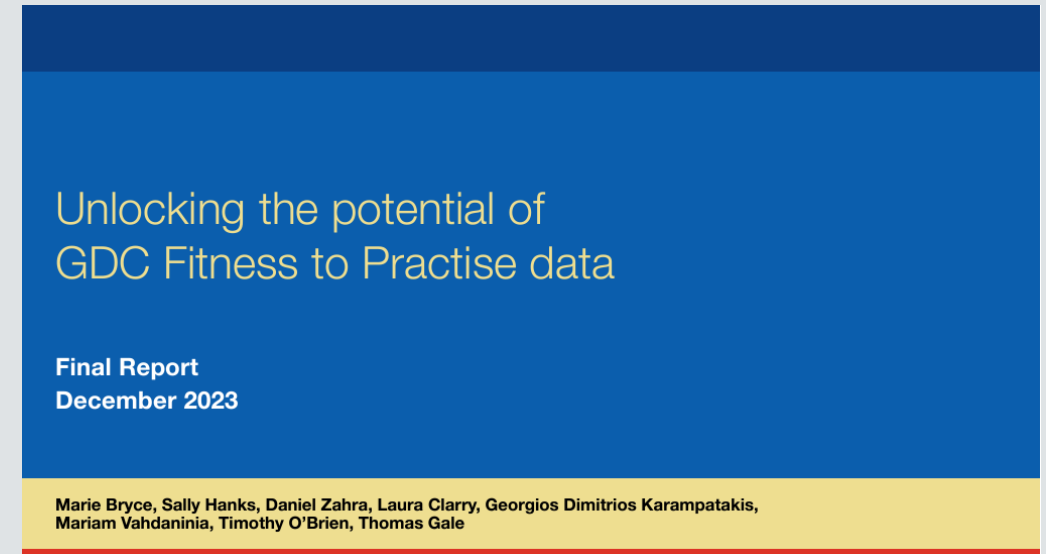# Acknowledgements

- Sally Hanks

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- Mariam Vahdaninia

- Laura Clarry

Outline

- Project design and methods – objectives, study design, research questions, data collection & analysis

- Findings

- Implications and conclusions

Unlocking the potential of FtP data

- Mixed methods project focused on GDC's process for FtP data collection, management and use.

- Research designed to develop an understanding of how data processes functioned, to identify improvements and learning opportunities.

- Study carried out 2020-2023

Unlocking the potential of
GDC Fitness to Practise data

Final Report
December 2023

Marie Bryce, Sally Hanks, Daniel Zahra, Laura Clarry, Georgios Dimitrios Karampatakis, Mariam Vahdaninia, Timothy O'Brien, Thomas Gale

Link to Unlocking the potential of FtP data report

Research questions

1	How does the GDC currently capture, store, retrieve and analyse data throughout the Fitness to Practise process, including other GDC data relating to Fitness to Practise?
2	What method of analysis will produce robust results and offer potential benefits to GDC in the long term?
3	How do UK health professions regulators use FtP data?
4	What are key stakeholders' priorities for or expectations of learning from FtP data?
5a 5b	How should case data be categorised? How can existing case categorisations be improved?
6	What works best to create aggregatable learning, enabling GDC to better code, weight, capture, store and retrieve Fitness to Practise and registration case file content?
7a 7b	How are personal, professional, environmental and technical factors associated with FtP cases? What changes might impact on these associations?
8a 8b	What factors determine the risk of entry into, progression through and outcome of, FtP procedures? What gaps exist in the data or analysis that affect risk modelling and how can these be addressed?
9	How can FtP data be used to monitor, support and evaluate FtP and corporate strategy work in other domains of regulatory activity?

