Developing the UK medical register: a public consultation

Working with doctors Working for patients

General Medical Council

Why are we running this consultation?

The List of Registered Medical Practitioners (LRMP – also called the medical register) is the unique national database of doctors registered and licensed to practise medicine in the UK. We want to improve the register so it provides more and better information, and is easier to use.

Our ambition is to have the most advanced, transparent register in the world. To achieve this, the register must:

- continue to be a trusted source of reliable, validated information
- provide information that is relevant and useful to those who wish to consult it
- command the confidence of doctors about the information the register holds about them
- reflect changing public expectations about the information patients wish to know when accessing healthcare
- exploit technological advances for the provision of online information
- be accessible and meaningful to expert and non-expert users.

We are seeking views on how we can achieve this.

What is the scope of this consultation?

We are seeking feedback on our vision for the register and how it can be more open, relevant and useful. This includes considering:

- how the register can better reflect a doctor's past attainment and current capabilities
- how we make sure the register is flexible enough to adapt to changes in regulation, such as the introduction of new qualifications or forms of accreditation
- how to safeguard the integrity of the register while increasing the range of information it shows
- the balance between the openness of a public register and doctors' privacy
- ways to improve the experience of everyone who uses the register and to make it as accessible as possible.

How do I take part?

There are 13 questions in the consultation document. You do not have to answer them all.

The consultation is open until 7 October 2016. You can answer the questions online on our consultation website or simply answer the questions using the text boxes in this consultation document and email your completed response to LRMPconsultation@gmc-uk.org or post it to:

Regulation Policy Team
General Medical Council
Regent's Place
350 Euston Road
London
NW1 3JN

What will happen next?

We will review all the responses to the consultation and consider any changes to our proposals. We will report the outcome of this consultation, along with recommendations on next steps, to our Council – our governing body – in December 2016. The Council will then decide how to take forward the medical register.

History of the medical register

The list of registered doctors was first published in 1859. It was created to help patients and the public distinguish between qualified and unqualified doctors.

We no longer publish the register as a physical book (which would quickly become out of date) – instead, we now publish it online as the List of Registered Medical Practitioners (LRMP), so that it can be updated in real time to show the current list of who is registered and has a licence to practise medicine.

It is the only up-to-date, publically-accessible database of all doctors eligible to practise in the UK. Anyone who wants to check a doctor's registration and licence status can do so through our website (www.gmc-uk.org) at any time.

However, while the technology has changed, the content of the register today is not very different from the 19th century version. It contains basic registration information, but says little about a doctor's actual practice. Yet the evidence* suggests that those who use the register want more from it.

BOX 1: Information already on the medical register

GMC reference number	Names	Gender	Year of qualification	Register status eg any restrictions
Primary medical qualification	Provisional registration date	Full registration date	Specialist Register entry date	GP Register entry date
Details of designated body a doctor is assigned to and the Responsible Officer of the designated body	Annual retention fee due date	Employment check requirement details	If a doctor is recognised as a GP trainer (as of January 2016)	Doctors in training: their programme specialty
Doctors in training: deanery or local education and training board they are attached to				

* See Reviewing the LRMP: Options for Development

The purpose of the medical register

The medical register is intended to provide information about individual doctors practising in the UK. It is for patients, employers and commissioners of services and indeed anyone with an interest in the care and treatment doctors provide. Where appropriate the information should help users make decisions about who to trust with their care or who to employ or contract with.

While the register has remained largely unchanged since it was first published, the complexity and context of medical practice, patient expectations and culture have all changed beyond recognition.

Today, there is a much greater need (and demand) for information about health professionals and an expectation of openness. The way healthcare is delivered and accessed will continue to change. Knowing whether or not someone is a doctor may be necessary but it is no longer sufficient.

BOX 2 – CASE STUDY
Existing websites already provide more in-depth information

The profession is already taking the lead in publishing greater information about clinical outcomes and other data, such as measures of patient experience and details of training.

A number of sites are leading the way in enhancing transparency and patient choice, by making more information available to the public.

Sites such as NHS Choices let patients search for health services in their local area, find local GP surgeries and see performance ratings, as well as view the services a practice offers. Patients can also search for consultants in their local area who specialise in cardiac surgery, for example. The site also shows patients whether a doctor is registered with us, where they work and which other areas of medicine they specialise in, as well as showing performance data about the doctor.

