Listening to complaints

Learning for good professional practice

Comhairle na nDochtúirí Leighis
Medical Council

A quantitative review of complaints

2008-2012

ACKNOWLEDGMENTS

This report describes a quantitative review of complaints 2008-2012. An accompanying executive summary details the role of the Medical Council and the lessons to be learned from the review and can be viewed at http://bit.ly/Listeningtocomplaints.

This quantitative report was produced by Simon O'Hare, Research, Monitoring and Evaluation Manager at the Medical Council of Ireland.

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Complaints to the Medical Council are handled by the Preliminary Proceedings Committee and the Fitness to Practise Committee; the role of the current Chairs of these committees, Ms Anne Carrigy and Dr Michael Ryan, together with the former Chairs and the current and former members is acknowledged.

Finally, this report is based on some 2,000 complaints to the Medical Council. Complaints were made by patients, their families or representatives and responded to by doctors. Through reviewing complaints and identifying learning for good professional practice, we hope that the public and the medical profession can benefit from these experiences and that the Medical Council can strengthen its role in supporting good professional practice.

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KEY POINTS

- There were 1723 complaints made to the Medical Council in the period 2008-2012. Of these, 211 complaints cited more than one doctor, so, in total, there were 2056 doctors involved in complaints for the period; 325 doctors were subject to more than one complaint.
- The number of doctors involved in complaints rose from 335 in 2008 to 488 in 2012, a 46% relative increase. For all doctors, the likelihood of being complained about rose from 1.9% to 2.7%.
- Of those complaints that were assigned a source (mid-2011 onwards), 86% were from members of the public and 3% were from the HSE and other employers. Complaints investigated by the Medical Council were most likely to proceed to inquiry when they were made by the HSE or other employers.
- Certain groups of doctors were more likely to be subject to a complaint to the Medical Council: males, older doctors, doctors who qualified in Ireland and specialists.
- For doctors subject to one complaint in the review period, the likelihood of being subject to at least one further complaint was 21%.
- In the period 2008-2012, 11% of cases investigated by the PPC went forward to inquiry by the FTPC (a "high impact" decision).
- Certain groups of doctors were more likely to be subject to a high impact decision by PPC: males, younger doctors, doctors who qualified outside Ireland and non-specialists.
- In the period 2008-2012, 68% of cases subject to inquiry under the FTPC were subject to a finding (a "high impact" decision).
- While there were some differences, in general there was no group of doctor who appeared more likely to be subject to a high impact decision by FTPC.
- In the period 2008-2012, 27% of doctors subject to a finding by the FTPC were also subject to a high impact sanction by Council.
- Doctors who qualified in the EU and doctors without legal representation were more likely to be subject to a high impact sanction by the Medical Council.

1.HOW WE DID THE QUANTITATIVE REVIEW

This quantitative review focuses on the period 2008-2012. Medical Council data on complaints is rich but complex. While we have generally sought to present straightforward analyses of complaints, some rules were applied to how data was handled. The total number of complaints included in the review changes slightly depending on the context of analysis presented and discussed. This is because time elapses from initial receipt of a complaint to final decision, especially if a Fitness to Practise inquiry is called.

When analyses relates to the numbers of complaints received between 2008-2012 this includes all complaints made to the Council in that time-frame, regardless of whether or not complaints were fully investigated in the same period (involving 2056 doctors in total).

When analyses explores decisions made about complaints, we include a number of complaints that were received before 2008, but all complaints included must have been fully investigated in the period 2008-2012 (involving 1961 doctors in total). This means that some complaints received in the period 2008-2012, that were not subject to a decision in the same period, were excluded from analyses about decisions.

Most complaints involve a single doctor. For complaints that involved multiple doctors, we counted each doctor complained about in our analyses – so if a complaint involved 4 doctors in the same incident, our analysis treated this as 4 separate events of doctors being complained about. In other words, in general, we have presented counts of doctors complained about which, because some complaints relate to more than one doctor, is greater than the total number of complaints. However, this approach allows us to better understand doctor-related characteristics and how these are associated with the likelihood of being complained or subject to a decision.

Basic information on the complaint was extracted from our complaints handling databases (with a small amount of missing information being manually added by referring to the paper-based case file). This data was merged with data held about doctors in the Medical Council's Registration database, so that we could gather more insight into the relationship between complaints and doctor characteristics.

The following variables were available for analysis: the registration number of the doctors subject to a complaint, the year in which the complaint was received, the year the final decision about a complaint was made, the doctor's date of birth, the doctor's gender, the type of registration held by the doctor, the region in which the doctor gained their Basic Medical Qualification, whether or not the doctor had legal representation during the complaint investigation, the decision by the Preliminary Proceedings Committee, the recommendation of the Fitness to Practise Committee, and, the sanction imposed by the Medical Council. A new variable – source of complaint - was routinely collected post mid-2011 and so an interrupted time series analysis is shown for this variable.

To enable clearer data analysis some variables were recoded into more useful categories, for example, the sanctions applied by the Medical Council were recoded into "High Impact outcomes" (including decisions that attached conditions to a doctor's registration, suspended the doctor's registration for a specific length of time; cancelled the doctor's registration; or, prevented the doctor to apply to put their name back on the register for a specific period of time), and "Lower Impact outcomes" (including decisions to admonish, advise or censure the doctor, or to fine doctors up to €5000).

In this report we provide basic frequencies for some data (for example the number of complaints received each year) however a large proportion of the analysis is devoted to exploring associations with likelihood of complaint, and outcomes at different stages of the investigation process, with multiple doctor characteristics. For example, we include analysis on whether or not doctors' gender was associated with different likelihood of complaint.

To help determine significant associations between doctor characteristics and likelihood of complaints, and outcomes at different stages in the investigation processes, some descriptive statistical analysis is provided; usually in the form of chi-squared measures of association or odds ratio analysis.[1] All tests that reported a p value of $< .05$ were considered as statistically significant.

Some multi-variable modelling is included to explore which, if any, doctor characteristics could be said to be predictors of outcomes at each stage of investigation process (through the use of binary logistic regression and decision-tree analysis).

[1] An odds ratio (OR) is a measure of association between a characteristic (for example, in this review, doctor's gender) and an outcome (for example, in this review, being subject to a complaint). ORs are presented with a reference point (for example, in this review, OR of complaint for gender is made with reference to females, where the OR for females is 1). Where OR is >1, the characteristic is associated with an increase in the likelihood of an outcome; where OR <1, the characteristic is associated with a reduction in the likelihood of an outcome.

2.WHAT DID WE FIND?

Across multiple indicators (including, the number of doctors involved in complaints, the number of complaints received, and the number of complaints made for every 100,000 members of the population) there was evidence of a large increase in the numbers of complaints received by the Medical Council during the period of the review.

Doctor characteristics were associated with greater likelihood of being complained about to the Medical Council. Males, doctors in older age categories, doctors who qualified in Ireland, and doctors holding specialist registration were significantly more likely than other doctors to be involved in complaints.

During the period of review the Medical Council received 1723 complaints. As some complaints involved more than one doctor, the total number of doctors involved in complaints for the period was 2056. In total, 325 doctors were involved in more than one complaint. Males, doctors in the 56-64 age category, doctors who qualified in Ireland, and doctors with specialist registration were significantly more likely than others to be involved in recurrent (or multiple) complaints.

Members of the public were the most common source of complaints for the period under review (accounting for 86% of all complaints received). The HSE and healthcare professionals together accounted for 9% of all complaints received. Complaints from members of the public were significantly more likely to involve specialists and doctors who qualified in Ireland than complaints referred by employers and healthcare professionals.

Doctor characteristics were associated with receiving high impact outcomes from PPC investigations. Doctors who were male, aged between 20-45 and over 65, qualified in the EU or outside the EU and Ireland, or held general or trainee registration were significantly more likely that others to receive a high impact PPC outcome. The region in which a doctor qualified from medical school was the strongest predictor of outcomes of PPC investigations.

The proportion of complaints referred for a Fitness To Practise Committee inquiry varied by source; for example, 7% of complaints from members of the public were referred for a FTPC inquiry, compared to 82% of complaints from by the HSE and other employers. No doctor characteristics were significantly associated with receiving high impact outcomes at Fitness To Practise inquiries. Source of complaint was associated with the likelihood of a referral to Fitness to Practise Committee: 36% of inquiries that came from complaints by members of the public were referred for a Council sanction, compared to 88% of complaints referred by the HSE and other employers.

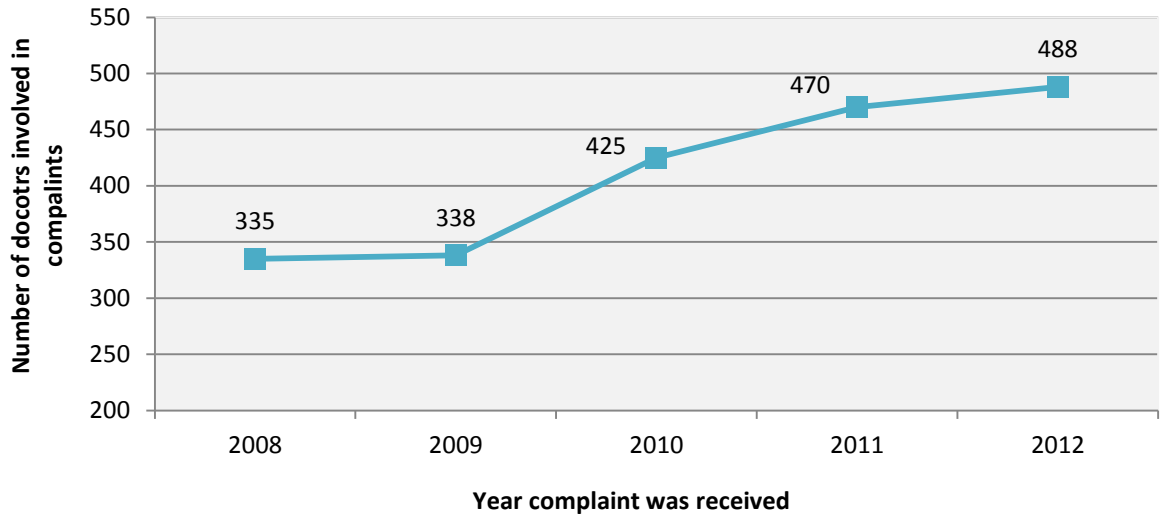
Following Fitness to Practise Inquiry, wherein there was a finding against the doctor in relation to their practise, a sanction was applied in all cases by the Medical Council. Doctors aged 46-64 were significantly more likely than others to receive a low impact sanction from the Medical Council. Doctors who qualified in the EU were significantly more likely to receive a high impact sanction by the Medical Council when compared to Irish qualified doctors. Having legal representation was significantly associated with receiving a lower impact sanction from the Medical Council.

The likelihood of high impact sanction varied by source of complaint: 38% of inquiries that came from complaints by members of the public attracted a high impact sanction, compared with 14% from the HSE and other employers. Regression analysis showed that age was the most important factor associated with higher impact sanctions, followed by having legal representation.

2.1. The rising tide of complaints

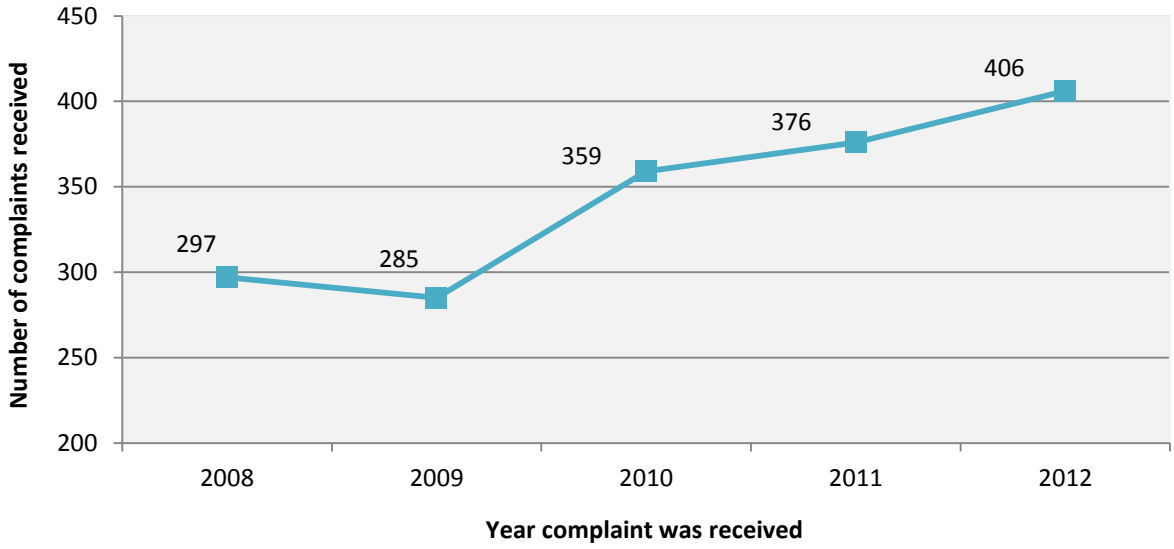
There was a substantial increase in number of doctors complained against over the period of the review; a 46% increase in the number of doctors involved in complaints from 2008 to 2012 (as per Figure 1)

Figure 1: Number doctors involved in complaints, 2008-2012



In total, 1723 complaints were received by the Medical Council in the review period; 211 complaints cited more than one doctor, so in total 2056 doctors were involved in complaints. There were 325 doctors subject to more than one complaint during the review period. There was a 37% increase in the numbers of complaints received in 2012 compared to 2008. Figure 2 shows the trend in the total number of complaints received by the Medical Council during the review period.