Research methods

Study design

WP1 Scoping and Background

Rapid Evidence Assessment, Research Interviews, Focus Groups, Observations

WP2 Case File Review

Statistical analyses quantitative data, Thematic & Content Analysis of case files, Iterative linked analyses

WP3 Synthesis, Dialogue & Sustainability
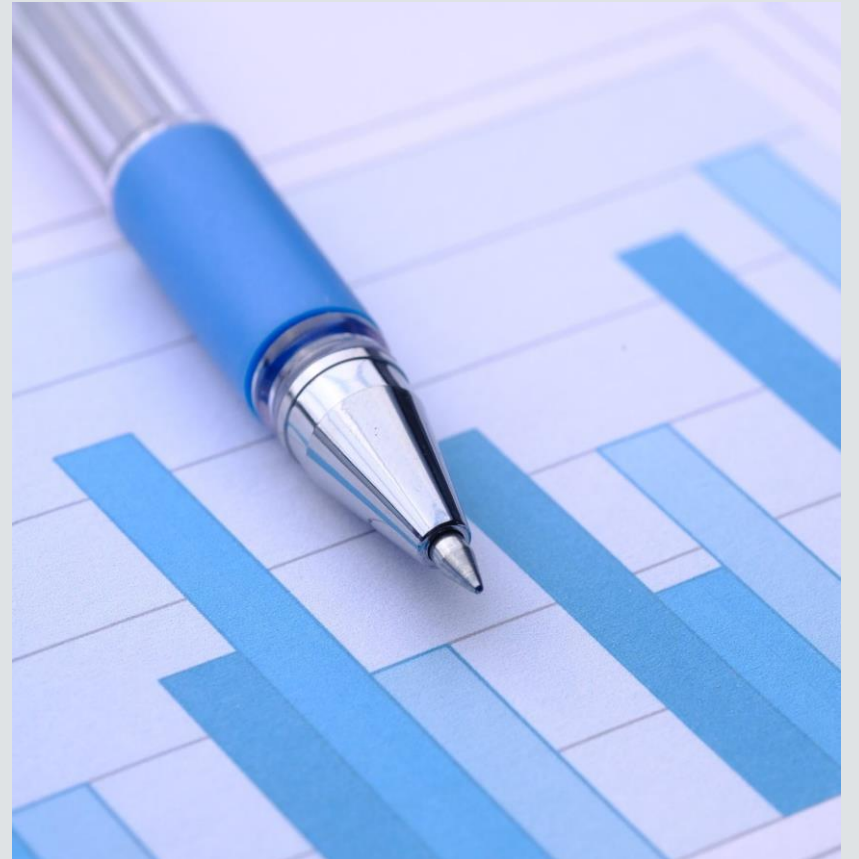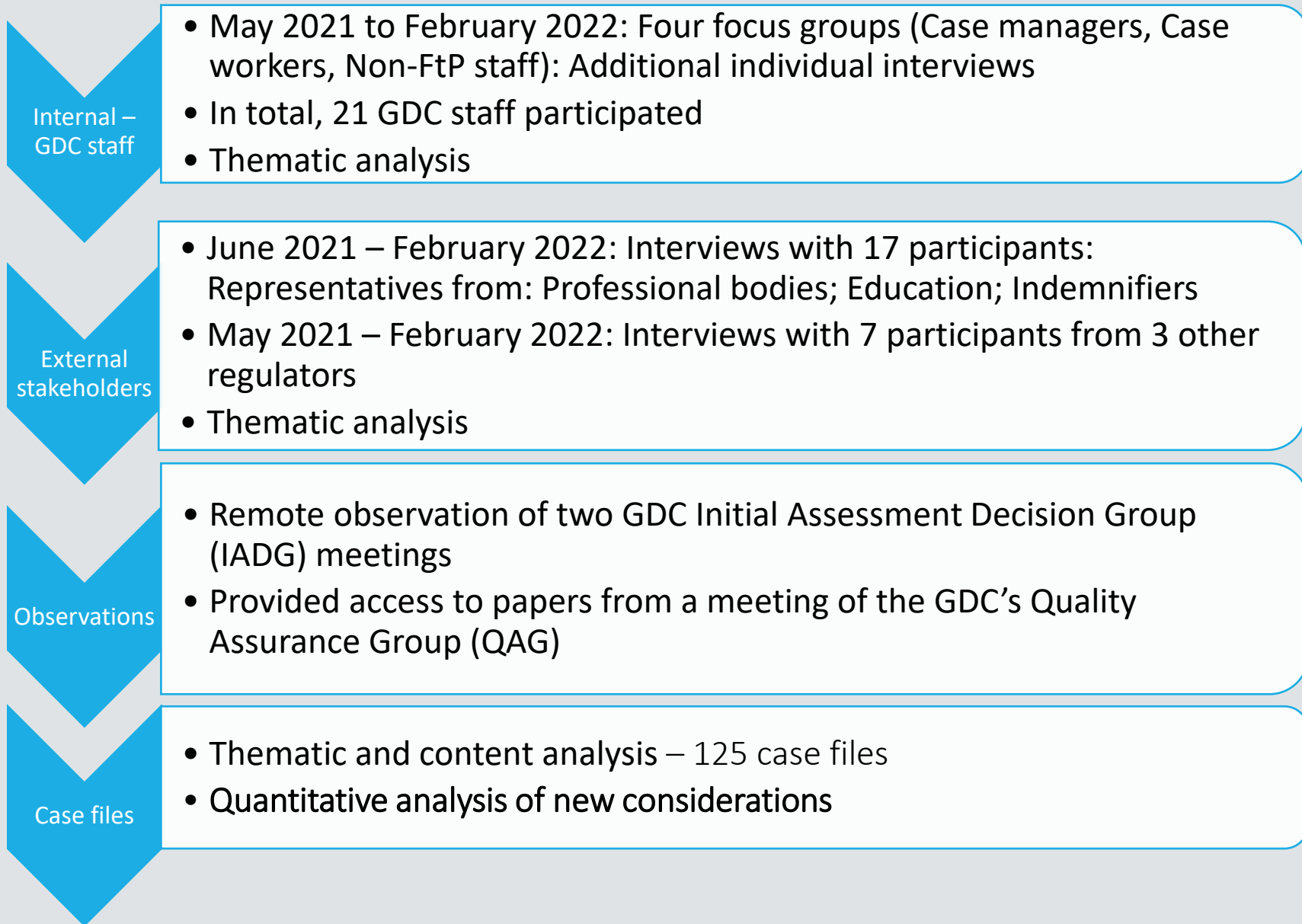
Synthesis of all findings, sharing analysis methods

