

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	The epidemiology of malpractice claims in primary care: a systematic review.
<b>AUTHORS</b>	Wallace, Emma; Lowry, Jean; Smith, Susan; Fahey, Tom

### VERSION 1 - REVIEW

<b>REVIEWER</b>	MARTINOT Alain Head of Pediatrics Department, Jeanne de Flandre hospital, CHU, Univ Lille Nord de France, France  I have no competing interests
<b>REVIEW RETURNED</b>	11-Apr-2013

<b>RESULTS &amp; CONCLUSIONS</b>	Table 1: improve table layout Harmonize percentages throughout the text, rounded to one or two decimal places References : Revise all the references : many omissions (year)
<b>GENERAL COMMENTS</b>	Wallace et al reported the first systematic review to examine the epidemiology of malpractice claims in primary care (adults and children): an original article providing interesting results on the topic. The PRISMA guidelines were followed to conduct this study. Data was synthesized using a narrative approach. Thirty-three studies met the predefined inclusion criteria (27 studies presenting data from medical indemnity claim databases and 6 presenting survey data). Minor points: Table 1: improve table layout P8 line 14 : 228 pediatric claims and not 298 ( 70 neonates were excluded) P8 line 14 : Prevalence rate of 0.07% and not 7% (cf table 1 p 25 line 13 : 0.07 claims per 100 FPs per year) Table 1 p 25 line 13 : 228 pediatric claims and not 298 ( 70 neonates were excluded) Table 1 p 25 line 26 : N=197 claims (31 claims were excluded from analysis: no medical condition was recorded in such cases) Harmonize percentages throughout the text, rounded to one or two decimal places References : Revise all the references : many omissions (year)

<b>REVIEWER</b>	Michelle Mello, JD, PhD Professor of Law and Public Health Harvard School of Public Health No competing interests
<b>REVIEW RETURNED</b>	25-Apr-2013

<b>GENERAL COMMENTS</b>	This is an informative, well written, and carefully conducted review of
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	<p>empirical evidence regarding patterns of malpractice claims against primary care providers. I did not identify any methodological flaws, and have only minor suggestions for improvement.</p> <p>The study's contribution is limited by the fact that it synthesizes a literature that is quite modest in size.</p> <p>Suggestions:</p> <ol style="list-style-type: none"> <li>1. The introduction, in its focus on adverse events, confuses the reader as to whether this is a study of malpractice claims or a study of errors/adverse events. The authors should clarify that this is a study of claims, which are of interest in part because of what they reveal about the causes and types of serious errors.</li> <li>2. The limitations section could perhaps acknowledge that it is hard to generalize across studies conducted in different countries, and not enough studies of Canada and France are available to permit country-specific conclusions to be drawn with much confidence.</li> <li>3. I believe the review missed the following study: Jena AB et al., Outcomes of medical malpractice litigation against US physicians, Arch Intern Med 2012;172(1):892-4. The same group produced another article in Health Affairs in January 2013 that is relevant, though just outside the declared window for this review.</li> </ol>
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### VERSION 1 – AUTHOR RESPONSE

Reviewer: MARTINOT Alain, Head of Pediatrics Department, Jeanne de Flandre hospital, CHU, Univ Lille Nord de France, France

Suggestions

Minor points:

1. Table 1: improve table layout
2. Harmonize percentages throughout the text, rounded to one or two decimal places
- 3) References: Revise all the references: many omissions (year)

Response

Table 1 has been reformatted and updated with all percentages rounded to one decimal point-highlighted in red in the manuscript

The references have been revised with any missing years inputted-highlighted in red.

3. P8 line 14 : 228 pediatric claims and not 298 ( 70 neonates were excluded)

Response: This has been changed-highlighted in red

4. P8 line 14 : Prevalence rate of 0.07% and not 7% (cf table 1 p 25 line 13 : 0.07 claims per 100 FPs per year) Table 1 p 25 line 13 : 228 pediatric claims and not 298 ( 70 neonates were excluded) Table 1 p 25 line 26 : N=197 claims (31 claims were excluded from analysis: no medical condition was recorded in such cases)

Response: These changes have been made and are highlighted in red in the text and table 1

Reviewer: Michelle Mello, JD, PhD, Professor of Law and Public Health, Harvard School of Public Health

Suggestions:

1. The introduction, in its focus on adverse events, confuses the reader as to whether this is a study of malpractice claims or a study of errors/adverse events. The authors should clarify that this is a study of claims, which are of interest in part because of what they reveal about the causes and types of serious errors.

Response: The introduction has been edited to reflect this comment and clarify. Changes are

highlighted in red in the text.

2. The limitations section could perhaps acknowledge that it is hard to generalize across studies conducted in different countries, and not enough studies of Canada and France are available to permit country-specific conclusions to be drawn with much confidence.

Response: We agree. The limitations section has been updated to reflect this-highlighted in red.

3. I believe the review missed the following study: Jena AB et al., Outcomes of medical malpractice litigation against US physicians, Arch Intern Med 2012;172(1):892-4.

Response:

The 'Jena AB et al., Outcomes of medical malpractice litigation against US physicians, Arch Intern Med 2012;172(1):892-4.' letter was retrieved by the search and considered for inclusion but excluded as it did not present primary care/family practice specific data. It does present internal medicine data but as there was no primary care/family practice specific results presented it was excluded on this basis.

4. The same group produced another article in Health Affairs in January 2013 that is relevant, though just outside the declared window for this review.

Response:

The search for this systematic review was last updated in December 2012 so this study; Seabury SA et al 'On Average, Physicians Spend Nearly 11 Percent Of Their 40-Year Careers With An Open, Unresolved Malpractice Claim.' published in Health Affairs in January 2013 is just outside this window.

I have updated the search to the end of January 2013 to allow inclusion of this relevant study. As a result I have updated the search strategy results (see PRISMA flow diagram) and the results sections (text and table 1)-highlighted in red. This is the only additional study retrieved with this updated search.