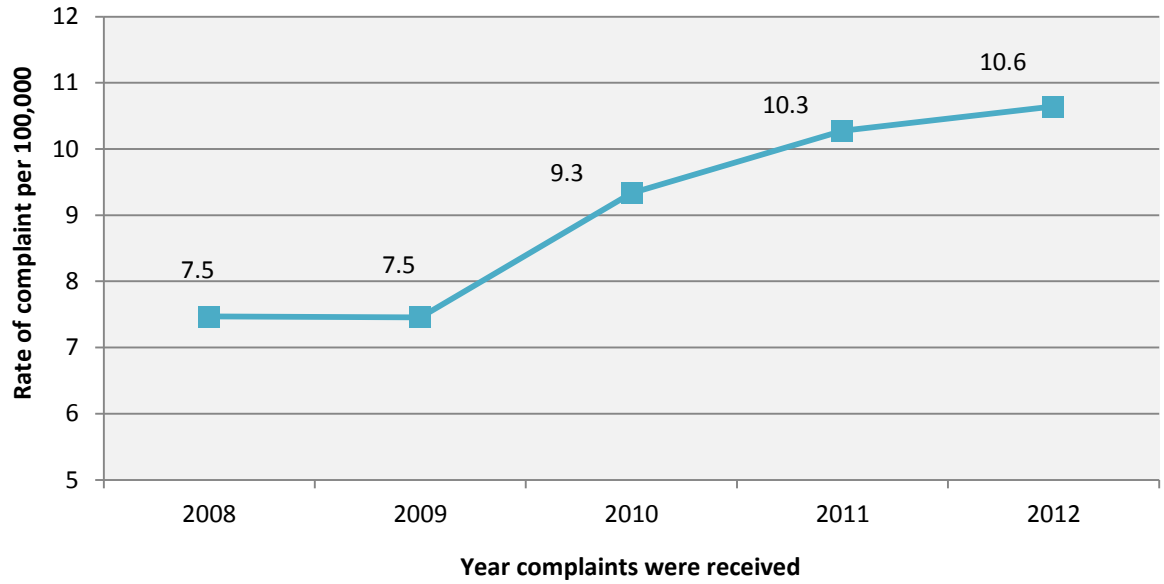
Figure 2: Number of complaints received per year[2]



[2] Note - complaints can involve more than one doctor

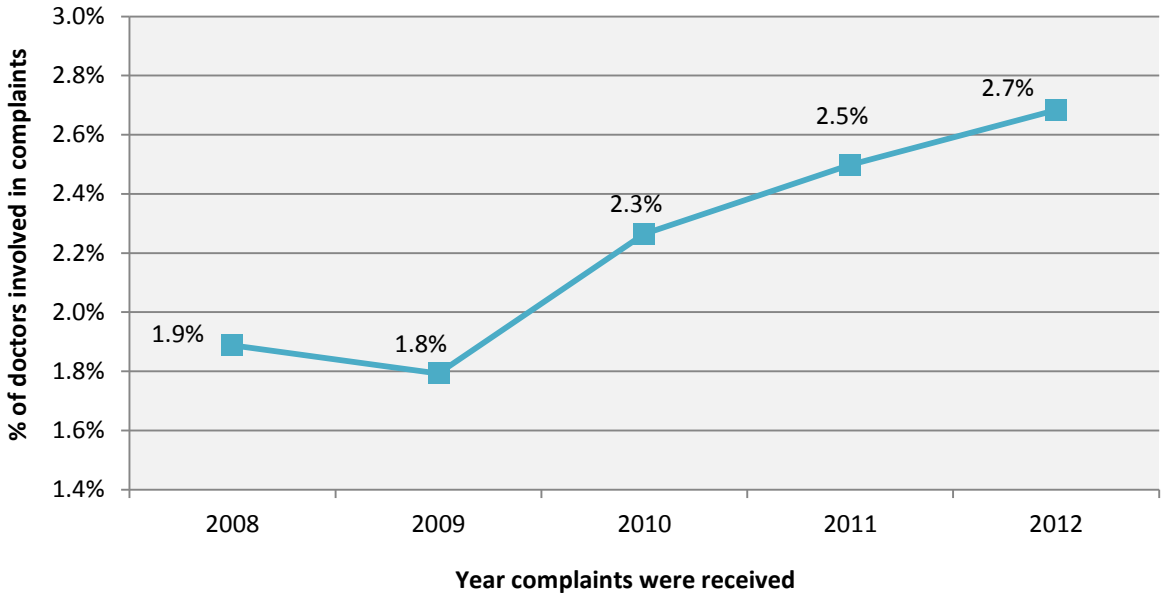
Between 2008 and 2012 there was a 41% increase in the numbers of complaints made to the Medical Council per 100,000 of the general population (as per Figure 3 below).

Figure 3: Annual rate of complaints per 100,000 of the general population[3]



Similarly, there was a 42% increase in the percentage of doctors involved in complaints between 2008 and 2012 (as in Figure 4 below).

Figure 4: Percentage of all doctors who were involved in complaints (2008-2012)



[3] Annual population figures are taken from census data (and estimates based thereon) from the Central Statistics Office www.cso.ie

2.2. Are some doctors "complaint prone"?

We examined the profile of doctors involved in complaints in terms of their gender, age, the region in which their Basic Medical Qualification (BMQ) was awarded and the type of registration they held, in order to see if some doctors were more prone to having a complaint made against them than others.

In summary: males; doctors in older age categories; doctors who qualified in Ireland; and, doctors holding specialist registration, were more likely to be involved in complaints than other doctors (as per Table 1).

Table 1: Characteristics of doctors who were involved in complaints

Characteristic	Number of doctors on register for period	Number of doctors involved in complaints	% of category involved in a complaint*	Odds ratio for being involved in a complaint (95% CI)	P Value
Gender					
Female	35600	463	1.30%	Reference	
Male	56761	1593	2.81%	2.19 (1.97–2.43)	< 0.001
Age					
20-35 years	28309	148	0.52%	Reference	
36-45 years	25400	493	1.94%	3.77 (3.13 – 4.53)	< 0.001
46-55 years	20156	701	3.48%	6.86 (5.74– 8.19)	< 0.001
56-64 years	11161	525	4.70%	9.39 (7.82-11.29)	< 0.001
65+ years	7235	189	2.61%	5.10 (4.11 – 6.34)	< 0.001
Region in which BMQ was awarded					
Qualified in Ireland	59801	1519	2.54%	Reference	
Qualified in EU	7794	161	2.07%	0.81 (0.69 – 0.95)	= 0.012
Qualified outside Ireland and EU	24466	376	1.54%	0.60 (0.53 – 0.67)	< 0.001
Type of registration held					
Specialist registration	46369	1289	2.78%	Reference	
General registration	33408	721	2.16%	0.39 (0.36 – 0.43)	< 0.001
Trainee specialists & interns	11960	46	0.38%	0.14 (0.10 – 0.18)	< 0.001

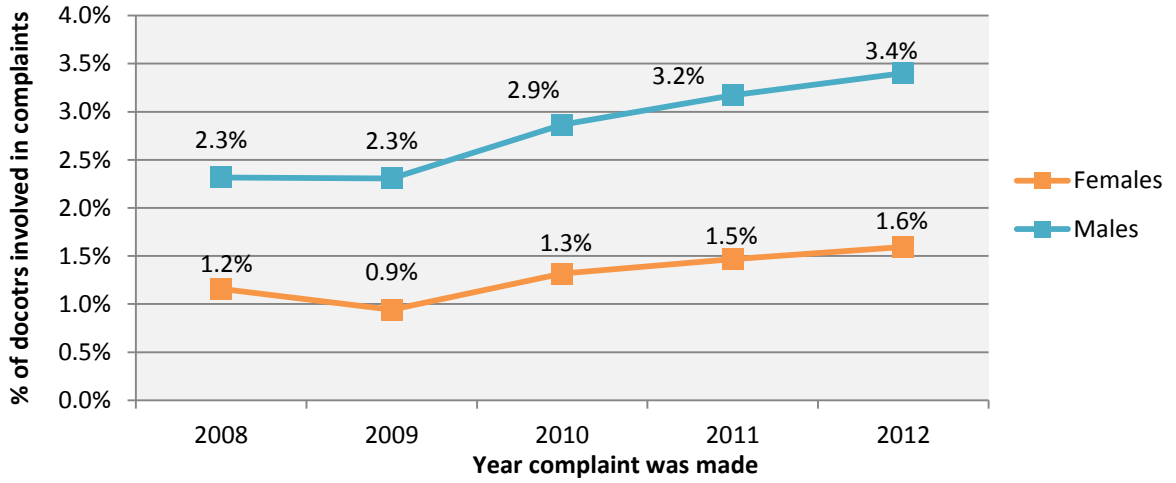
*this is the average annual likelihood of a doctor being involved in a complaint to the Medical Council in the review period 2008-2012.

The information included in Table 1 is now presented in greater detail.

Gender

For each year in the review period, male doctors were generally twice as likely as female doctors to be involved in a complaint (as per Figure 5). There was a 33% relative increase in the percentage of female doctors involved in complaints during the review period and a 48% relative increase in the percentage of male doctors involved in complaints.

Figure 5: Percentage of doctors involved in complaints, by gender (2008-2012)

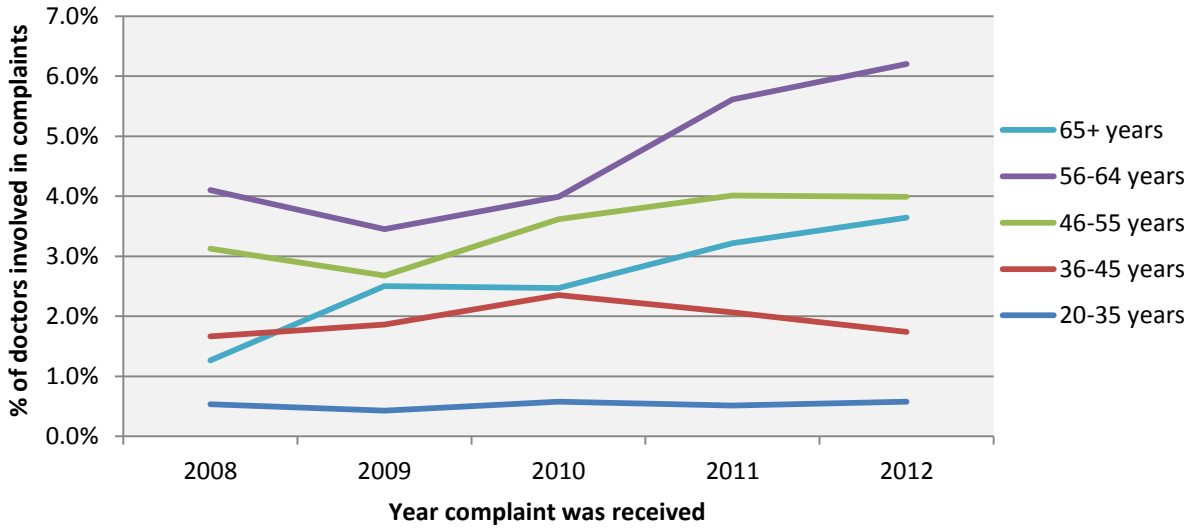


Age

Likelihoods of complaint varied for different age groups over the review period. While some age groups remained largely stable in terms of the likelihood of complaints made against them, others had significant increases. The percentage increase across the period per age group was (see Figure 6):

- 7.8% for doctors in the 20-35 age group;
- 4.6% for doctors in the 36-45 age group;
- 27.6% for doctors in the 46-55 age group;
- 51% for doctors in the 56-65 age group; and,
- 187.8% for doctors in the 65 and over age group.

