

An analysis of data on registration and fitness to practise cases held by the GMC in the context of risk-based approaches to medical regulation. *Professor Sally Lloyd-Bostock.*

Rationale

The GMC's electronic records contain comprehensive information on cases where a doctor's fitness to practise is called into question (that is, potential cases for disciplinary action, only a small proportion of which reach the stage of formal proceedings), as well as basic information about every doctor on its register. This is an exploratory study to clarify the nature of the information in the GMC's electronic database ('Siebel') and to ask what could be learnt from it, possibly in combination with other sources of information that could promote effective regulation.

Risk-based approaches to regulation, now widely endorsed, rely on good quality information about risks. Taking a social psychological approach, the study is based on the premise that all information is shaped by the contexts in which it is generated and processed. The primary functions of Siebel are operational, but an important question arises as to whether such data can be used for a different purpose, namely to identify and assess risks for regulatory purposes. The project aimed to explore what the GMC's data can and cannot tell us about risks to patient safety.

Methodology

Data on fitness to practise cases coming to the GMC over a period of two years were studied, and detailed content analysis carried out on sub-samples of cases. Data were accessed within strict confidentiality constraints involving extensive redaction and anonymisation of cases taken from Siebel. The data were analysed together with supporting guidance and documentation and open-ended interviews conducted with various stakeholders (e.g. GMC staff, Medical Directors, members of the public, doctors who have been subject to fitness to practise action).

Implications/conclusions drawn for the GMC

Key Findings: Siebel works well for case-processing and management, but – for good organisational reasons - the database does not reliably tell us much about wider patterns of risks to patients.

- The scope for identifying risk factors by comparing fitness to practise data with registration data was very limited, because only information necessary for maintaining the Medical Register was fully recorded.
- The fitness to practise database relies on outside sources informing the GMC about potential cases. Data within Siebel are therefore unrepresentative of risks to patients.
- The configuration of the database was not research friendly, and does not lend itself to aggregate analysis to test hypotheses about the factors affecting the flow and processing of cases. This limits its usability within as well as outside the GMC. For example:
- Use of the data requires detailed knowledge of Siebel's configuration use and codes. The codes used are understandable only with reference to the detail of GMC procedures.
- Analysis of the aggregate flow of cases through procedures requires a comprehensive understanding of codes and procedures, the quality of particular data, extensive selection and filtering of data, and the combination of data from different parts of Siebel which may not match perfectly.

- Siebel is a 'living database', making matching and tracing over time difficult.

Possible next steps:

Taken alone, the data are of limited value for broadly cast risk analysis, and may be misleading. However, provided limitations of the data are recognised, they have considerable potential wider value.

- The data can contribute to study of more closely defined risks, such as risks to patients arising from doctor's ill-health, or from different approaches to interaction with patients depending on where a doctor was trained.
- Fuller risk analysis might be possible if Siebel data were supplemented with data from outside sources such as NHS employment and specialisation data, even if only at an aggregate level.
- Data currently stored in Siebel but not readily accessible or analysable could usefully be extracted in different forms into the 'data warehouse' for analysis using Siebel's Analytics function. A 'research database' could be created periodically (possibly annually).
- Further study of factors influencing complaints/referrals to the GMC would provide valuable insights into the content of the database. It would also indicate ways the GMC might improve the information it receives and its interactions with the public, doctors and those making referrals.