Reviewer's report

Title: Process-related factors associated with complaints board's discipline

Version: 1 Date: 26 May 2012

Reviewer: Deborah Schaler

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REPORT:

General comment: The field of patient complaint policy, processes and outcomes has been vastly under-researched while, as the authors of this manuscript correctly point out, significant human and other resources are invested in the complaints process. It is pleasing to see their research efforts dedicated to this important area of inquiry.

Major Compulsory Revisions:

English language corrections as described under Quality of written English.

The Abstract – Background and Background sections don’t include a strong rationale for conducting the study. It is correct that there has been very limited research undertaken in the field of patient complaints overall (complaint methods and processes, efficient use of resources, and outcomes for patient quality and safety and as stated by the authors health professional disciplinary decision outcomes) but I wanted to know more about why this particular piece of statistical analysis was undertaken. The purpose of the study is stated as filling a knowledge vacuum but not why it was important to examine process factors and association with disciplinary outcomes, potential benefits in conducting the study, how it was intended that the results would be utilised and by whom. Out of interest is this piece of statistical analysis part of a larger study? If so this should be stated.

The Background and Conclusions sections of the main body of the manuscript mention (Background) that the disciplinary system has been under ongoing revision in order to optimise the judicial process, that there has been debate about whether legal rights are properly protected and hypothesises how certain process factors may affect outcomes; and (Conclusions) that there are high financial and human costs associated with complaint processes. Was it hoped that the study would elicit information that could be utilised to improve the efficiency or effectiveness of the complaint process, lead to some sort of quality improvement in the process or add knowledge that will aid health professionals and/or complainants in navigating the complaints process? The manuscript would be considerably strengthened with the inclusion of a clear statement about the importance/placement of the research.

Similarly, the Conclusion sections in the Abstract and main body of the
manuscript don’t include any policy/process recommendations or other implications from the study other than to suggest that further research about process factors leading to disciplinary action is merited. The authors could be more explicit about what further research is warranted i.e. is it to further explore the two process factors that they found statistically important – number of GPs involved and case management duration - or would they propose replicating the study with other professional groups?

Minor Essential Revisions:

Background: I would prefer to see the Background section include an overview of the health complaint system and the roles of the various bodies in Denmark. I got some way into the manuscript and had formed some questions related to the Danish Patient Complaints Board (DPCB) study which were later addressed under Discussion where I found that complaints seeking financial compensation are referred to Danish National Health Insurance (DNHI) and complaints about level of service are referred to the regional health authority. Health complaint structures and processes vary considerably across countries and it would be helpful for the reader to have information about the entire Danish patient complaint context up front. This is especially significant when the results for lawyer involvement are presented (at present this occurs prior to the Discussion section in the manuscript) because clearly the lawyers involved at the DPCB were not there for reasons of seeking financial compensation. This may explain the low level of lawyer involvement in the DPCB process and possibly reflects the level of seriousness of the cases under investigation by the DPCB (does the DNHI refer potential disciplinary case to the DPCB – now the DDB?) which in turn could affect the relationship described between lawyer involvement and disciplinary outcomes. It would be interesting (although not vital) to know whether some number of complainants at DPCB who did not engage a lawyer did in fact have a lawyer engaged in their case through a separate DNHI process.

Paragraph 2: ‘After receiving a complaint ….. the case is clarified by the secretariat’ …. I assume that the health professional (GP in this study) provides a statement in response to the complaint as part of the clarification process undertaken by the secretariat? If so, this should be stated.

Study database and population: Data collection - paragraph 2: ‘The time of registration was, however, considered useful because it was unfailingly available in every case and might be considered closely tied with the time of filing the complaint’. Are ‘filing’ and ‘registration’ of the complaint not the same thing? Needs clarification.

Discussion: Paragraph 2: ‘The present study covers all complaint cases in Denmark’ – need to clarify that the study covers complaint cases involving GPs lodged with the DPCB in Denmark in 2007. Unless the DPCB study is part of a larger study in which case this should be clarified.

Discretionary Revisions:
Background section:
I think it would be useful to include a brief list of the ‘legal rights’ of the complainant and health professional e.g. whether their legal rights include individual health and safety considerations, human rights, confidentiality, natural justice procedures or other concerns.

Similarly it would be helpful to include in paragraph 1 a brief description of what 'strict health professional considerations’ includes.

In relation to case management duration which was found to be statistically associated with a disciplinary outcome: were there any (escalating) levels of review undertaken by the DPCB depending on the level of seriousness of the complaint or other factors (illness episode of patient, accessibility of expert witnesses, workload or staffing level at DPCB etc) that may explain the reasons for extended case management duration times and associated disciplinary outcomes?

In relation to complaint delay (and the authors have hypothesised that delayed complaints are less prone to be declared justified which is of itself a very interesting question): Is it possible that the complaint was first lodged elsewhere e.g. complaint made directly with the GP Practice without a satisfactory outcome from the complainants perspective or lodged with the DNHI for compensation before it got to the DPCB? Some patients may not be aware of/be referred to or feel confident to lodge a complaint leading to the delay.

This quantitative study would be enhanced by the consideration of any qualitative material available to the researchers for example the DPCB may conduct routine evaluations with patients and health professionals about their satisfaction with the complaint processes and judicial outcomes. For example, the complainant and defendant may have been through a protracted case management process but were pleased with the outcome and possibly considered that there were other benefits of having been through the process.

Quality of written English:
Reasonable given that English is not the first language of the authors, however the manuscript requires some overall language correction before being published. The document would benefit from having an English ‘brush’ put over the entire document to improve readability and to correct grammar, punctuation and sentence structure where needed (to give but a few examples: in Background the use of ‘but also e.g.’ in paragraph 1 and ‘The case management (process – word added) is as follows’ in paragraph 2 ; and removal of inverted commas in Discussion paragraph 9 i.e. ‘fault finding’, ‘protects’, ‘relief’ ‘system matters’ and ‘blurring of responsibility’.

There should also be a check for and correction to passive language where possible e.g. fairly liberal use of may, might, could be considered, perhaps etc which appears tentative and dilutes the arguments being made. For example (Data collection section – paragraph 1) 'In a compound decision some GPs might
have been disciplined and others might not’ – change to some GP’s were disciplined and others were not (assuming that this assertion can be made).

An English language check will also ensure that the author’s intended meaning is properly communicated to readers. For example a ‘concrete complaint case’ might be better presented as a complaint substantiated following investigation or substantiated complaint and I don’t know what is meant by ‘concrete health care’.

**Level of interest:** An article of importance in its field

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.