Figure 6: Trends in % of doctors involved in complaints, by age group (2008-2012)



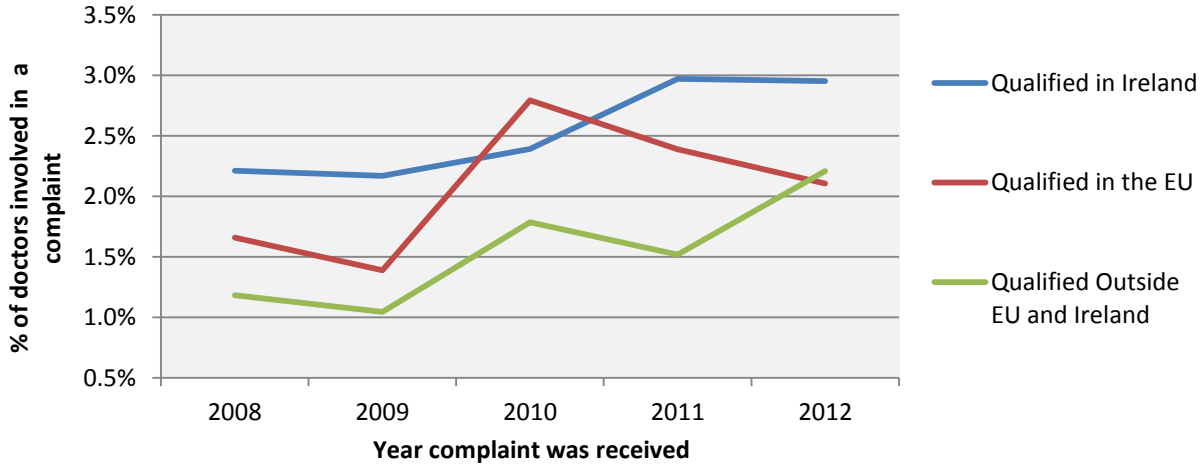
Region in which doctors were awarded their Basic Medical Qualification (BMQ)

Doctors who qualified in Ireland were considerably more likely to have a complaint made against them than doctors who gained their BMQ elsewhere; except in 2010. The percentage of doctors involved in complaints increased significantly from 2008-2012, across all regions of qualification (as per Figure 7).

There was:

- a 27.1% increase in the rate of complaints received against EU qualified doctors;
- a 33.5% increase in the rate of complaints received against doctors who were graduates of Irish medical schools; and,
- an 87.3% increase in the rate of complaints received against doctors who qualified outside the EU and Ireland.

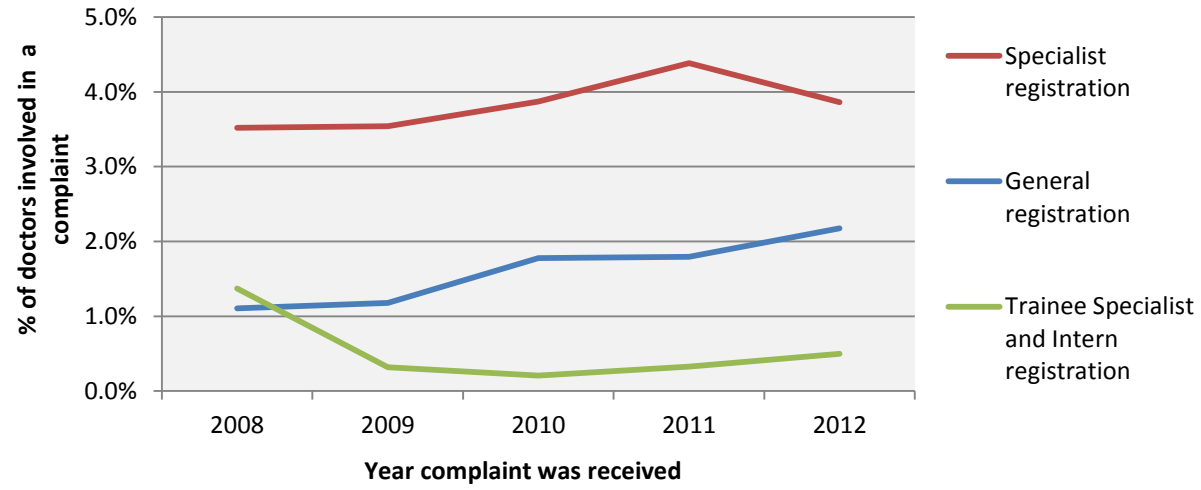
Figure 7: Trends in % of doctors involved in complaints, by region of qualification



Type of registration held by doctors[4]

The most significant increase in rate of being involved in a complaint, during the review period, was among to doctors with general registration (as shown in Figure 8 below).

Figure 8: Trends in the % of doctors involved in complaints, by type of registration



[4] Trainee Specialist registration came into effect in 2009. The data point for 2008 labelled Trainee Specialist Division and Intern Registration relates to Interns only.

2.3. Doctors subject to recurrent complaints

Between 2008 and 2012 the Medical Council received complaints involving 1582 doctors. 1257 doctors were complained about once and 325 doctors were complained about more than one time (totalling 21% of all complaints received). This information is summarised in Table 2.

Table 2: Information regarding number of complaints received for individual doctors

Number of times a doctor was involved in a complaint	Number of doctors	Total number of times doctors were involved in complaints
Once	1257	1257
Twice	248	496
Three times	42	126
Four or more times	35	177
Total	**1582**	**2056**

Some categories of doctors were at increased likelihood of recurrent complaint compared with other doctors: males, doctors in the 56-64 age category, doctors who qualified in Ireland, and doctors with specialist registration were most likely to be involved in recurrent complaints. More detail on these associations is presented in Table 3, below.

Table 3: Odds ratios for receiving multiple complaints, by doctor characteristics

Characteristic	Total Population 2008-2012	No. of doctors involved in at least one complaint (%)	No. of doctors involved in more than one complaint (%)	Odds ratio for being involved in more than one complaint	P values
Gender					
Female	35600	463 (1.30%)	69 (0.19%)	Reference	
Male	56761	1593 (2.81%)	256 (0.45%)	2.33 (1.79 - 3.05)	p < .001
Age					
20-35 years	28309	148 (0.52%)	10 (0.04%)	Reference	
36-45 years	25400	493 (1.94%)	85 (0.34%)	9.50 (4.93 - 18.30)	p < .001
46-55 years	20156	701 (3.48%)	122 (0.61%)	17.23 (9.04 - 32.85)	p < .001
56-64 years	11161	525 (4.70%)	83 (0.74%)	21.2 (10.9 - 40.9)	p < .001
65+ years	7235	189 (2.61%)	25 (0.35%)	9.81 (4.71 - 20.44)	p < .001
Region of BMQ					
In Ireland	59801	1519 (2.54%)	257 (0.43%)	Reference	
In EU	7794	161 (2.07%)	26 (0.33%)	0.78 (0.52 - 1.16)	p = 0.22
Outside EU and Ireland	24466	376 (1.54%)	52 (0.21%)	0.49 (0.37-0.67)	p < .001
Type of Registration					
General registration	46369	721 (1.55%)	108 (0.23%)	Reference	
Specialist registration	33408	1289 (3.86%)	216 (0.65%)	2.79 (2.21 - 3.51)	p < .001
Trainee/ Intern Registration	11960	46 (0.38%)	1 (0.01%)	0.04 (0.01-0.26)	p < .001

2.4. Sources of complaints received by the Medical Council

From mid-2011 the Medical Council began recording more information on who raised complaints. The following analysis focusses on 382 complaints raised with the Council between 2011 and 2012.

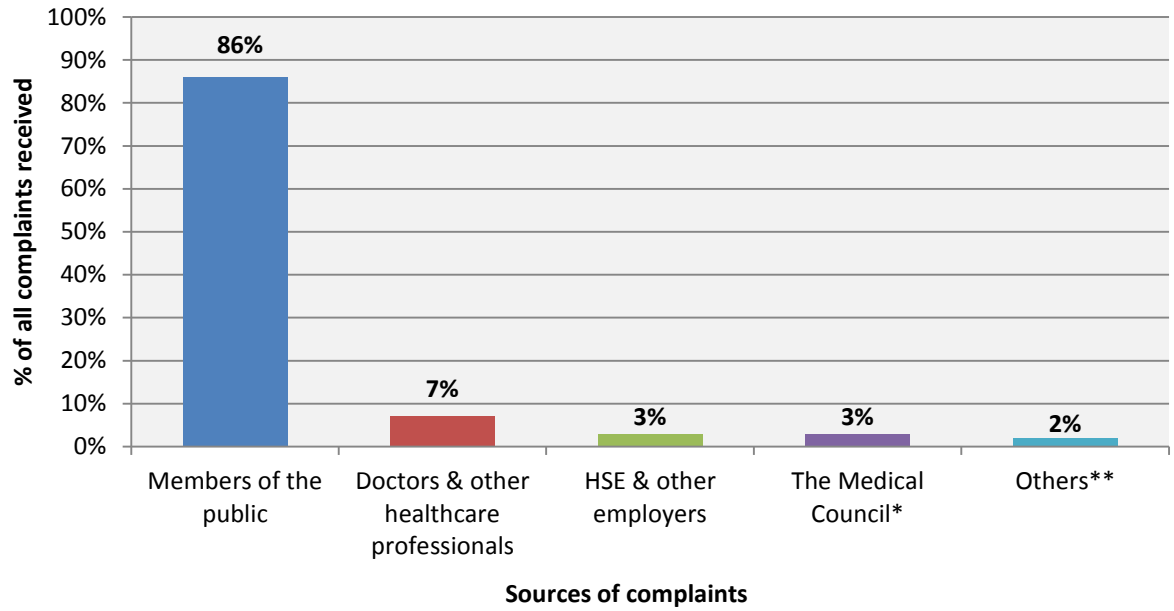
Table 4 shows the percentages of complaints received from the Medical Council from different sources, and Figure 9 presents this data visually.

Table 4: Source of complaints (2011-2012)

Source	Number of complaints received	% of all complaints received
Members of the public	330	86%
Doctors & other healthcare professionals	25	7%
HSE & other employers	11	3%
The Medical Council*	10	3%
Others**	6	2%
Total	**382**	**100%**

*Anonymous complaints or complaints arising from other Medical Council functions
**Includes other regulators, patient advocacy groups and solicitors

Figure 9: Source of complaints (2011-2012)



There was a significant difference in the profiles of doctors involved in complaints made by the public and those from employers (HSE) and other health care professionals. Complaints from members of the public were significantly more likely to involve specialists (X^2 (4, N =382) = 29.65, p < .001) and doctors who qualified in Ireland (X^2 (4, N = 382) = 55.77, p < .001.) than complaints referred by employers and healthcare professionals (as shown in Table 5).

Table 5: Profile of doctors involved in complaints, by source.

Doctor Characteristic	Profile of doctors in complaints made by members of the public (% of category involved in complaints)	Profile of doctors in complaints made by employers and healthcare professionals (% of category involved in complaints)	Profile of doctors in complaints made from other sources (% of category involved in complaints)
Gender			
Male	76%	88%	89%
Females	24%	12%	11%
Age			
20-35 years	3%	12%	-
36-45 years	18%	24%	22%
46-55 years	34%	27%	45%
56-64 years	34%	24%	33%
65+ years	12%	15%	-
Region in which Basic Medical Qualification was awarded			
Qualified in Ireland	81%	41%	33%
Qualified in EU	8%	12%	11%
Qualified outside Ireland and EU	11%	47%	56%
Type of registration held			
Specialist registration	66%	24%	33%
General registration	33%	74%	67%
Trainee specialists and interns	1%	3%	-

2.5. Overview of outcomes of the Medical Council's complaint handling process

All complaints received by the Medical Council enter Stage 1 of the complaint handling process; investigation by the Preliminary Proceedings Committee (PPC). If the PPC forms an opinion that there is a case to take further action, it will refer the complaint to Stage 2; inquiry by the Fitness to Practise Committee (FTPC).

In this report, complaints referred by the PPC to the FTPC are categorised as high impact outcomes for doctors. All other PPC decisions (i.e. no further action, cases being referred to another authority, and resolution by mediation) are categorised as lower impact outcomes.

When the PPC refers a complaint to the FTPC, the FTPC hears sworn oral evidence at an inquiry, similar to an inquiry before a court or a tribunal. At the end of the inquiry, if the FTPC finds that one or more allegations are proven, the complaint may progress to Stage 3; sanctioning by the Medical Council. In this report all cases in which allegations are proven at the FTPC stage are considered high impact outcomes for doctors.

Sanctions the Medical Council can implement include, to:

- Advise, admonish or censure in writing;
- Censure in writing, and fine up to €5,000;
- Attach conditions to a doctor's registration;
- Transfer a doctor's registration to another division of the register;
- Suspend a doctor's registration for a specified period;
- Cancel a doctor's registration; or,
- Prohibit a doctor from applying for restoration to the register for a specified period.

In this report, sanctions that included the cancellation of a doctor's registration, their suspension from the register for a specified period, or the prohibition of a doctor from applying for restoration to the register for a specified period, are considered high impact outcomes for doctors. All other sanctions (e.g. censure, advice, admonishments) are categorised as lower impact outcomes. A summary of the complaints handling process is included in Figure 10.

Figure 10: Overview of the Medical Council procedures for handling complaints.

