The Public Services Programme
Quality, Performance & Delivery

New Sources of Information for Protecting Patient Safety
Could the new GMC Database be Used for Risk-Based Regulation?

Sally Lloyd-Bostock
Centre for Analysis of Risk and Regulation
London School of Economics

Background

The key idea of risk-based regulation is that information about risk factors can be used to better understand risks and regulatory action targeted to reduce them. How far can this idea be applied to regulating the risks associated with poor medical performance?

Such questions were raised by the introduction of a modern electronic database ('Siebel') by the General Medical Council (GMC), the UK's main regulatory body concerned with the performance and professional competence of doctors. The database contains basic information about every doctor on the medical register, and more detailed information on all fitness-to-practice cases (that is, potential cases for disciplinary action, only a small proportion of which reach the stage of formal proceedings).

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.

INFLUENCES AND FILTERS AFFECTING FLOW OF INFORMATION

Source Factors	GMC Factors	Database Factors
Awareness, Interpretation, Motivation, Decision to contact GMC	Purposes, Legal & organizational framework, Procedures	Scope & quality of data, Structure, Codes, Usability

| Step 1: Event or circumstances indicating risk | Step 2: GMC receives information and identifies risks to patients | Step 3: Information coded in Siebel database | Step 4: Risk information available |

INFORMATION FLOW

Figure 1 Factors affecting the flow of information from *risks* to *risk information available in Siebel*

Aims

This project, the first of its kind, was deliberately exploratory and on a modest scale. It aimed to explore what the GMC's data can and cannot tell us about risks to patient safety:

❖ Is it possible to identify groups of doctors more likely to fall short of fitness-to-practice standards, so that risks can be better understood and regulatory action targeted to reduce risks? Can the data help identify new risks to patients?

❖ What limitations on the data need to be understood? How are the data shaped by their sources, and the organizational and regulatory context?

❖ Do the design, codes and practical implementation of the database further limit the data's wider usability?

What I Did

Information from two main sources was gathered and analyzed:

❖ **Siebel itself:** Within strict confidentiality constraints, involving extensive redaction and anonymization, the information in the GMC's database was explored together with surrounding guidance and documentation;

❖ **Interviews:** Open-ended interviews were conducted with:
- GMC staff responsible for configuring and managing Siebel;
- Staff who routinely coded information and used Siebel data;
- People from other organizations maintaining related datasets;
- Five members of the public;
- Three Medical Directors who sent concerns about doctors to the GMC; and
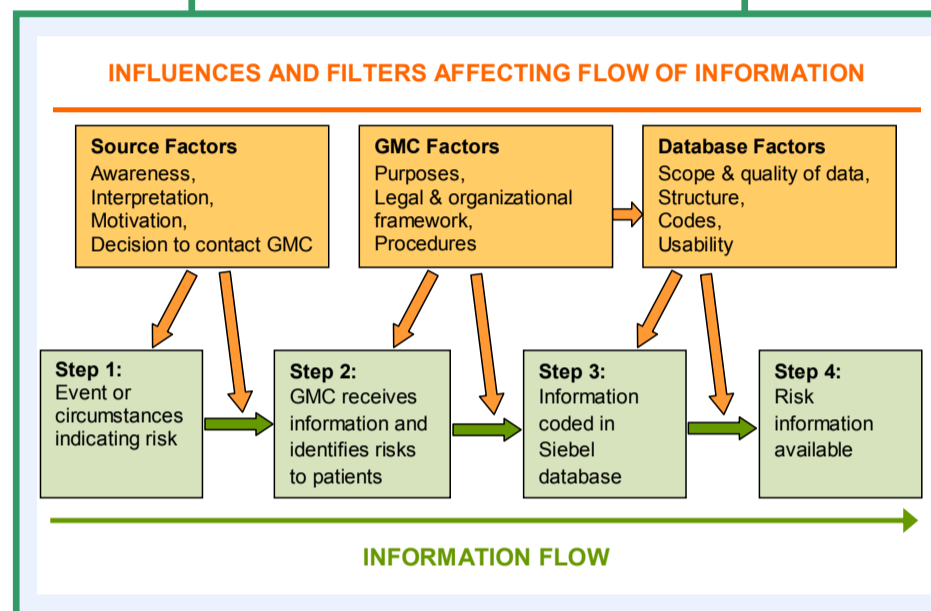- Four doctors who were the subject of fitness-to-practice cases.

Findings

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

❖ The scope for identifying risk factors was limited, because only information necessary for maintaining the Medical Register was fully recorded;

❖ The fitness-to-practice data relies on outside sources informing the GMC about potential cases. Figure 1 summarizes the factors that influence data availability. Recording of information was structured by the GMC's legally defined purposes and its concerns with its own organizational and reputational risks.

❖ The configuration of the database was not research friendly.

The project suggested ways to optimize wider usability of the data whilst understanding its limitations.

Find out more...

For more information contact Sally Lloyd-Bostock (s.lloyd-bostock@lse.ac.uk)

www.publicservices.ac.uk

LSE

carr
centre for analysis of risk and regulation

General Medical Council
Regulating doctors
Ensuring good medical practice

E·S·R·C
ECONOMIC & SOCIAL RESEARCH COUNCIL