IWantGreatCare.org also lets patients search for health services in their area and gives information on a doctor's areas of speciality, their special interests, and locations of work, as well as providing patient reviews.

If the medical register is to remain relevant and useful, it must evolve to meet the changing needs of those who use it. The information it provides must not only be useful, it must also be easy to understand and accessible to everyone who wants to use it.

Although in some respects the core purpose of the register remains the same, we believe we need to make more information available to meet today's expectations.

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

Yes [x] **No** [ ] **Not sure** [ ]

Further comments

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

Yes [x] **No** [ ] **Not sure** [ ]

Further comments

Could display postgraduate training and qualifications (including year obtained), place of employment and scope of practice.

It could include both current and historical detail on recognised specialty, as how the doctor appears on the specialist register may not indicate what they do now.

Clinical interests could possibly be included but these may be difficult to fully validate.

What the evidence tells us about the register

More people are seeking information about doctors. Last year, there were nearly 7 million searches of the UK medical register and the number of searches has more than doubled in the last year.

A GMC-commissioned study last year explored how the medical register is used and how it could become more responsive.

The research found that the current register provides limited information compared with registers in other countries and that it has not kept pace with advances in technology, changes in expectations about access to information and the expansion of the GMC's own functions. It also found that the usability, design and functionality of the online register could be improved. In particular, it concluded that a more detailed and responsive search function was needed, which would make it easier to interpret the information.

BOX 3 – CASE STUDY
How do other registers around the world compare to ours?

Our research found that in other countries, such as Canada, Australia and New Zealand, medical registers provide a lot more information compared with ours.

Their medical registers give information on a doctor's specialty, qualifications and geographical area. The register in Canada also includes information about additional practice locations and languages spoken.

In the UK, both the General Dental Council and the Nursing and Midwifery Council also give greater information on their registers and allow users to search by speciality.*

* Both organisations are currently exploring how to develop their registers.

As in Canada, New Zealand and Australia, the UK register provides specialty information through the GP Register and Specialist Register. However, although this shows the specialty in which a doctor originally trained, it is not necessarily an accurate reflection of a doctor's subsequent career or current scope of practice. For example, it is likely that around 14% of doctors on the Specialist Register are no longer working in their registered specialty.*

As such the register is at best a limited, and at worst a misleading, account of a doctor's current practice. Clearly if it records each doctor's actual scope of practice alongside their registered specialty it is much more likely to be useful and relevant to anyone using it.

* Report of the Specialist Register Review, GMC Council paper 2007.

BOX 3 – CASE STUDY
An incomplete picture

If you look up the register entry for the GMC's Responsible Officer and Senior Medical Adviser – and currently acting Director of our Education and Standards directorate – Dr Judith Hulf, it tells you:

- where and when she qualified
- the body that awarded her qualification – the University of London.

It also tells you that she has additional qualifications from the Royal College of Physicians of London and the Royal College of Surgeons of England – the old conjoint examination. The register also tells you that she is on the Specialist Register as an anaesthetist, that she continues to hold a licence to practise and is revalidated by NHS England (Regional Team – London).

But there is nothing about Dr Hulf's current work or her experience in the intervening years. Much of the information is at least 20 years out of date. It does not tell you if she is currently working as an anaesthetist or where she is employed. It makes no mention of her training, qualifications and experience after medical school up to and beyond her specialist registration.

You would not know from the online register that she developed her practice as a general and cardiothoracic anaesthetist and held a consultant post at the Middlesex Hospital (later University College London Hospitals NHS Trust) for 32 years. It does not record that she was President of the Royal College of Anaesthetists or that she now works for us.

Establishing some principles for developing the register

We have a legal duty to include certain information in the published register. This includes a doctor's name, registered qualifications, whether or not they hold a licence to practise, and the details of any GP or Specialist Register entry they may hold.

The law also allows us to publish 'such other particulars' as we may direct. In thinking about extending the range of information that should be available on the medical register, we need to consider the principles and practicalities involved.

The starting point should be the principles. We believe that information published on the online register:

- must be consistent with our statutory objectives: to protect, promote and maintain the health, safety and wellbeing of the public; to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards of conduct for members of that profession
- must be consistent with the purpose of the register
- must provide a meaningful account of a doctor's actual scope of practice
- must be capable of verification and validation
- must be practical and cost effective to collect and maintain
- must be factual and not permit subjective claims, such as the superiority of the doctor's practice
- must not jeopardise the reasonable expectations of doctors about their privacy and safety
- must have regard to equality and diversity considerations.