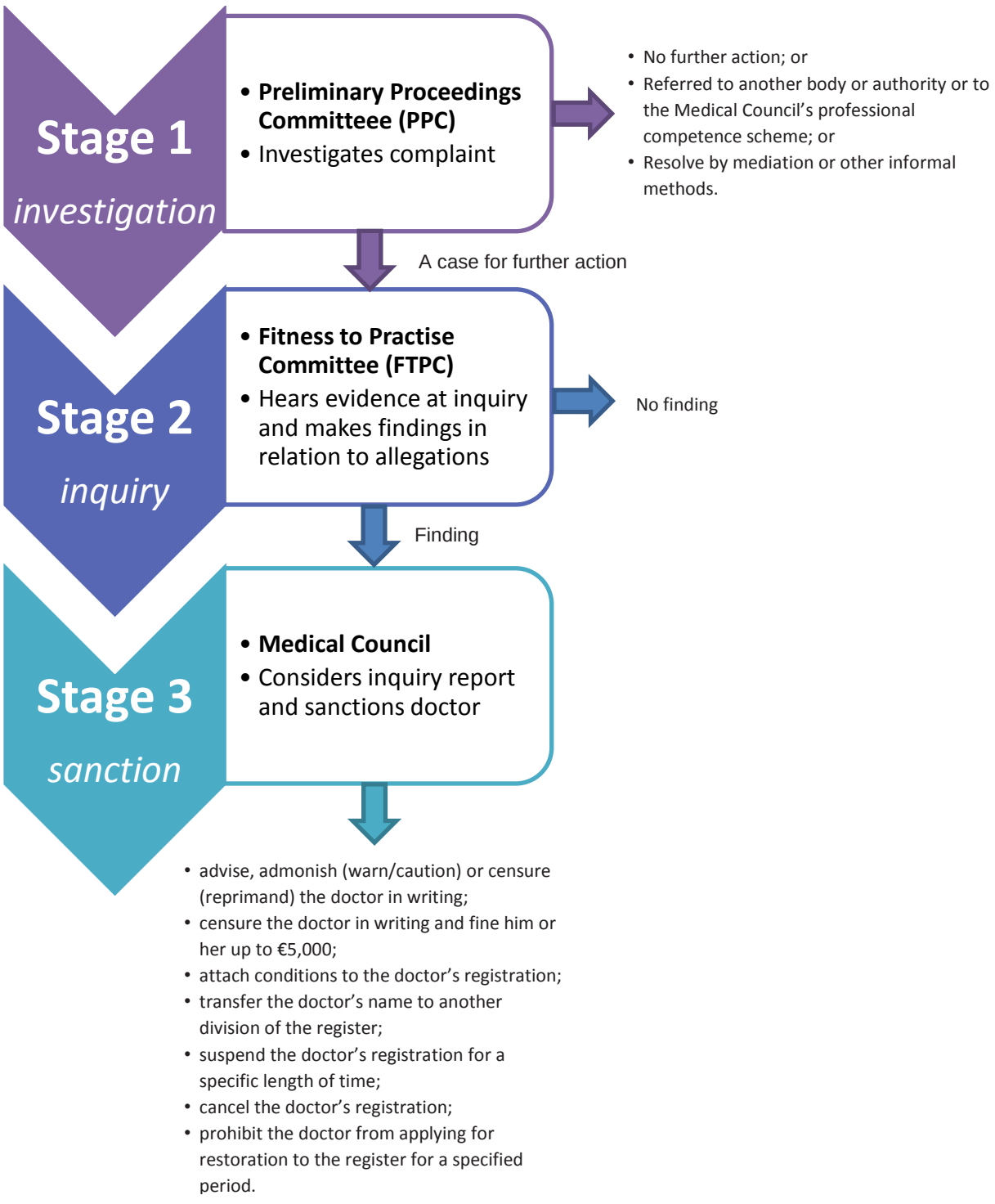
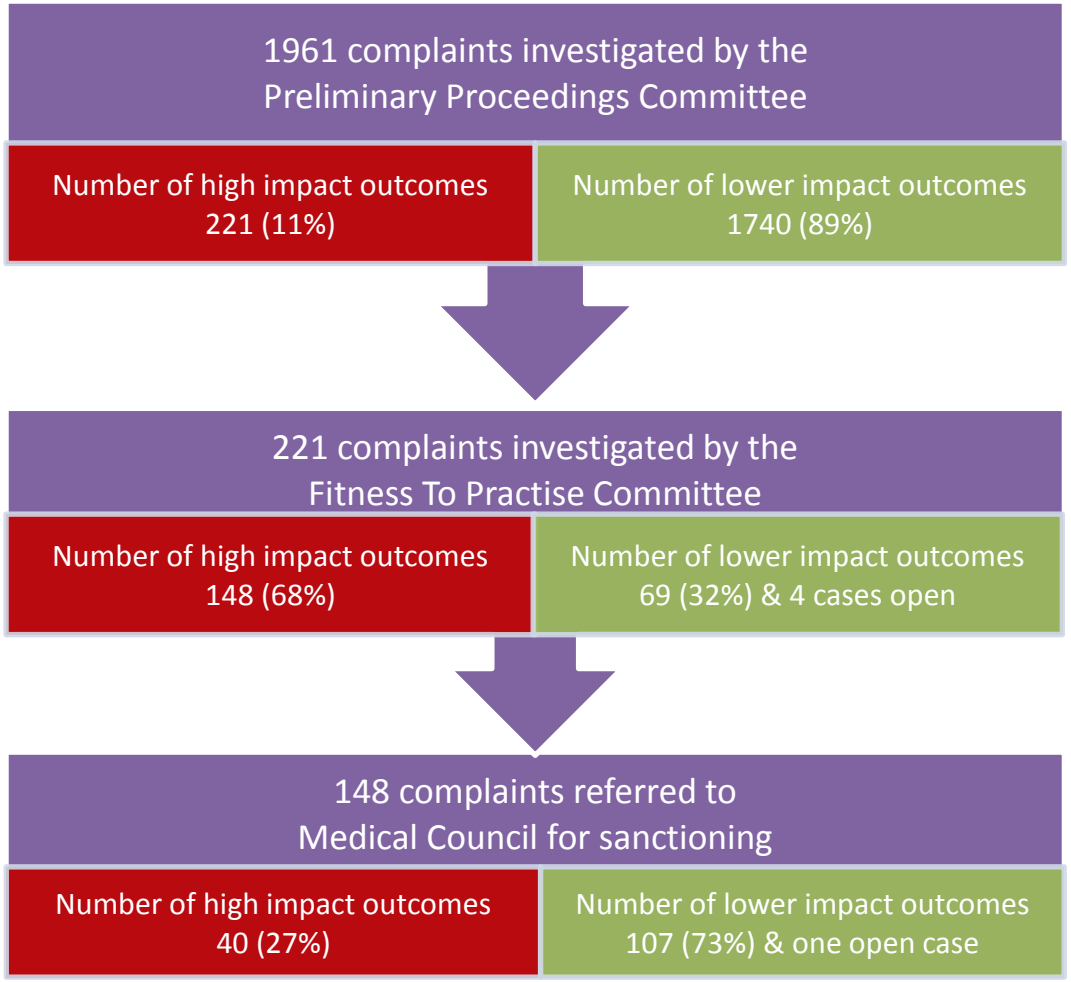


Figure 11 summarises the outcomes of investigations by the PPC, inquiries by the FTPC and sanctions from the Medical Council during the review period.

Figure 11: Outcomes at each stage of investigation (2008-2012)



The following provides greater detail on outcomes, and associations with doctor characteristics, for each stage of the complaint handling process.

2.6. Outcomes at Stage 1 of the complaints handling process: Investigations by the Preliminary Proceedings Committee

We examined the profile of doctors, in terms of their gender, age, the region in which their Basic Medical Qualification (BMQ) was awarded and the type of registration they held, with the outcomes they received from investigations by the PPC in order to see if there were any associations between doctor characteristics and PPC outcomes.

Table 6 show the factors that were associated with receiving high impact outcomes at Stage 1 of the Medical Council's complaint handling process. Doctors who were male, aged between 20-45 and over 65, qualified in the EU or outside the EU and Ireland, or held general or trainee registration were significantly more likely that others to receive a high impact outcome.

Table 6: Outcomes of investigations by the Preliminary Proceedings Committee

Characteristic	Total population 2008-2012	No. of doctors involved in complaints (%)	% receiving high impact outcome*	Odds ratio for receiving high impact outcome (95% CI)	P value
Gender					
Female	35600	433 (1.2%)	6%	Reference	
Male	56761	1528 (2.7%)	13%	2.29 (1.50-3.50)	< 0.001
Age					
20-35 years	28309	146 (0.5%)	19%	Reference	
36-45 years	25400	480 (1.9%)	13%	0.61 (0.38-1.00)	= 0.050
46-55 years	20156	662 (3.3%)	10%	0.49 (0.30–0.79)	= 0.003
56-64 years	11161	495 (4.4%)	8%	0.37 (0.22- 0.63)	< 0.001
65+ years	7235	178 (2.5%)	13%	0.63 (0.34-1.14)	= 0.124
Region in which BMQ was awarded					
Qualified in Ireland	59801	1463 (2.4%)	6%	Reference	
Qualified in EU	7794	160 (2.1%)	26%	5.18 (3.44-7.81)	< 0.001
Qualified outside Ireland and EU	24466	338 (1.4%)	25%	4.89 (3.54–6.76)	< 0.001
Type of registration held					
Specialist registration	46369	1216 (2.6%)	6%	Reference	
General registration	33408	701 (2.1%)	20%	4.20 (3.01- 5.68)	< 0.001
Trainee specialists and interns	11960	44 (0.4%)	18%	3.36 (1.62-6.99)	=0.005

*this is the average annual likelihood of a high impact outcome

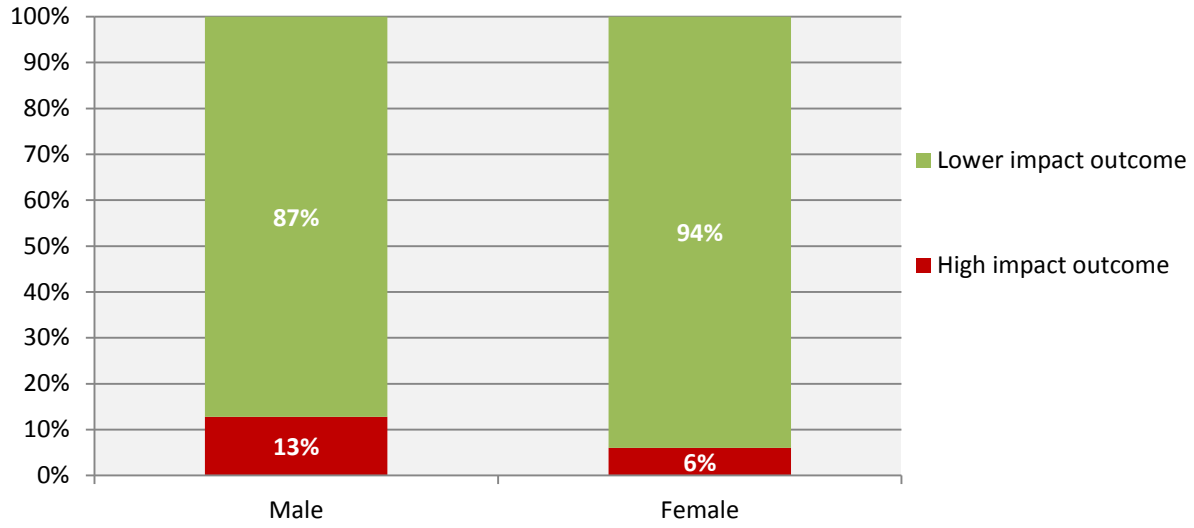
The following provides more detail on the information provided in Table 6.

Gender

There was a significant statistical association between doctors' gender and outcomes received by the PPC (as per Figure 12).

Males (13%) were more than twice as likely as females (6%) to experience high impact outcomes in PPC investigations, $X^2(1, N = 1961) = 15.41$, $p < .001$.

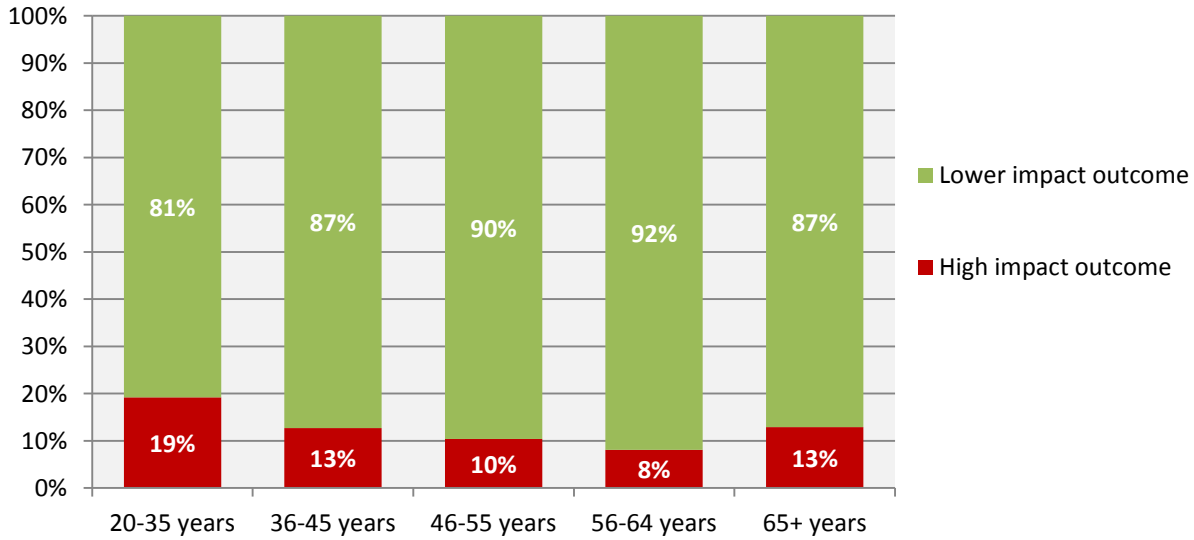
Figure 12: Outcomes of PPC investigations, by gender



Age

Age was significantly associated with outcomes of PPC investigations. 56-64 year olds were significantly less likely to experience high impact outcomes at the investigation stage than other doctors $X^2(4, N = 1961) = 16.12$ $p = .003$.

