

Developing the UK medical register: a public consultation

October 2016

1. Introduction

- 1.1 The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent body, accountable to the UK Parliament. More information about our work and the approach we take is available at www.professionalstandards.org.uk.
- 1.2 As part of our work we:
- Oversee nine health and care professional regulators and report annually to Parliament on their performance
 - Conduct research and advise the four UK governments on improvements in regulation
 - Promote right-touch regulation and publish papers on regulatory policy and practice.
- 1.3 We welcome the opportunity to respond to this consultation about the General Medical Council's (GMC) proposal to alter its register.

2. General comments

- 2.1 The Professional Standards Authority believes registers held by healthcare professional regulators should serve the primary purpose of public protection – they do this by providing information to both the public and employers about whether an individual is qualified and fit to practise. When assessing the changes to any register, our scrutiny stems from this perspective.
- 2.2 Whilst there may be a need for more information on registers – we mention in our *Maximising Registers* report some details which the public would like to see on registers¹ – there should be a strong evidence base for estimating the effects of changes to the register. For example, in the GMC's research, *Reviewing the LRMP: Options for Development*, the inclusion of registrants' photos on the register was considered by some stakeholders to 'help with identification', but there were also concerns 'around personal security'.² It might have been helpful if the consultation document had highlighted more clearly the potential benefits

¹ Professional Standards Authority, 2010, *Health professional regulators registers, Maximising their contribution to public protection and patient safety*, pg. 14. Available at: <http://www.professionalstandards.org.uk/publications/detail/maximising-the-contribution-of-regulatory-bodies-registers-to-public-protection> [Accessed 26/07/2016]

² Trajectory, 2015, *Reviewing the LRMP: Options for Development*, General Medical Council, pg. 39 [Online]. Available at: http://www.gmc-uk.org/Reviewing_the_LRMP_Options_for_Development_research_report.pdf_60686256.pdf

of each specific proposal, and the evidence that demonstrates that those benefits can be achieved. The Trajectory report does make use of international examples which are helpful for comparison, but lists few details about the benefits of adding information to the register.

- 2.3 We suggest more evidence could have been presented to account for all risks and benefits of developing the register in the ways proposed. This would have enabled the GMC to demonstrate as much as possible the effects – and any unintended consequences – of alterations to its register.

3. Consultation Response

Q1. Do you agree with the purpose of the medical register described in this section of the consultation?

Answer: **Yes**

- 3.1 The consultation's purpose chimes with numerous findings as set out in our paper *Health professional regulators registers, Maximising their contribution to public protection and patient safety* (Maximising Registers). There, we said: 'Registers are a tool for public protection as well as a statutory duty that regulators must fulfil as they enable the public and employers to distinguish between qualified and unqualified practitioners. For people who are referring themselves to health professionals the register can play an important supporting role in providing information about the registration and fitness to practise of individual health professionals'.³
- 3.2 The Authority agrees that the register needs to change to adapt to contemporary requirements in the interest of public protection. We note many of the changing needs for the medical register are charted in the Trajectory report from last year which outlines current and future purposes of the register.⁴

Q2. Do you think the register should serve any additional purpose? If so, what should that be?

Answer: **No**

- 3.3 We believe the register should remain simple and clear in order to fulfil its key objective of public protection. We agree that the register may need to evolve to meet changing needs and expectations. It is important however that it retains its simplicity and that it continues to fulfil its main purpose, namely protecting the public.

³ Professional Standards Authority, 2010, *Health professional regulators registers, Maximising their contribution to public protection and patient safety*, pg. 23. Available at: <http://www.professionalstandards.org.uk/publications/detail/maximising-the-contribution-of-regulatory-bodies-registers-to-public-protection> [Accessed 26/07/2016]

⁴ Trajectory, 2015, *Reviewing the LRMP: Options for Development*, General Medical Council, pg. 14 [Online]. Available at: http://www.gmc-uk.org/Reviewing_the_LRMP_Options_for_Development_research_report.pdf_60686256.pdf

Q3. Do you agree that these are the right principles to guide the inclusion of additional information on the register?

Answer: **Yes**

- 3.4 We would also add the importance of 'clarity to the public and employers' as a principle in developing the register. On page 4 of the consultation, you mention the information on the register must be 'easy to understand and accessible to everyone who wants to use it'.

Q4. Are there other principles that should be included? If so, what are they?