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

Yes ☒ x **No** ☐ **Not sure** ☐

Further comments

We agree the register needs updating to serve the purposes of both doctors and patients.

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

Introducing a tiered register

We believe the most effective way to develop the register consistent with the principles above is by creating separate tiers of information.

What would Tier 1 include?

Tier 1 would contain the regulatory information that we require by law, including all the information that currently appears on the register. To protect the accuracy and integrity of the register, it would include only information that we had validated. For example:

- name
- qualifications
- gender
- specialist, sub-specialist or GP registration details
- licence status
- fitness to practise history.

What would Tier 2 include?

Tier 2 would contain only information that a doctor has voluntarily offered for inclusion on the register. It would also be consistent with the principles described above and limited to specified categories of information.

For example, it could include:

- recognised credentials
- completion of a national medical licensing examination
- higher qualifications
- scope of practice
- declaration of competing professional interests
- languages spoken
- practice location
- registrant photo
- a link to the website of the place where they work

- a link to recognised feedback websites.

The register would make clear that doctors had voluntarily provided Tier 2 information. It may be subject to periodic audit to check its accuracy, but would not be routinely verified at the point of inclusion in Tier 2 of the register.

We would expect doctors who provide information to have regard to their professional duties under paragraphs 65–80 of Good medical practice to act with honesty and integrity. It would also be their responsibility to keep the information up to date.

What are the benefits of a tiered register?

Tier 2 data will enable the register to provide a much richer description of a doctor's professional life than is currently possible. As the additional information would be provided voluntarily, there would be no obligation on those who do not wish to provide this sort of information.

What are the disadvantages of a tiered register?

The disadvantage of this model is that, initially at least, not all doctors will wish to provide Tier 2 information for their register entry. There would therefore be some inconsistency in the information available for those using the register.

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

Yes ☒ **No** ☐ **Not sure** ☐

Further comments

A tiered approach with both mandatory and voluntary information is sensible.

Balancing openness and the privacy of individual doctors

For many doctors there is already a lot of information about them in the public domain. At the same time, privacy and safety can be significant and legitimate concerns for doctors. It is therefore important to recognise doctors' right to a private life and to have their data protected, while at the same time recognising the privileges of practising medicine and the resultant need for a register that is open and informative about their practice.

Individual doctors must not be unfairly disadvantaged or unfairly discriminated against because of the information about them on the register and of course their safety must not be compromised. For example, we are aware that providing certain types of information about doctors working in sensitive areas may pose a risk. Making such information Tier 2 voluntary data should address this risk.

There is also the risk that information on the register may be subject to misuse and misinterpretation. For example it is possible that those who access the register may hold doctors who voluntarily provide additional information about their practice in higher regard than those who, for justifiable reasons, do not provide additional information. In the end, just as it is for doctors to decide how much, or how little, information they want to provide, it must be for patients and others consulting the register to make choices based on the information available to them.

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?

Yes ☒ x **No** ☐ **Not sure** ☐

Further comments

We agree the current mandatory details are sufficient with the exception of a declaration of competing interests which, if to be included, should not be voluntary.

The provision of photos should be voluntary.

The provision of linked web sites for feedback would likely have to be NHS or similar.

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?

Yes ☐ **No** ☐ **Not sure** ☐ **X**

Further comments

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

Yes ☐ **No** ☐ **X** **Not sure** ☐

Further comments

Categories of information to include on the register

Our research shows that users were keen to see the register offer a greater range of information, but there were different views about what this should be.

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	☐X	☐	☐X
Languages spoken	☐X	☐	☐X
Conflicts of interest/competing professional interests	☐X	☐X	☐
Scope of practice	☐X	☐	☐X
Practice location	☐X	☐	☐X
Credentials	☐X	☐X	☐
Links to data held and verified by other recognised bodies, such as medical royal colleges	☐X	☐	☐X
Registrant's photo	☐X	☐	☐X
A link to the website of the place a doctor works	☐X	☐	☐X
A link to recognised feedback websites	☐X	☐	☐X

We anticipate that the information on the different tiers would develop according to changing needs. The examples shown above may therefore provide a starting point, but should not be viewed as fixed or exhaustive.

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

Scope of practice needs to be better defined – is this practical procedures or a broader definition?

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

Languages spoken would have to be quantified and fluency defined. There are clear benchmarks for English but a doctor may also know enough of another language to speak to a patient pending an interpreter.