Figure 13: Outcomes of PPC investigations, by age

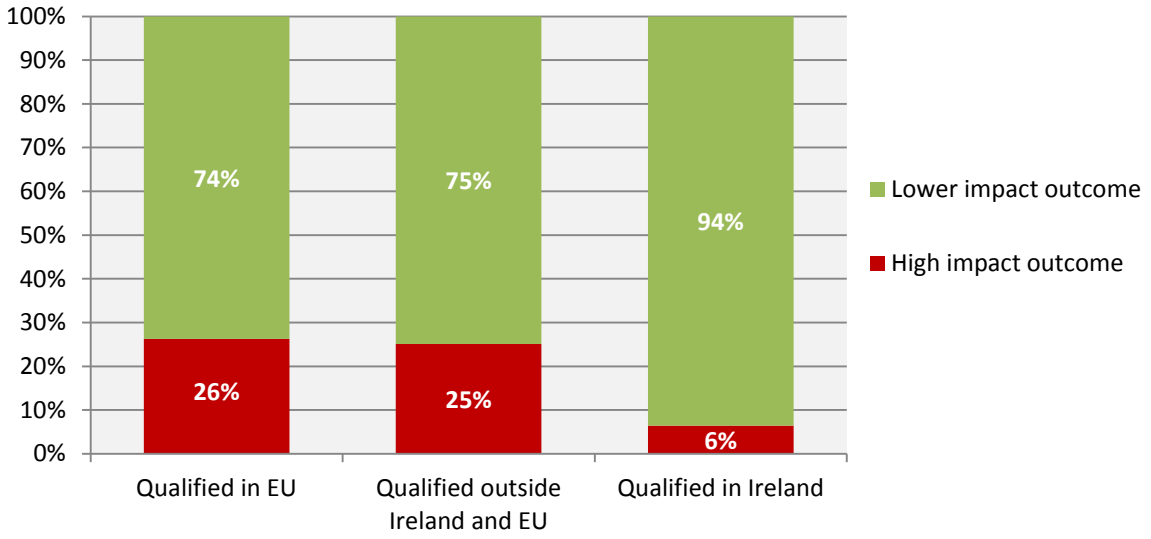


Region in which doctors gained their Basic Medical Qualification (BMQ)

There was a significant, and moderately strong, association between the region in which doctors gained their BMQ and outcomes of PPC investigations.

Doctors who gained their BMQ in regions outside Ireland were 4 times more likely to experience high impact outcomes by PPC investigations, $X^2(2, N = 1961) = 135.35$, $p < .001$ (as per Figure 14 below).

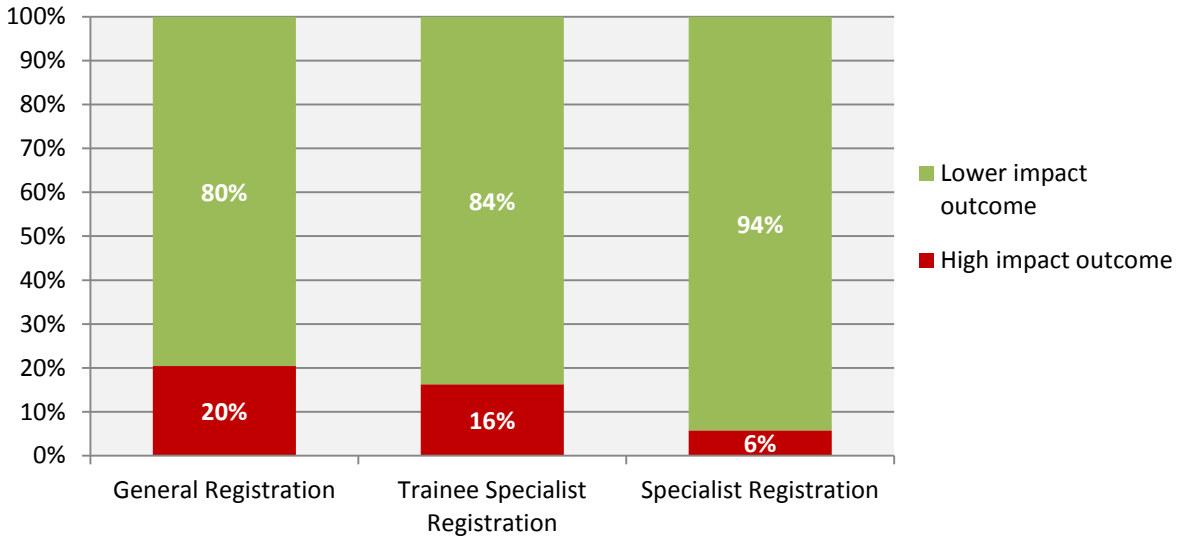
Figure 14: PPC investigation outcomes, by region in which doctors gained their BMQ



Division of the register

There was a significant, moderate, association between the type of registration held by doctors and outcomes received by PPC investigations. Doctors with general registration were almost 4 times more likely to experience a high impact outcome than doctors with specialist registration, $X^2(2, N = 1960) = 96.81$, $p < .001$ (as per Figure 15).

Figure 15: Outcomes of PPC investigations, by type of registration held



The rate of which complaints received by the PPC were referred for a Fitness To Practise Committee inquiry varied by source.

For example, 7% of complaints from members of the public were referred by the PPC to the FTPC, compared to 82% of complaints from the HSE and other employers (as detailed in Table 7).

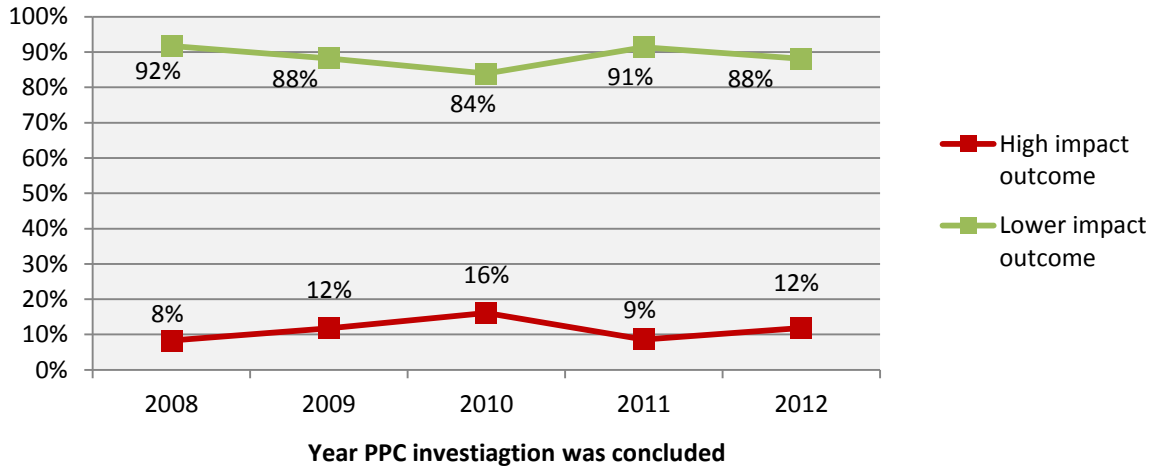
Table 7: Source of complaints and outcomes of PPC investigations

Source	Number of complaints received by PPC	% of complaints received, by source, that were referred to FTPC
Members of the public	330	7%
Doctors & other healthcare professionals	25	24%
HSE & other employers	11	82%
The Medical Council	10	40%
Others	6	33%
Total	**382**	**12%**

Trends in outcomes of PPC Investigations 2008-2012

The annual ratio of high to low outcomes in PPC investigations remained stable across the 5 year period under review, with roughly 9 in every 10 investigation attracting a lower impact outcome (as per Figure 16).

Figure 16: Trends in outcomes of Preliminary Proceedings Committee investigations



Factors associated with outcomes at PPC stage

The analysis described above show that multiple factors are associated with outcomes at PPC. These factors are inter-related. Dr Bahman Honari at the Centre for Support and Training in Analysis and Research (Cstar), University College Dublin, provided statistical advice and support to explore these associations in further detail. A Decision Tree (multi-variable) Analysis approach was recommended to present the relative importance of different factors in outcomes at PPC stage (See Figure 17):

- The variable BMQ had the greatest importance in terms of outcomes of PPC investigations and was the main discriminant factor in a Decision Tree (multi-variable) analysis. Type of registration and Gender were the next most important factors in terms of PPC outcomes
- There was a significant effect of BMQ on outcomes at PPC stage (6.4% of doctors who gained their BMQ in an Irish medical school received a high impact outcome, compared to 25.5% for doctors who gained their BMQ elsewhere, p-value < 0.001); and,
- There was a significant effect of Type of registration on outcomes at PPC stage (20.5% of doctors with General or Intern registration received a high impact outcome, compared to 6.1% for doctors with Specialist Registration or Trainee Specialist registration, p-value < 0.001);
- There was a significant effect of Gender on outcomes at PPC stage (12.8% high impact outcome for males, compared to 6% for females, p-value < 0.001);
- There was a significant effect of Age on outcomes at PPC stage (19.2% high impact outcome for doctors in the 20-35 age category compared to 10.6% for older age groups, for example, 12.9% of the 65+ age group received a high impact outcome at PPC stage, p-value < 0.01);

Figure 17: Decision Tree for predicting outcomes of Fitness To Practise Committee inquiries

2.7. Outcomes at Stage 2 of the complaint handling process: Inquiries by the Fitness to Practise Committee

Table 8 (below) summarises the outcomes of inquiries by the Fitness To Practise Committee and relates this to doctor characteristics. In general no doctor characteristics were significantly associated with outcomes of FTPC inquiries.

Table 8: Characteristics of doctors who were subject to Fitness to Practise Committee inquiries, by impact

Characteristic	Total population 2008-2012	No. of doctors involved in inquiries (%)	% of doctors who received a high impact inquiry outcome*	Odds ratio for receiving high impact outcomes (95% CI)	P Values
Gender					
Female	35600	26 (0.07%)	62%	Reference	
Male	56761	191(0.34%)	69%	1.40 (0.60 - 3.26)	p = 0.437
Age					
20-35 years	28309	26 (0.09%)	77%	Reference	
36-45 years	25400	61 (0.24%)	74%	0.84 (0.29 - 2.48)	p = 0.757
46-55 years	20156	68 (0.34%)	69%	0.67 (0.24 - 1.91)	p = 0.454
56-64 years	11161	39 (0.35%)	56%	0.39 (0.13 - 1.18)	p = 0.090
65+ years	7235	23 (0.32%)	61%	0.47 (0.14 - 1.61)	p = 0.224
Region in which BMQ was awarded					
Qualified in Ireland	59801	91(0.15%)	65%	Reference	
Qualified in the EU	7794	42 (0.54%)	69%	1.21 (0.55 - 2.65)	p = 0.633
Qualified outside the EU and Ireland	24466	84 (0.34%)	71%	1.36 (0.72 - 2.57)	p = 0.350
Type of registration					
Specialist	46369	70 (0.15%)	63%	Reference	
General	33408	139 (0.42%)	72%	1.52 (0.82 - 2.79)	p = 0.181
Trainee and intern	11960	8 (0.07%)	57%	0.79 (0.16 - 3.80)	p = 0.766
Legal representation ("legal rep")					
Yes	-	141 (65%)	66%	Reference	
No	-	75 (35%)	73%	1.42 (0.76 - 2.64)	p = 0.266

*this is the average annual likelihood of a high impact outcome

The following pages visualise information in Table 8 in more detail.

Variations in outcomes at Fitness to Practise Committee Stage

Although there was some variation in outcomes of FTPC inquiries with regards to doctors' gender (Figure 18), age (Figure 19), the region in which doctors gained their BMQ (Figure 20), and the division in which they were registered (Figure 21); these differences were not statistically significant.