- 3.5 As mentioned in our answer to question 3, 'clarity' would be a useful additional principle. Registers are viewed by a large and varied audience. In *Maximising Registers*, we mention the public's need for registers to be 'patient-centred' and use language that is 'public friendly'. We also note from this research with the public that if there is 'no alternative to using specialist terms, there needs to be an easily accessible explanation of their meaning'.⁵

Q5. Do you agree that we should develop a tiered approach to information on the register along the lines described? Why?

Answer: **Not sure**

- 3.6 The benefits and risks of implementing a tiered approach are not defined or evaluated in enough detail for us to give a firm view. In the Trajectory report the tiered approach is mentioned twice, proposing 'tiers of access', whereby the public would see different pieces of information to other visitors to the register. However, the tiered approach described in the consultation document appears to be something different: it seems that Tiers 1 and 2 would be available for all register visitors to view. We feel that this tiered approach could detract from the simplicity of the current register. It will be important to ensure that the two tiers of information (voluntary and mandatory) are adequately demarcated, and that information which is critical to public protection remains prominent.
- 3.7 We note that unlike Tier 1, the Tier 2 information 'would not be routinely verified at the point of inclusion', which could lead to a loss of reliability. This could have an impact on public confidence in the reliability of any information on the register. The consultation document mentions there would be 'some inconsistency' in the information on Tier 2, but there has been no scoping of the impact of this.
- 3.8 We note that the registrant's GMC Reference Number is not included on the example list in the consultation document on page 10. We assume this is an oversight.
- 3.9 The Authority also notes the inclusion of practice location in Tier 2 data. In *Maximising Registers*, we found the public were 'keen for details of practice

⁵ Professional Standards Authority, 2010, *Health professional regulators registers, Maximising their contribution to public protection and patient safety*, pg. 6. Available at: <http://www.professionalstandards.org.uk/publications/detail/maximising-the-contribution-of-regulatory-bodies-registers-to-public-protection> [Accessed 26/07/2016]

location ‘as it enhances registers’ usefulness and aids the public ‘to identify individual professionals’.⁶

- 3.10 The Authority is also supportive of the inclusion of fitness to practise history on the register. In the interests of patients, the Authority believes information should be published as long as it does not infringe the human rights of registrants (on the register). In our recommendations for improving registers, we argued that a registrant’s fitness to practise history should be included on the register through a ‘proportionate approach to providing the public with this information’.⁷
- 3.11 On the subject of recording additional qualifications on the register, there is a precedent for this: the General Dental Council (GDC) used to record additional qualifications next to registrants’ names on the register, but discontinued this policy in 2005 (previously recorded qualifications remained on registrants’ entries, but no new qualifications were added to entries). There was the view from some GDC committee members that additional qualifications were an ‘important indication’ that dentists were ‘up to date and had extra knowledge and skill in particular areas of dentistry’.⁸ However, there were also concerns that additional qualifications could ‘mislead the public, principally in the context of advertising dental services’.⁹ This was compounded by the fact that ‘there were serious difficulties in assessing the quality of additional qualifications and that to do so would be resource intensive’.
- 3.12 If under the GMC’s proposals, registrants are allowed to add qualifications or credentials, there may be a need for a permitted list of qualifications for registrants to select from. Annotations or other explanatory tools could be used to inform viewers about the meaning and significance of any of this information. In addition, if not all additional qualifications are to be assessed or approved by the GMC, this will need to be made clear on the register.
- 3.13 It may be preferable for the GMC to advise registrants to record additional qualifications on practice websites and provide a link to the practice website through the register. This would then make clear to the public that additional information provided was the responsibility of the professional and there was no involvement of the regulator.

⁶ Professional Standards Authority, 2010, *Health professional regulators registers Maximising their contribution to public protection and patient safety*, pg. 23. Available at: <http://www.professionalstandards.org.uk/publications/detail/maximising-the-contribution-of-regulatory-bodies-registers-to-public-protection> [Accessed 26/07/2016]

⁸ General Dental Council, 2010, *Additional Qualifications –their presence within the register*, pg. 18. Available at: http://www.gdc-uk.org/Aboutus/Thecouncil/Meetings%202010/Item5PaperD_Council%20AQs.pdf [Date accessed 28/07/2016]

⁸ General Dental Council, 2010, *Additional Qualifications –their presence within the register*, pg. 18. Available at: http://www.gdc-uk.org/Aboutus/Thecouncil/Meetings%202010/Item5PaperD_Council%20AQs.pdf [Date accessed 28/07/2016]

⁹ General Dental Council, 2010, *Additional Qualifications –their presence within the register*, pg. 6. Available at: http://www.gdc-uk.org/Aboutus/Thecouncil/Meetings%202010/Item5PaperD_Council%20AQs.pdf [Date accessed 28/07/2016]

Q6. Do you agree that making provision of some categories of registration information voluntary would help mitigate some of the possible disadvantages of our proposed two-tier model?

