



The
Public Services
Programme
Quality, Performance & Delivery

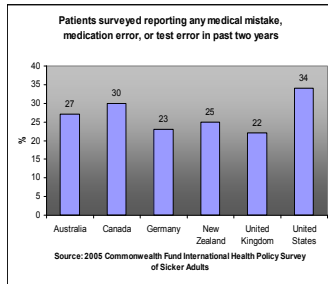
Regulating Medical Performance

Why study medical regulation?

Medical care can play a major role in quality and quantity of life, but it also poses risks. Research suggests that one in ten patients admitted to hospital experience an unintended injury or complication, most of which are preventable, and that each year this accounts for more deaths than breast cancer or AIDS¹. One of the main aims of medical regulation is to control and limit risks to patient safety. But, there is little research to date which tells us what actually affects the performance of medical practitioners and how regulation operates.

Research can help to throw light on some of the key disputes in this field, including:

- » What competing definitions of good practice are there, and what evidence is available to assess these rival claims?
- » What are the competing approaches to good regulation (for instance, professional self-regulation and external regulation) and what evidence is available to assess them?
- » What factors seem to predispose medical professionals to underperform and what, if any, interventions can help to minimise their effect?
- » Why do doctors from some backgrounds (specifically those trained overseas or those from ethnic minorities) experience greater exposure to Fitness to Practise proceedings than those from other backgrounds?

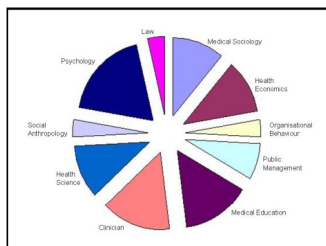


¹de Vries et al (2007) 'The incidence and nature of in-hospital adverse events: a systematic review' *Quality and Safety in Health Care* 2008;17:216-223

Who we are and how we work

The ESRC Public Services Programme has commissioned a unique set of 11 complementary research projects, co-funded by the UK General Medical Council (GMC), the regulatory body for the medical profession in the UK. The projects are based at institutions around the UK and the researchers, some of whom are clinicians themselves, are drawn from a variety of disciplinary backgrounds (see pie chart).

Given that this is a relatively new research field, the projects are mainly exploratory in nature, mostly concentrating on desk research linked with small scale empirical studies involving observations, interviews and documentary analysis.



This research augments other projects in our programme that look at: aspects of health care performance, including how performance can be validly and reliably measured; how far measured performance is shaped by financial incentives; and how far alternative systems of provision are linked to equity in treatment.

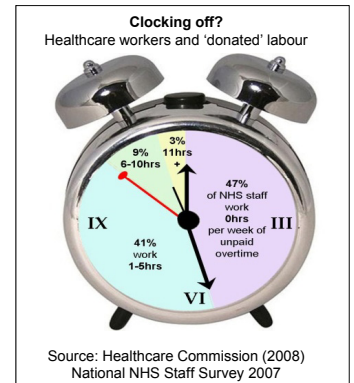
You can find full details of each project on our website at:

www.publicservices.ac.uk/category/research/

What are we trying to find out?

» **The impact on performance of low-trust regulatory reforms such as audit and inspection regimes intended to increase transparency and accountability, including:**

- whether such changes have led to a decrease in the amount of 'donated' labour – that is, hours worked in excess of what is contracted;
- how publishing performance data, such as surgical mortality rates, affects clinical and managerial behaviour?



» **Factors that lead doctors to underperform, including:**

- whether we can identify factors associated with performance problems that could be used to develop further research and as a basis for remedial support;
- what performance problems are posed by 'transitions' in medical careers (including transitions from one country to another, from medical school to practise, and from lower to higher levels of responsibility), and how effectively such transitions are managed?

» **The extent of the challenges encountered by ethnic minority and migrant doctors, including:**

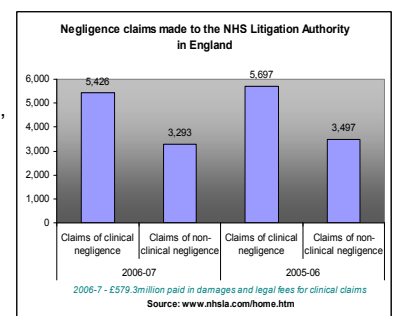
- why these doctors are over-represented in Fitness to Practise cases;
- are they subject to discrimination;
- how they can be best supported in the workplace?

	UK	Germany	Portugal	Norway
Total number of registered physicians	239,274	307,577	32,552	18,280
% foreign/foreign trained	30.9%	6%	9.8%	15.3%

Source: Garcia-Pérez et al. (2007) *BMC Health Services Research*

» **What constitutes good practice, including:**

- how far it is possible to provide agreed definitions of contested terms such as 'good practice', 'competence', 'safety' and 'performance' in medicine;
- whether new technologies and systems can improve patient safety;
- how far it is possible to produce a theory of effective regulation?



Implications of this research

We aim to:

- » inform regulatory design in the UK and other countries;
- » shape medical education and training policies and practices;
- » lay the foundations for a new generation of social science research on medical regulation.

Want to know more?

www.publicservices.ac.uk

www.gmc-uk.org

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