Figure 18: FTPC inquiry outcomes, by gender

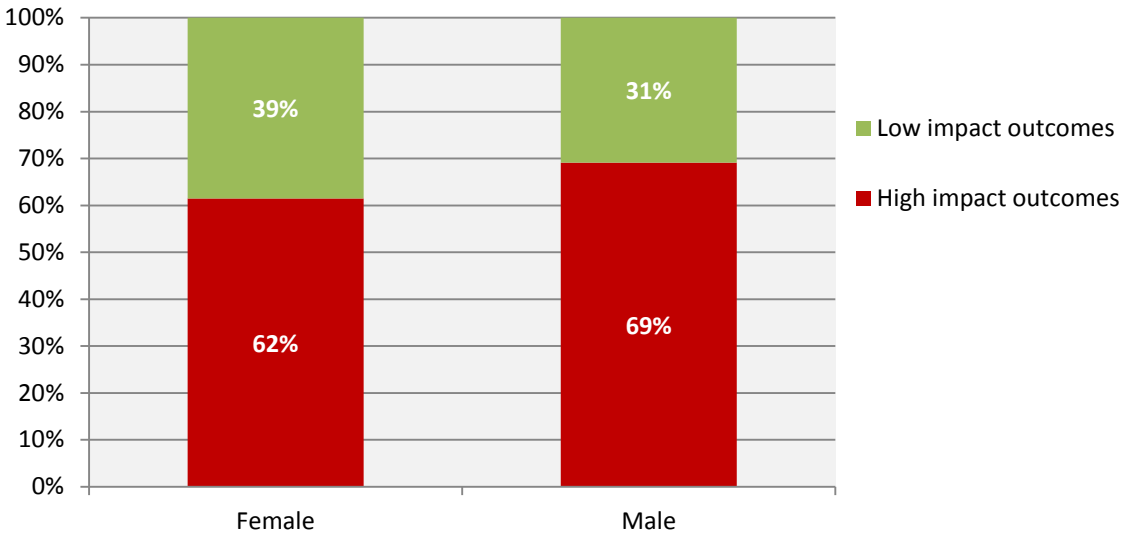


Figure 19: FTPC inquiry outcomes, by age

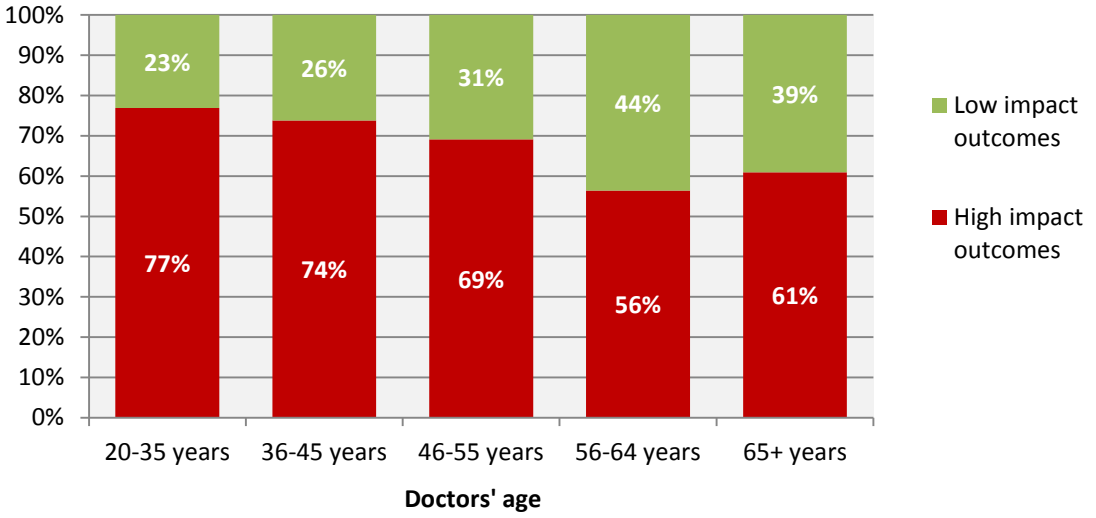


Figure 20: FTPC inquiry outcomes, by region of BMQ

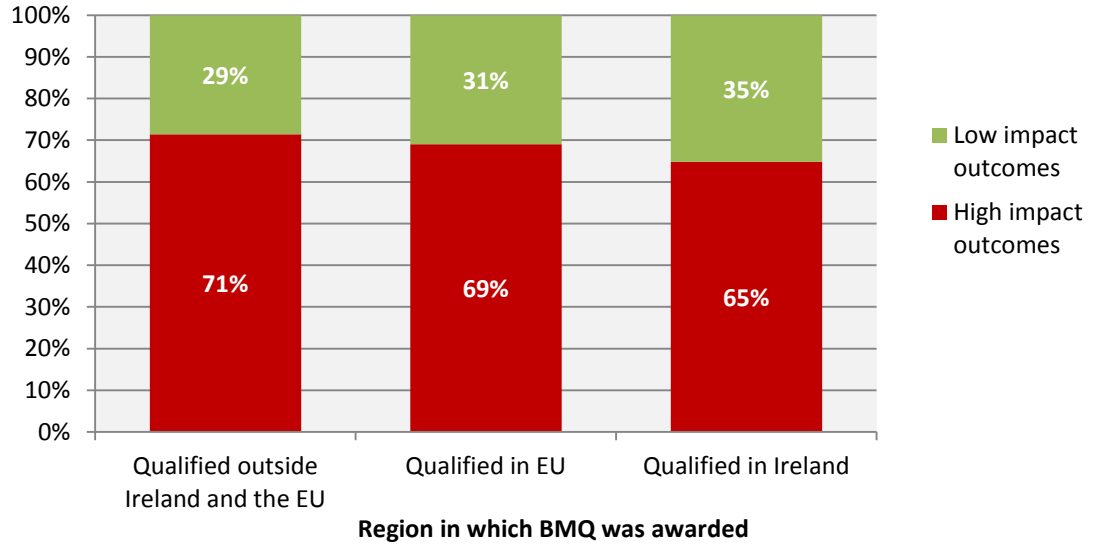
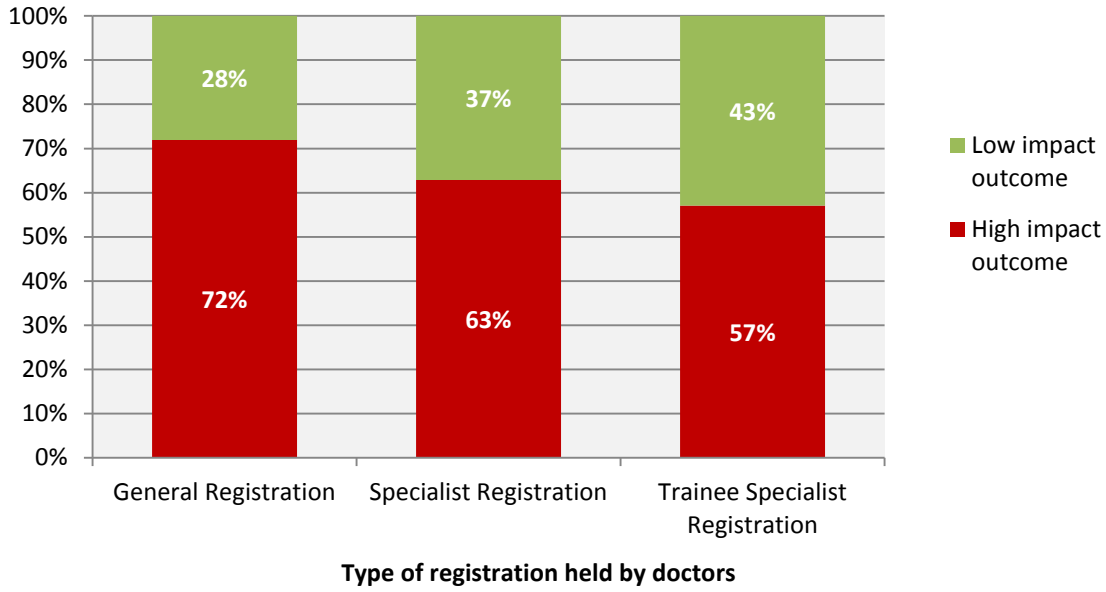


Figure 21: FTPC inquiry outcomes, by type of registration held

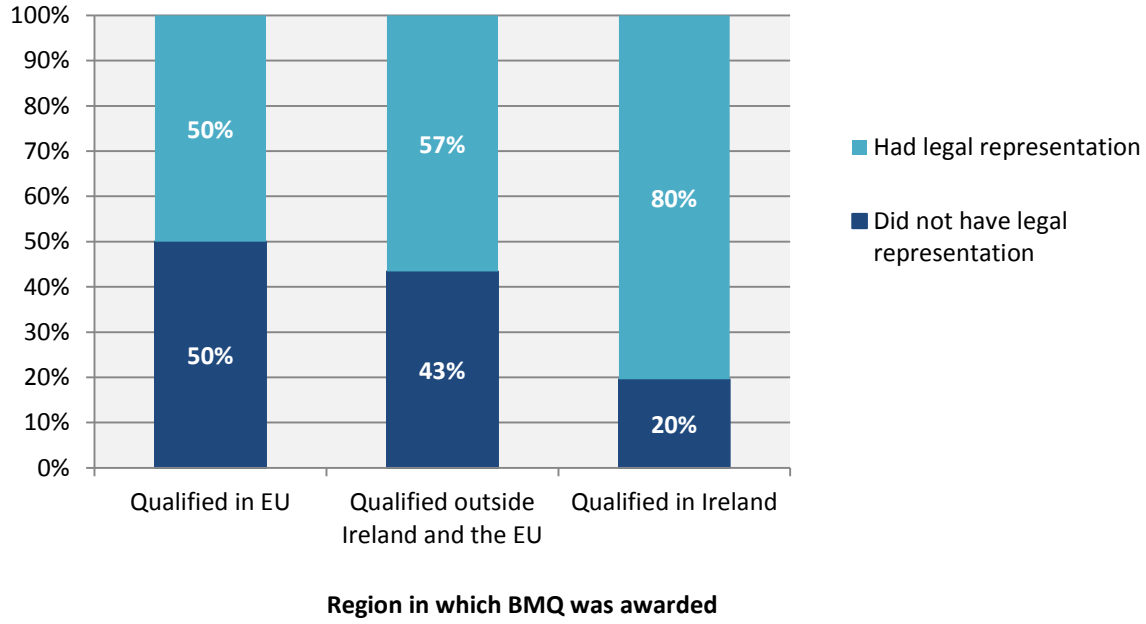


Use of legal representation

There was a significant association between the region in which doctors gained their BMQ and whether or not they employed legal representation at FTPC inquiries.

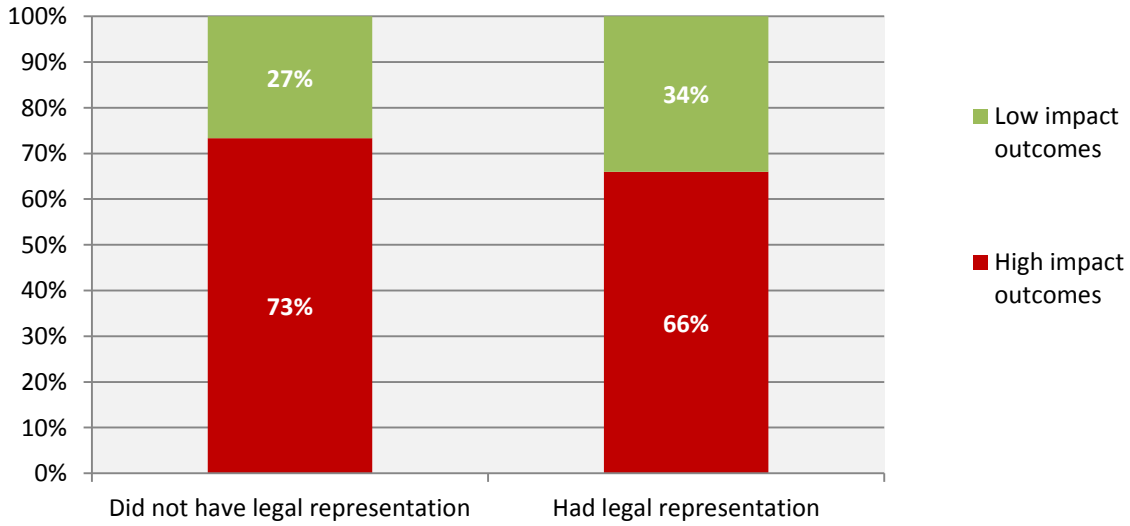
Doctors who qualified in Ireland were much more likely to use legal representation at inquiries than doctors who qualified in other regions, $X^2(2, N = 217) = 16.42$, $p < .001$ (as per Figure 22).

Figure 22: Use of legal representation by region in which BMQ was awarded



Although, in general, doctors who had legal representation at FTPC inquiries attracted fewer high impact outcomes, this association was not significant, X^2 (1, N = 216) = 1.24, p = .266.

Figure 23: Outcomes of FTPC inquiries, by legal representation



Source of complaint and FTP outcome

In total, 36% of inquiries that resulted from complaints by members of the public were referred for a Council sanction, compared to 88% of complaints referred by the HSE and other employers (as detailed in Table 9).