Answer: **Not sure.**

3.14 It would be useful to know if the model of using voluntary information on a register has been used elsewhere in professional regulation. The outcomes would be helpful in answering the above questions.

Q7. Are there particular groups who would be helped or disadvantaged by our approach to providing more information on the register? If so, which groups and why?

3.15 As is mentioned on page 12 of the consultation, having more voluntary information on the register may mean there are disparities in information provided by different groups of professionals. Some professionals may provide less information and the public could feel less confident about seeking care from those professionals than they would from other groups who provide more information.

Q8. Are there other disadvantages associated with the two tier model which we have not considered here? If so, how might they be mitigated?

Answer: **No.**

Q9. Which of the following categories of information do you think would be useful to include on the register? Please indicate whether this should be Tier 1 information, Tier 2 information, or if neither please leave blank.

Category	Useful to include on the Register	To include as Tier 1 information	To include as Tier 2 information
Employment history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflicts of interest/competing professional interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scope of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credentials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Links to data held and verified by other recognised bodies, such as medical royal colleges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registrant's photo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A link to the website of the place a doctor works	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A link to recognised feedback websites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.16 As we do not feel the benefits of a two-tiered approach have been demonstrated, we have not selected a Tier for either of our two suggestions:

- **Practice Location** – this would help members of the public to identify a professional. In *Maximising Registers*, we noted previous research had recommended the inclusion of location data on a register as a means to identify a specific professional where there are a number of professionals on the register with the same name and echo this in our recommendation for ‘an indication of location of practice’ for the same reason.¹⁰
- **Link to the website of the place a doctor works** – the doctor’s own website could give more details such as additional qualifications, without giving the impression this information had been systematically verified by the GMC. It would also enable further means of identifying a doctor.

3.17 There may be benefits to public protection to including other elements on the register, but we do not feel these benefits have been demonstrated.

Q10. If there are categories of information listed above that we shouldn’t attempt to collect, please explain why.

¹⁰ Professional Standards Authority, 2010, *Health professional regulators registers Maximising their contribution to public protection and patient safety*, pg. 6, and pgs.23 and 25. Available at: <http://www.professionalstandards.org.uk/publications/detail/maximising-the-contribution-of-regulatory-bodies-registers-to-public-protection> [Accessed 26/07/2016]

Answer: **No response.**

Q11. What other categories of information would you find useful to include on the register?

Answer: **No response.**

Q12. Do you agree it is sufficient for Tier 2 information to be subject to verification through sample audit, provided the status of the information is made clear to those consulting the register?

Answer: **Not sure.**

3.18 As explained above, we are not clear about the rationale for or benefits of this tiered approach. Sample audits do not fully guarantee information accuracy and could lead to misinformation. There would need to be sufficiently clear separation of Tiers to make sure the public was aware of a potential gap in reliability.

Q13. If you've used the online register, do you have any thoughts on how we can improve it and make it more user friendly?

Answer: **No response.**

Your details

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Would you like to be contacted about our future consultations?

Yes

No

If you would like to know about upcoming GMC consultations, please let us know which of the areas of the GMC's work interest you:

Education

Standards and ethics

Fitness to practise

Registration

Licensing and revalidation

Data protection

The information you supply will be stored and processed by the GMC in accordance with the Data Protection Act 1998 and will be used to analyse the consultation responses, check the analysis is fair and accurate, and help us to consult more effectively in the future. Any reports published using this information will not contain any personally identifiable information. We may provide anonymised responses to the consultation to third parties for quality assurance or approved research projects on request.

The information you provide in your response may be subject to disclosure under the Freedom of Information Act 2000 which allows public access to information held by the GMC. This does not necessarily mean that your response will be made available to the public as there are exemptions relating to information provided in confidence and information to which the Data Protection Act 1998 applies. You may request confidentiality by ticking the box provided below. Please tick if you want us to treat your response as confidential.

4. Further information

- 4.1 Please get in touch if you would like to discuss any aspect of this response in further detail. You can contact us at:

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