Rapid evidence assessment

- Review aim: to identify evidence on how FtP is analysed and used to support learning for regulators and other stakeholders.

- Review questions:

  1. What methods have been used by different regulators to analyse quantitative and qualitative FtP data?

  2. What insights have been achieved through analysis of FtP data?

  3. What changes have regulators made to the ways in which they collect and manage FtP data?

  4. How does learning from FtP data inform regulatory decision-making?

- 106 documents included
  - 90 grey literature material (including FtP reports, business plans and strategies, various policy-related documents, and research reports)
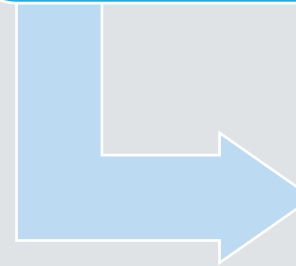 - 16 research articles published in peer-reviewed journals

Qualitative data

Internal – GDC staff
- May 2021 to February 2022: Four focus groups (Case managers, Case workers, Non-FtP staff): Additional individual interviews
- In total, 21 GDC staff participated
- Thematic analysis

External stakeholders
- June 2021 – February 2022: Interviews with 17 participants: Representatives from: Professional bodies; Education; Indemnifiers
- May 2021 – February 2022: Interviews with 7 participants from 3 other regulators
- Thematic analysis

Observations
- Remote observation of two GDC Initial Assessment Decision Group (IADG) meetings
- Provided access to papers from a meeting of the GDC's Quality Assurance Group (QAG)

Case files
- Thematic and content analysis – 125 case files
- Quantitative analysis of new considerations
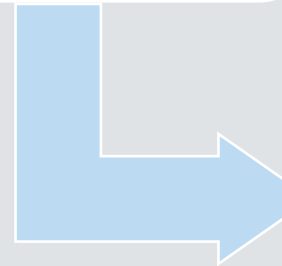
Quantitative data

Data creation
- New spreadsheets and data points collated from GDC supplied data

Descriptive and inferential analyses of GDC FtP and registration data
- Closed Cases
- Incl. multivariate/Chi^2/Pearson, spearman correlation / ANOVA variance/ linear regression

Focus on risk factors & EDI
- for entry into and progression through FtP
- especially registrant characteristics

Findings

RQ1: How does the GDC currently capture, store, retrieve and analyse data throughout the FtP process, including other GDC data relating to FtP?