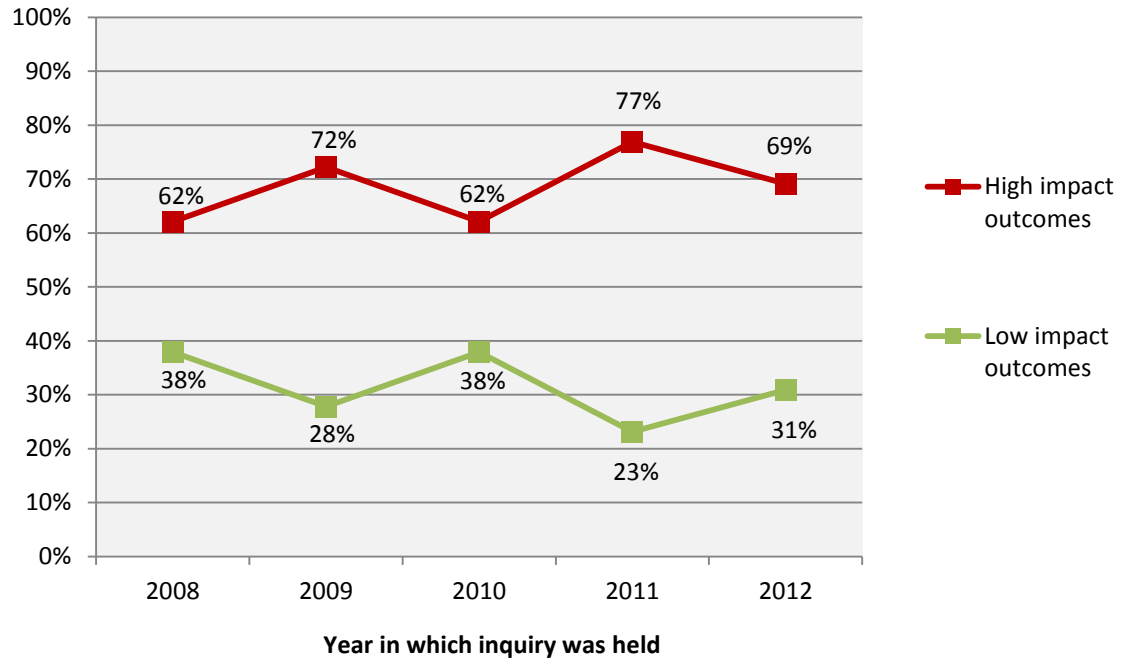
Table 9: Source of complaints at FTPC inquiries, by outcome

Source	Number of inquiries referred for a sanction, by source	% of inquiries that were referred for a sanction, by source
Members of the public	22	36%
Doctors & other healthcare professionals	6	83%
HSE & other employers	8	88%
The Medical Council	4	75%
Others	2	100%
Total	**42**	**60%**

Time trends in outcomes of FTPC inquiries, 2008-2012

Over the period of review, the ratio of high/low impact outcomes for FTPC inquiries fluctuated, however the pattern tends to be one that favours high impact outcomes in 6-7 out of every 10 inquiries.

Figure 23: Trends in outcomes of Fitness to Practise Committee inquiries



Factors associated with outcomes of FTPC inquiries

External analysis confirmed that no doctor characteristics were associated with outcomes of FTPC inquiries. These results were also confirmed by corresponding logistic regression models that showed no significant odds ratios for outcomes between doctors with different characteristics. As expected, Decision Tree analysis did not suggest any predictor for FTPC inquiry outcomes.

2.8. Outcomes at Stage 3 of the complaint handling process: Council Sanctions

Table 10 (below) summarises the outcomes of sanctions imposed by the Medical Council and relates this to doctor characteristics.

Doctors who qualified in the EU were significantly more likely to receive a high impact sanction by Council when compared to Irish qualified doctors. Having legal representation was significantly associated with receiving a lower impact sanction from Council.

Table 10: Characteristics of doctors who were subject to Council sanctions, by impact.

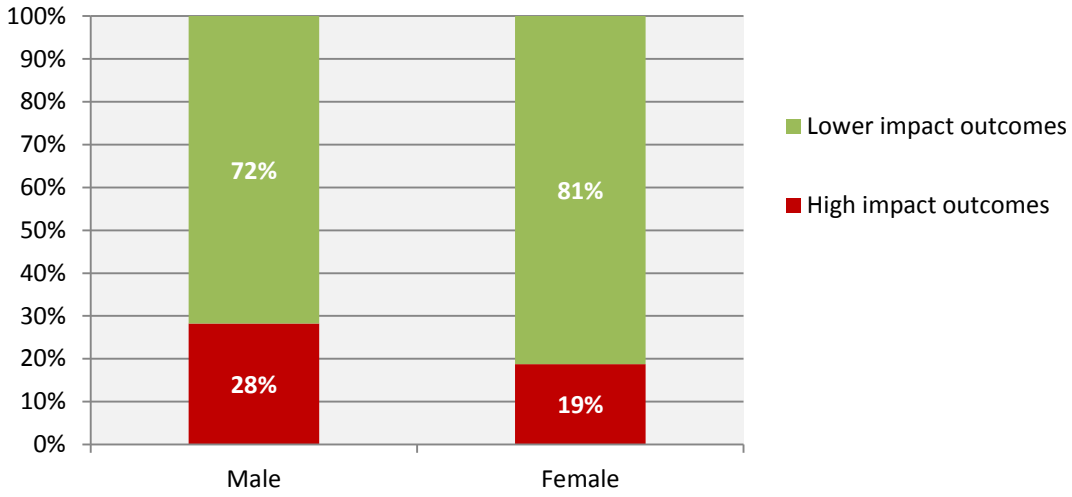
Characteristic	Total population 2008-2012	Number of sanctions received (%)	% of doctors receiving high impact sanctions	Odds ratio for receiving high impact sanction (95% CI)	P Values
Gender					
Female	35600	16 (0.07%)	19%	Reference	
Male	56761	131(0.34%)	28%	1.71 (0.46-6.33)	p = 0.421
Age					
20-35 years	28309	20 (0.09%)	15%	Reference	
36-45 years	25400	45 (0.24%)	44%	4.53 (1.16-17.68)	p = 0.022
46-55 years	20156	46 (0.34%)	15%	1.02 (0.23-4.41)	p = 0.982
56-64 years	11161	22 (0.35%)	9%	0.57 (0.09 – 3.80)	p = 0.555
65+ years	7235	14 (0.32%)	57%	7.56 (1.49-38.21)	p = 0.010
Region in which BMQ was awarded					
Qualified in Ireland	59801	59 (0.15%)	19%	Reference	
Qualified in EU	7794	29 (0.54%)	41%	3.08 (1.15-8.27)	p = 0.023
Qualified Outside EU and Ireland	24466	59 (0.34%)	29%	1.77 (0.74-4.19)	p = 0.194
Type of registration					
Specialist registration	46369	44 (0.15%)	21%	Reference	
General registration	33408	99 (0.54%)	31%	1.77 (0.76-4.13)	p = 0.182
Trainee specialist	11960	4 (0.34%)	0%	Too few cases for OR	
Legal representation					
Had legal rep	-	93 (63.3%)	17%	Reference	
Did not have legal rep	-	54 (36.7%)	44%	3.85 (1.8-8.24)	p < 0.001

The following pages provide more information on the data provided in Table 10.

Gender

Although male doctors (28%) were more likely than female doctors (19%) to experience high impact outcomes sanctions from Council, this association was not statistically significant, X^2 (1, N = 147) = .649, p = .421.

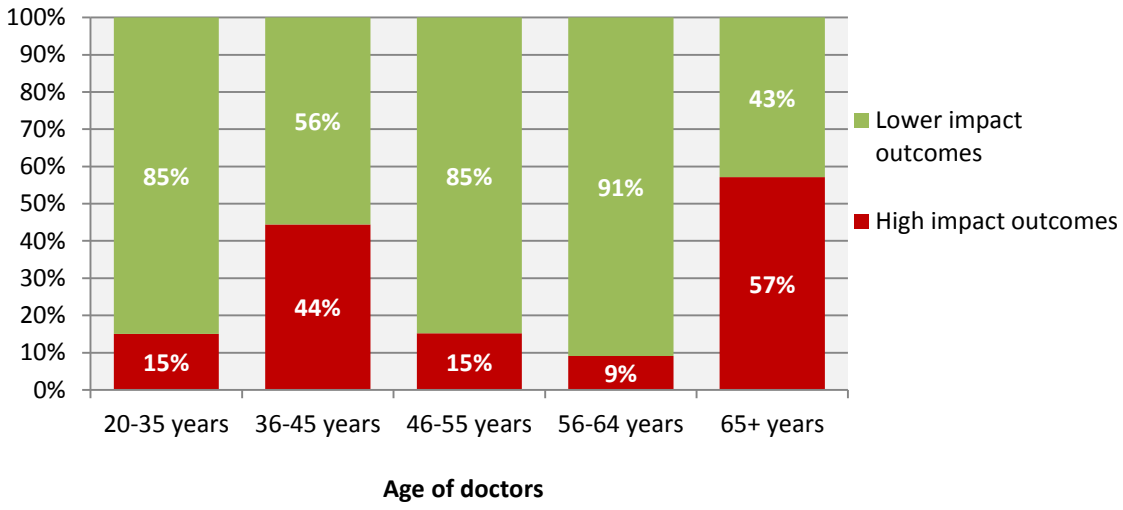
Figure 24: Council sanctions, by gender



Age

There was a significant, and moderate, association between the type of sanctions imposed by the Council and doctors' age. Doctors aged 46-55 (15%) and doctors aged 56-64 (9%) were significantly more likely than others to receive a low impact sanction from Council, X^2(4, N = 147) = 21.57, p < .001.

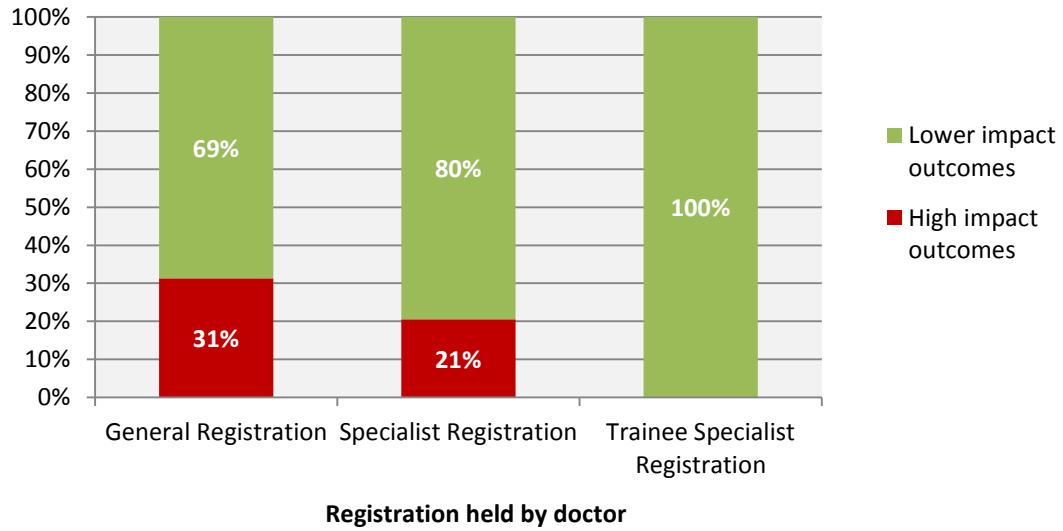
Figure 25: Council sanctions by age



Type of registration

Despite some variances in Council sanctions by types of registration, these differences were not statistically significant[5], $X^2(2, N = 147) = 3.35, p = .187$

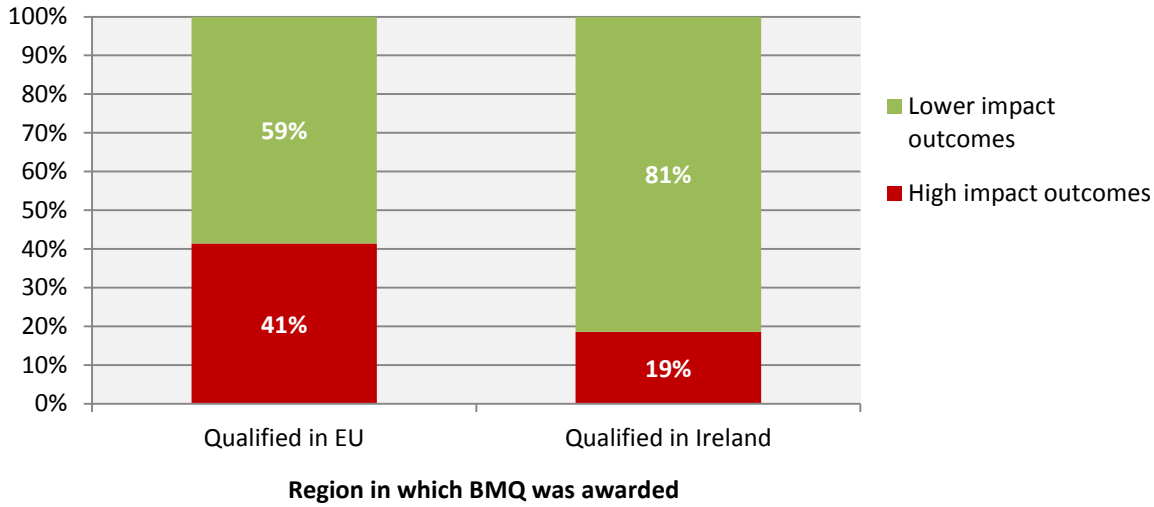
Figure 26: Council sanctions by type of registration held



Region in which BMQ was awarded

Doctors who qualified in Ireland (19%) were significantly less likely than doctors who qualified in the EU (41%) to experience a high impact sanction from Council, X^2 (1, N = 88) = 5.206, p =.023.

