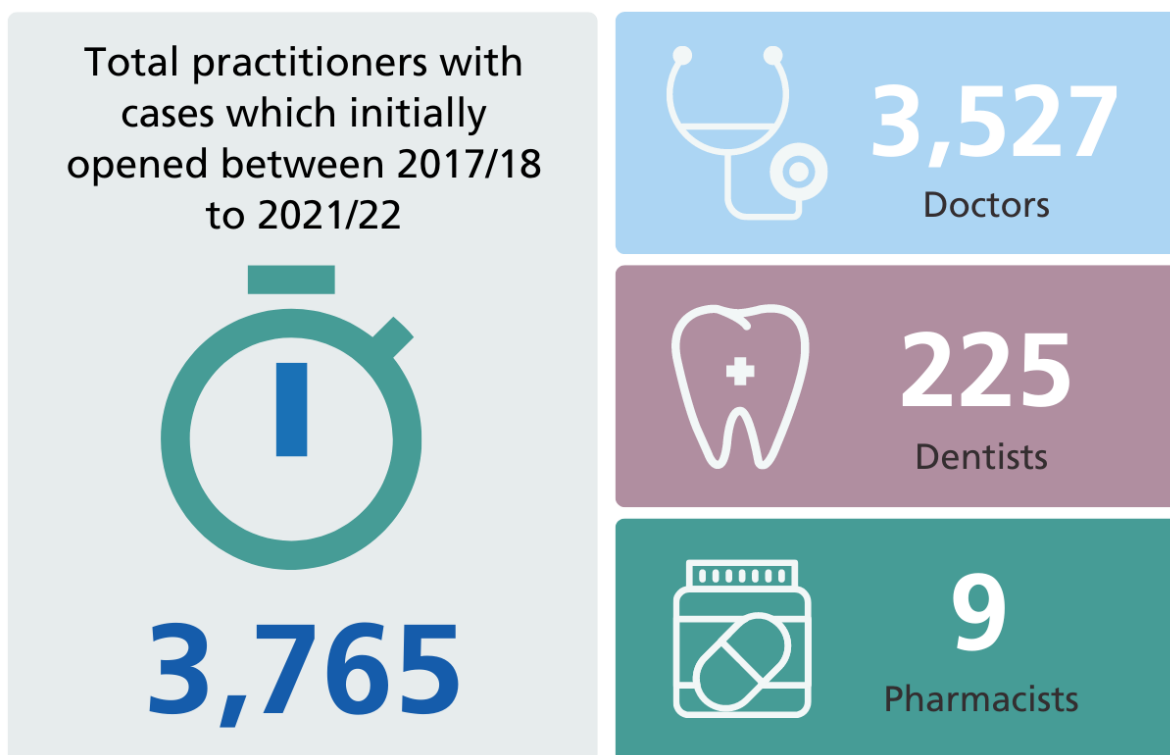
Key findings

The following are the key findings from Practitioner Performance Advice cases 2017/18 to 2021/22:

- The following groups of practitioners (doctors and dentists) are statistically more likely to have a case with Practitioner Performance Advice:
 - Practitioners from ethnic minority groups
 - Those that qualified outside the UK
 - Older age groups, particularly those aged 65+
 - Male rather than female practitioners
- 70% of cases involve a behavioural/misconduct concern and this has increased since a previous review of cases from 2007 to 2013
- Male practitioners are significantly more likely to have behavioural concerns and female practitioners to have health concerns

Professions of practitioners

In the previous five financial years, our cases involved 3,765 practitioners with the breakdown as below.



The profession of four practitioners was not reported by the employer or contracting body to Practitioner Performance Advice.

Pattern of concerns

Seventy per cent of cases involved a behavioural/misconduct concern and this has increased by 12% since a previous review of cases from December 2007 to September 2013, whereas the proportion of cases involving a clinical concern has decreased by 16%.

