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Towards a collective understanding of harm and prioritisation of risks

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What is the Shared Data Platform (SDP)?

The SDP is a database accessible by analysts from the NMC, GMC and CQC using their native analysis tools.

The database pools a selection of data held by GMC, NMC and CQC into one place.

It includes pseudonymised but identifiable data about registrants, complaints, and revalidation.

It also includes some clinical outcomes data, and data from surveys such as the National Trainee Survey and Maternity Service survey which are aggregated to trust or department/service level.

The GMC, CQC and NMC wanted to improve our shared understanding of risk overall, and particularly in relation to maternity services. This meant building agreement on common areas of risk to prioritise across regulators and to improve how we identify, analyse, prioritise, and address these shared risks together.

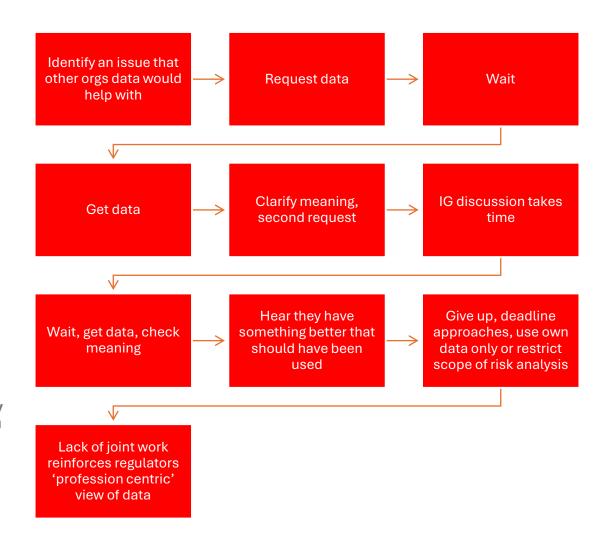
A key shared objective is to enable earlier detection of emerging problems and to remove some barriers to joint intervention.

The SDP was designed to improve the way in which we collaborate in sharing data by removing some common barriers to data sharing by creating a persisting shared dataset potentially suitable for multiple purposes.

Bringing in external data

Our model in UK had problems





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Bringing in external data:

A model developed with the CQC and NMC to understand risk in maternity depts

Share data and insight **Shared** Identify and escalate issues in common data platfor Agree common m action General Nursing & Midwiferv Medical

Two measures to contribute to NHS risk architecture

- Complaints:
 GMC/NMC
 maternity
 specific FtP
 normalised by
 activity
- Staffing levels: CQC maternity survey and the safe staffing theme

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Themes of common regulatory concern were used to direct our analysis

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Our agreed 'recurrent themes of regulatory concern' were mapped to our data and used to direct focus of analysis, where we sought to 'spot' known concerning locations:

Leadership

Recording & reporting incidents

Missed learning opportunities

Independent midwifery

Experience & availability of workforce

Standards of care

Clinical governance

'Toxic' working culture

What we learned from Maternity analysis



Phase 1 maternity analysis: promising insights

- Developed two candidate indicators of regulatory concern:
- Complaints (FtP): GMC/NMC complaints normalised by activity → identified ~27% of trusts of known concern.
- Staffing (CQC survey): Persistent poor staffing survey results → identified ~57% of trusts of known concern.
- Demonstrated potential of shared data to flag struggling departments earlier.
- Limitations: some themes (e.g. leadership, speaking up) less well-covered.

Platform development paused – priorities shifted



- GMC, NMC, CQC partnership continues trust and collaboration intact.
- Technical build paused due to shifting priorities, but joint work ongoing.
- Focus now on practical analysis and shared insight, not just infrastructure.



Building on the foundation

- Maternity analysis completed → valuable outputs, but not adopted by maternity surveillance groups.
- Discussions with wider partners (e.g. HCPC, others) about future collaboration.
- Next milestone: Hackathon in Nov 2025 on FTP and demographic trends.
- Exploring 'low-tech' analysis while technical platform build remains paused.

Shared data = shared prevention



- Joint analysis provides a richer view of risk than any one regulator alone.
- Early insights can help address issues before harm escalates.
- Opportunity: embed outputs into BAU, scale to other high-risk areas.

Intended benefits of this approach





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- Improved ways of working together
- Understanding each other's data 'baked in'
- Increased efficiency no need for lengthy negotiations case by case
- decision-makers have, in theory, more access to data and evidence to inform decisions
- Increased trust between organisations
- Value of broader data sharing explored and proven