Figure 27: Council sanctions by region in which BMQ was awarded

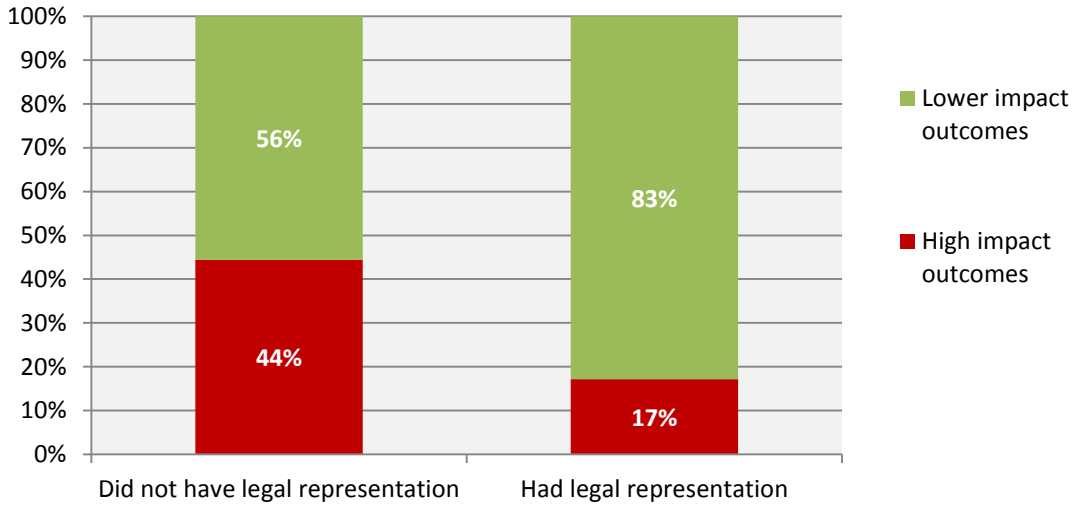


Legal representation

[5] Note – there were very low numbers of cases against doctors in Trainee Specialist division

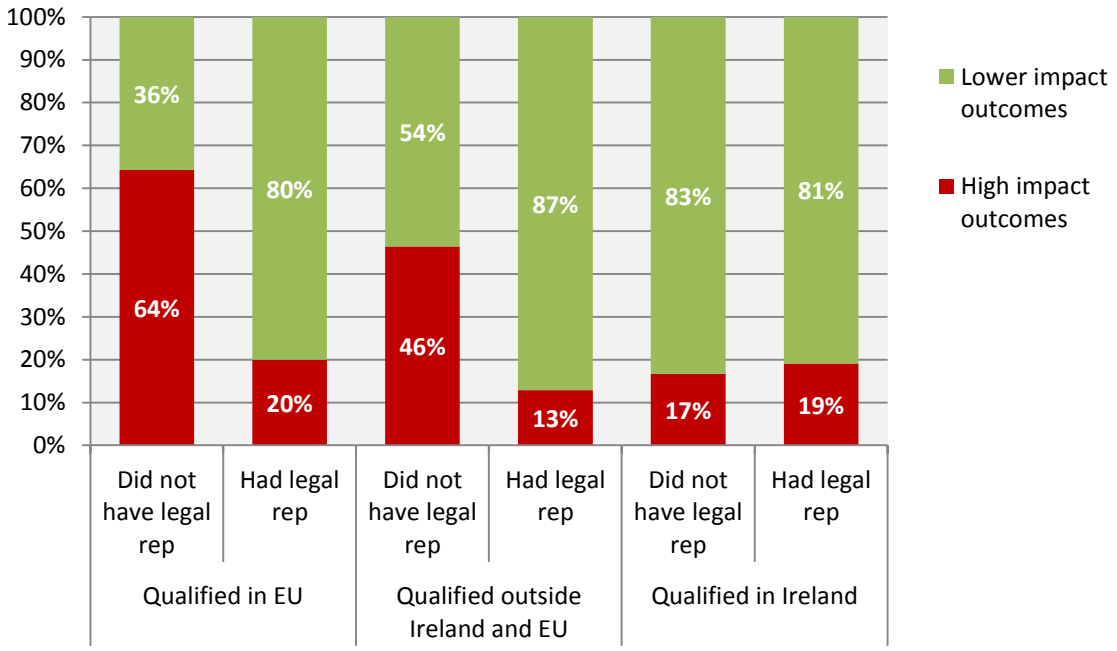
Doctors who had legal representation during their inquiry were significantly more likely than those who did not, to experience lower impact sanctions from Council, $X^2(1, N = 147) = 12.80$, $p < .001$.

Figure 28: Council sanctions by use of legal representation



Stratification shows that having legal representation was associated with being significantly more likely to experience a lower impact sanction from Council, but only for doctors who qualified in the EU, $X^2(1, N = 29) = 5.86$, $p=.016$, and doctors who qualified outside Ireland and the EU, $X^2(1, N = 59) = 8.06$, $p=.009$.

Figure 29: Outcomes of Council sanctions, by legal representation and region of BMQ



Source of complaint

Inquiries based on complaints from members of the public were most likely to receive a high impact sanction from Council (as per Table 11)

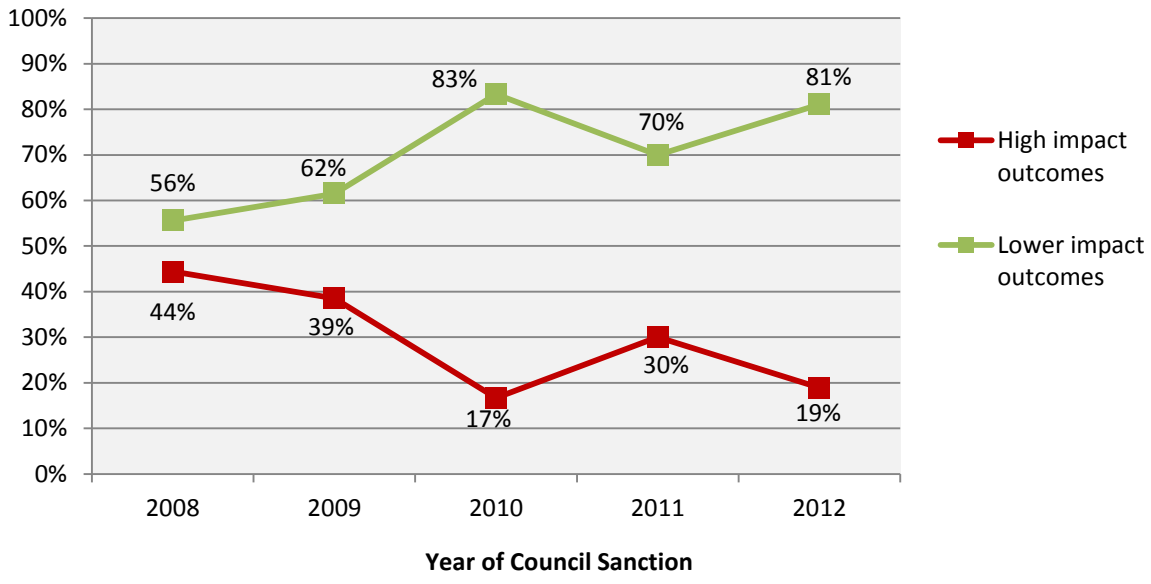
Table 11: Sources of complaints subject to Council sanctions, by impact

Source	Number of inquiries referred to Council by FTPC	% of inquiries referred to Council that attracted a high impact sanction, by source
Members of the public	8	38%
Doctors & other healthcare professionals	5	20%
HSE & other employers	7	14%
The Medical Council	3	0%
Others	2	0%
Total	**25**	**20%**

Time trends in outcomes of Council sanctions, 2008-2012

Over the period of the review the likelihood of doctors experiencing lower impact Council sanctions increased significantly (as per Figure 30).

Figure 30: Trend in outcomes of Council Sanctions (2008 – 2012)



Factors associated with outcomes at Stage 3: Council Sanctions

External analysis confirmed:

- a significant effect of Age on outcomes at the Council sanctioning stage (for example, 47.5% of doctors in the 36-45 age category received a high impact outcome, compared to 13.6% for other age groups, p-value <0.001);
- a significant effect (significance level of 10%) of Type of registration on outcomes at the Council sanctioning stage (31.3% of doctors with General or Intern registration received high impact outcomes, compared to 18.8% for doctors with Specialist or Trainees specialist registration, p-value = 0.078);
- a significant effect (significance level of 10%) of BMQ on outcomes at the Council sanctioning stage (18.6% of doctors who gained their BMQ in an Irish medical school received a high impact outcome, compared to 33.0% of doctors who qualified elsewhere, p-value = 0.075);
- a significant effect of having legal representation on outcomes at the Council sanctioning stage (17.2% of doctors who had legal representation received a high impact outcome, compared to 44.4% for the ones without legal representation, (p-value <0.001);

Decision Tree (multi-variable analysis) revealed Age (as explained in Chi-square test results in above) as the most important predictor of Council sanctions (Figure 31).

However, there is a strong association between BMQ and Age, (p-value<0.001) as the majority of the older generation (84.4% of doctors 56+ compared to 69.5% of doctors in younger age groups) qualified in Ireland and this association may have a confounding effect.

Furthermore, there is also a strong association between having legal representation and Age, (p value<0.05) as the majority of the older generation of doctors (73.1% of doctors 46+ age categories compared to 54.0% of doctors in younger age categories) had legal representation and this association may also have a confounding effect.

By omitting the Age characteristic from the list of variables in the regression model for determining outcomes of Council sanctions, having legal representation became the most significant predictor (Figure 32).

Figure 31: Decision Tree for predicting outcomes of Council Sanctions

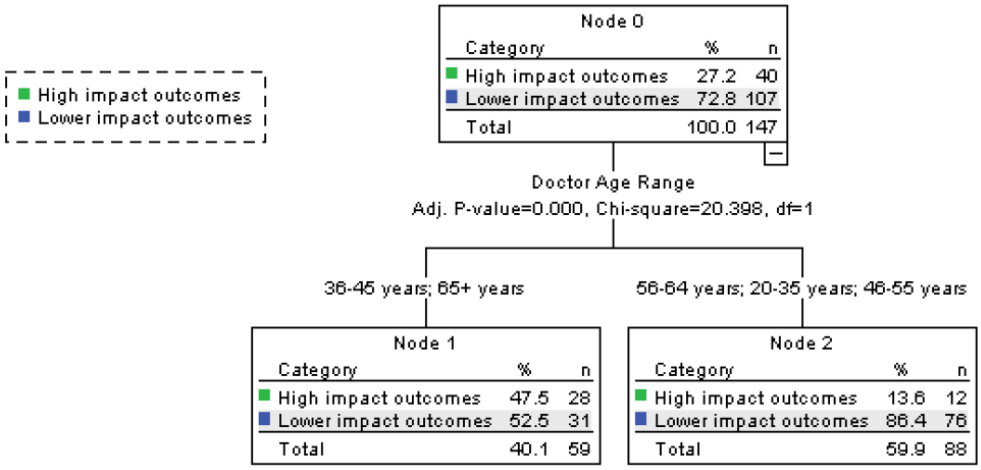
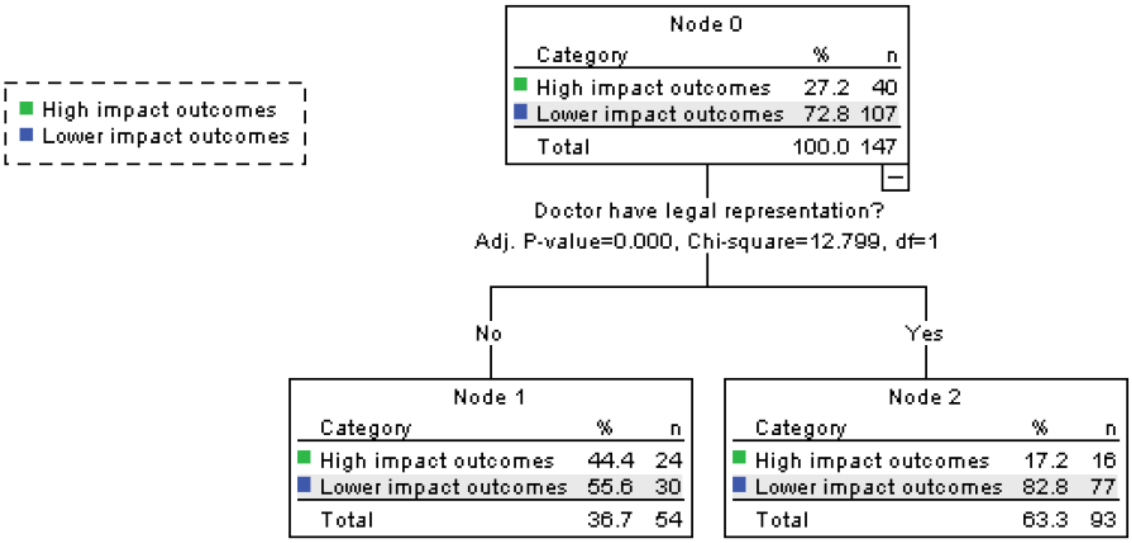


Figure 32: Decision Tree for predicting outcomes of Council Sanction (age controlled)



Comhairle na nDochtúirí Leighis
Medical Council