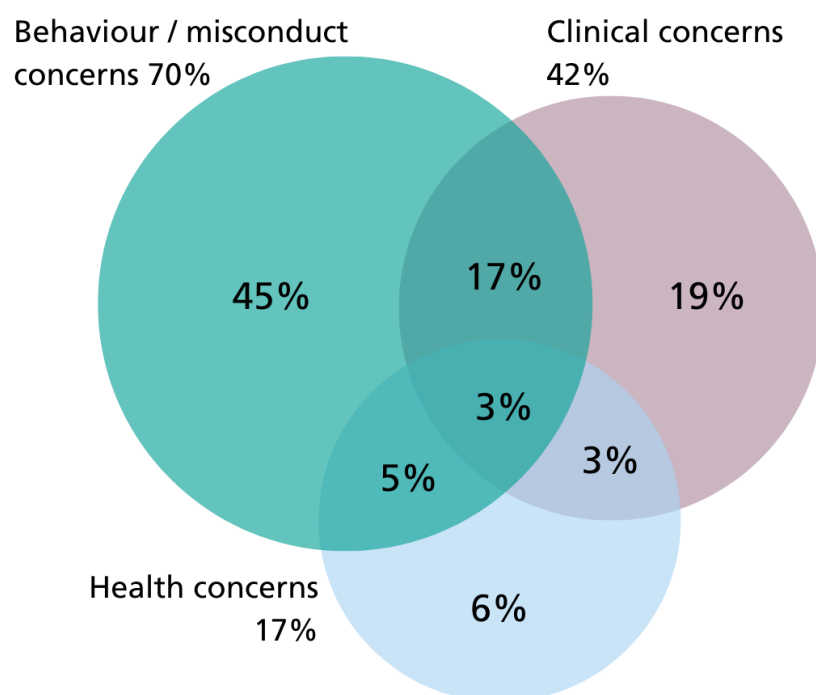
We have targeted our services accordingly, with increased capacity to provide [behavioural assessments](#), [workplace-based mediations](#) and [team reviews](#). For example, our behavioural assessment service can provide an independent view on the behavioural characteristics of the practitioner, including any areas which require consideration to assist the referring organisation in decisions about the next steps in their management of the case.

Despite the Covid-19 pandemic and the known impact on [physical](#) and [mental](#) health of those working in the healthcare sector, we have seen little change in the proportion of cases involving a health concern.

Practitioner Performance Advice can support employers and practitioners where there is a concern about health and we have previously published a summary of [our experiences of advising on pandemic-related issues](#). Whilst occupational health assessments are usually carried out locally, our Professional Support and Remediation service provides [return to work action plans](#) which support a

practitioner's reskilling and/or reintegration into clinical practice following a prolonged absence for any reason, usually in excess of three months.

3,976 cases FY 2017/18 – 2021/22



Personal characteristics of practitioners

We have compared personal characteristics of the practitioners in our cases with the NHS workforce of GPs, secondary care doctors and dentists with the aim of understanding if any groups are over-represented and, if so, to what extent.

Ethnicity and place of qualification

Practitioners from ethnic minority groups had 1.7 times the rate of cases per 1,000 and were statistically significantly more likely to have a case with Practitioner Performance Advice compared with white practitioners. Practitioners who qualified outside the UK were also statistically significantly more likely to have a case.

Higher rate of cases of practitioners from ethnic minority groups mirrors what has been found elsewhere, for example that ethnic minority and overseas qualified doctors have higher rates of being referred to the General Medical Council¹. The Medical Workforce Race Equality Standard (MWRES) stated that, “*The data shows*

¹ [Fair to Refer? \(GMC, 2019\)](#)

that across almost all indicators, BME doctors reported a worse experience at work compared to white doctors”². We have also previously found that [Black and Black British ethnic groups are statistically more likely to face exclusion](#).

We have previously found in analysis of our clinical assessments that those who first qualified outside of the UK were more frequently found to be performing at the expected level compared to their colleagues who qualified in the UK, for practitioners from both white and ethnic minority groups (see [here](#)).

Age

In terms of age, the rate of cases for practitioners increases with each advancing age group, with practitioners who are aged 65 and over having 6.3 times the rate of cases per 1,000 compared to those under 35 years. This pattern of cases and age differs significantly from the age of the workforce of doctors and dentists.

Gender

We observe a statistically significantly higher case rate for male compared with female practitioners (27.8 and 10.0 per 1,000 practitioners respectively) making males 2.8 times more likely to have a case with Practitioner Performance Advice.

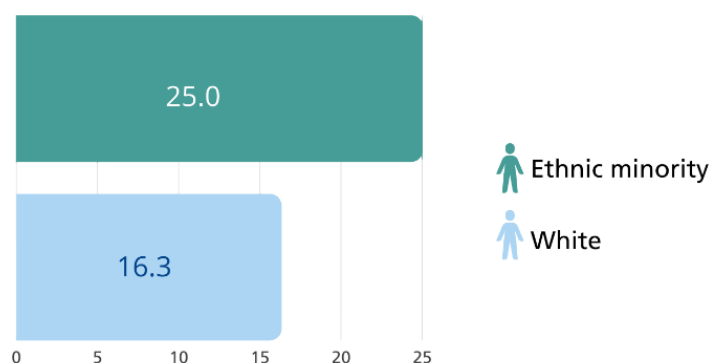
When analysing the pattern of concerns, male practitioners are statistically significantly more likely to have a behavioural concern than female doctors, whereas female doctors are significantly more likely to have a health concern.