- Large amounts of data from multiple sources

- Heterogenous data, with missing data and some inconsistencies

- Interviews with staff showed challenges with processes for data management, storage and reporting.

RQ2: What method of analysis will produce robust results and offer potential benefits to the GDC in the long-term?

- Quantitative – regression, odds ratios, chi-squared analyses
  - Suggestions for restructured data
- Qualitative – thematic and content analysis
  - Suggestions for additional categorical data

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RQ3: How do UK health professions regulators use FtP data?

- Various stages of development in usage of FtP data
- Some improved collection of data to support analysis
    - Informants & geographical data
- Challenges noted across health regulation
    - Sufficiently detailed data, appropriate format
    - Consideration of contextual factors
    - Upstream approach

RQ4: What are key stakeholders' priorities for or expectations of learning from FtP data?

- More access to data to support own processes and practices.
- Interactive dashboard style platforms allowing customised data extraction.

RQ5: How should case data be categorised? How can existing case categorisations be improved?

- Increased identification of categorical variables from outset to allow further statistical analyses.

- Apply principles of exclusivity and exhaustiveness in creating categories

- Proposed updated and revised list of considerations/categories from qualitative data analysis

Professional Practice	Clinical Complaints	Substantive Criminal Actions/Convictions
•Patient Safety	•Record Keeping	•Conviction/arrest (of any nature)
•Personal Behaviour	•Health and Safety	•Assault
•Professionalism	•Harm to Patients	•Restraining Order
•Dishonesty	•Specific treatment issues	•Fraud
•Communication	•Radiographic practice	
•Misconduct (any nature)	•Hygiene	
•Not cooperating with an inquiry	•Prescribing issues	
•Rudeness	•Failure to obtain consent	
•Bullying	•FtP History	
•Safeguarding	•Existing Case	
•English Language		
•Handling Complaints		

RQ6: What works best to create aggregatable learning, enabling GDC to better code, weight, capture, store and retrieve FtP and registration case file content?

- Moving from case data management system to an analysis-ready system
  - Enhanced data collection
  - Reviewing and developing data formatting and processing

- Improvements will support enhanced risk modelling

RQ7: How are personal, professional, environmental and technical factors associated with FtP cases? What changes might impact on these associations?

- Male registrants, non-White registrants, non-UK registrants and dentists all overrepresented in all FtP case data.

- Cases closed beyond triage: main risk factors are being a dentist (not DCP) and having qualified outside UK or EU.

- Quantitative analysis does not provide the 'why'

- Majority of considerations in cases relate to: professional knowledge and skills; putting patients' interests first; and effective communication.

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RQ8: What factors determine the risk of entry into, progression through and outcome of, FtP procedures? What gaps exist in the data or analysis that affect risk modelling and how can these be addressed?

- Associations between registrant characteristics, considerations, and decisions difficult to analyse due to data structure

- Missing data on informant demographics, some registrant characteristics (e.g. health), also makes some analyses more difficult.

- Additional data capture and data restructuring may address these issues.

RQ9: How can ftP data be used to monitor, support and evaluate FtP and corporate strategy work in other domains of regulatory activity?

- Current data supports some analyses of e.g. registrant profiles

- Potential for further policy or theory-based hypothesis testing

- Non-FtP work in education standards and training can benefit from analysis of FtP data

Implications and conclusions

Shared challenges across FtP contexts

- Data - management, consistency, reliability

- Individuals – training, ability, guidance

- Shared & clear definitions, strategy, process

- Legislation for data collection and sharing

- Wish to expedite process

The data challenges in FtP have much in common with challenges in 'big data' in healthcare and other sectors

Implications for policy & practice

- Finding/commissioning a data management system (NB Big Data literature)

- Defining information needed e.g. type of informant, scope of practice (registrant category), initial complaint, stage of process etc

- How to share relevant info with others (internally and externally)

- Intersectionality & areas for learning

Conclusions

- This is a sector wide issue – no one yet has answers about how to optimise FtP data for prevention and upstream regulation

- Better data collection and management strategies are required before being able to achieve optimal learning

- The Big Data sector may have answers for long term solutions in data collection, management, storage and analysis – including artificial intelligence

- Note that this applies to just 1-4% of the registrant population in the wider HC sector

Unlocking the potential of Fitness to Practise data

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