² [Medical Workforce Race Equality Standard \(MWRES\) WRES indicators for the medical workforce 2020 \(NHS England/Improvement, 2021\)](#)

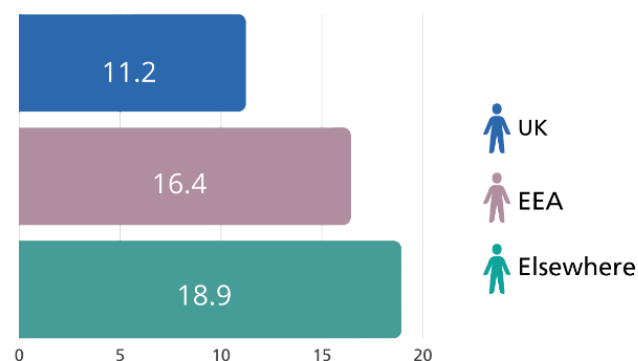
Rates of cases per 1,000 practitioners

(doctors and dentists only, no data for pharmacists)

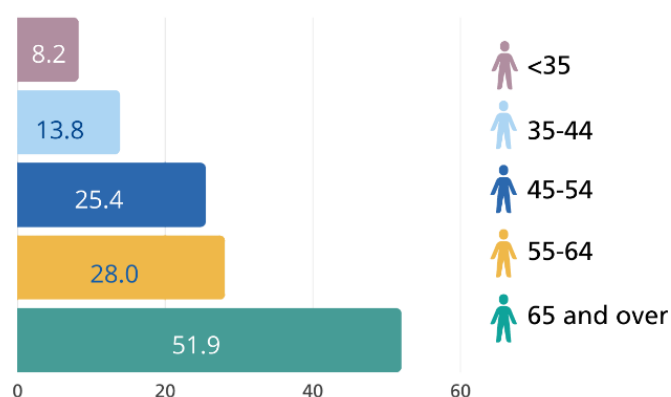
Ethnicity



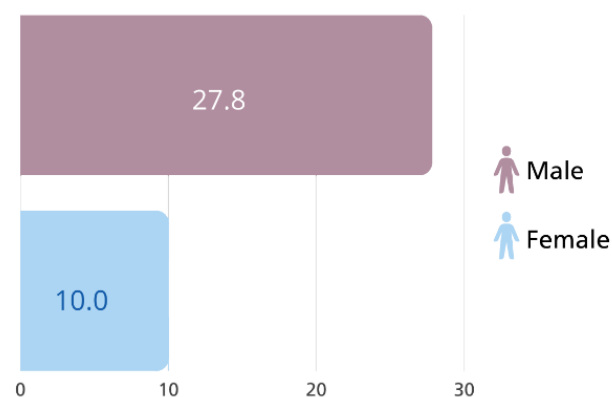
Place of qualification



Age



Gender



Supporting the fair resolution of concerns

Our service supports the fair resolution of concerns to preserve the resources of the NHS for patient care. We are sharing this information to increase awareness of the patterns of the nature of concerns and the practitioners involved, as well as increase awareness of the support we can provide.

In NHS Resolution's publication, [*Being fair*](#), healthcare organisations are advised to “*Ensure everyone's needs are met, no matter who they are. Treat everyone fairly, no matter what their background is, and help them speak up*”. It is not about seeking to blame the individuals involved when care in the NHS goes wrong.

Information about our full range of services to support the fair resolution of concerns can be found on our [website](#), including [training courses](#). We also have dedicated information for [practitioners](#) and [resources to support practitioners](#).

Our *Insights* publications share analysis and research which draw on our in-depth experience providing expert, impartial advice and interventions to healthcare organisations. By sharing these insights, we aim to support the healthcare system to better understand, manage and resolve concerns about doctors, dentists or pharmacists. You can find all past reports [here](#).

If you are interested in learning more about our research and insights programme, please get in touch with us at nhsr.adviceresearchandevaluation@nhs.net.

If you would like to learn more about our work and the services we offer, please visit our dedicated [Practitioner Performance Advice webpages](#). Our Education service offers [training courses](#) to provide healthcare organisations with the knowledge and skills to identify and manage performance concerns locally.