Upheld complaints.

Other forms of recognized positive data (e.g. Patient Perspective data, 360 degree feedback).

Collecting and validating additional information

We already hold information about doctors' practice gathered, for example, from registration applications, the national training survey, revalidation and fitness to practise processes.

The principles for expanding the register make clear that the collection of additional information must be practical and cost-effective and not impose disproportionate burden.

We are considering two further ways of collecting and maintaining registration information:

- An annual return of information that doctors would give us
- The ability for doctors to update their registration information online.

It would be for doctors to maintain their registration record. But since the additional information to be collected and maintained would be Tier 2 voluntary information and provided online, the burden for doctors should be minimised.

We would audit a sample of doctors' entries to check that the information provided was accurate and up to date.

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?

Yes ☒ **x** **No** ☐ **Not sure** ☐

Further comments

This should be light touch and simple, and in no way punitive unless there were major failings in probity.

There could be different levels of available information for doctors in training.

Some information will need to be independently validated by the awarding body (University/College etc) and it should be explicitly stated whether this has been undertaken. It should be possible for this to be done automatically with UK based Universities and Colleges, though we accept that doctors who have qualified or hold membership of professional bodies outside the UK may have to provide verification themselves.

Improving the experience of those who use the register

We want to make changes to the look, feel and usability of the register.

In particular, the public now expects information, which in the past was limited to experts, to be available to them. And they expect that data to be provided in an easily-accessible and understandable format.

Our ambition is to provide an easy, joined up, personalised experience for everyone using the medical register – that means the information should be set out in plain English, is easy to find, use and understand. We also want to make sure it is straight-forward and cost-effective to create, publish and manage.

What could the medical register look like in future?

Research showed that users would like information on the register to be more easily searchable, patients and the public wanted to be able to search for doctors in their local area, or find doctors who are practising in a particular speciality.

Below is an example of what the register could look like in the future.

General Medical Council

Search...

Home | Education and training | Find a doctor | Registration and licensing | Good medical practice

Find a doctor

Advanced search

REFINE SEARCH

Search result:

SECTOR

- NHS[5]
- NHS and Private [7]
- Pnvate [2]

SPECIALTIES

- Anaesthetics (1]
- Chemical Pathology [1]
- Clinical Genetics (2]
- Dermatology (21
- General Internal Medtcine (1
- Neurology (11
- Old Age Psychiatry (21
- Ophthalmology [21
- Plastic Surgery [1

GENDER

Female [61 Male [81

GMC Reference Number: 4164728

LINDEN EVERILL-ADAMS

Not Registered Having relinquished registration

Practice address:15-19 Belmont Rd, Bushey, WD23, UK

Secondary address:16 Reginald Rd. Maidstone, ME16 BHA, UK

Male Specialist Register entry date: 20 Jan 1997

GMC Reference Number:4894265

WILFRED ADAMS

Registered with a licence to practise; this doctor Is on the GP and Specialist reg1sters

Practice address: 1 Wandon Rd, london, SW6. UK

Male Specialist Regi ster entry date: 22 Feb 1996

GMC Reference Number:7895265

OTTOLINE ADAMSEN

Suspended

Practice address: 16 Reginald Rd, Maidstone, ME16 8HA. UK

Secondary address:14 Harrow Rd, leighton Buzzard, IU7 4UQ, UK

Female GP Register entry date: 26 Jun 2008

General Medical Council

Search ..

Home | Education and training | Find a doctor | Registration and licensing | Good medical practice

WILFRED ADAMS

GMC Reference Number: **4894265**

PROFILE | CONTACT DETAILS | ACADEMIC PROFILE | EMPLOYMENT HISTORY | PROFESSIONAL PROFILE | RESEARCH

STATUS

Registered with a licence to practise; this doctor is on the GP and Specialist registers

SPECIALITY

Anaesthetics

SUB SPECIALISING IN

Pediatric Anaesthetics

SECTOR

NHS and Private

LANGUAGES

French

SIGN LANGUAGE

SPECIALIST REGISTER ENTRY DATE

19 November 1999

GP REGISTER ENTRY DATE

01 February 1998

FULL REGISTRATION DATE

22 February 1996

REVALIDATION INFORMATION

29 January 2011

This doctor is subject to revalidation

SCOPE OF PRACTICE

Anaesthetics

TRAINING INFORMATION

This doctor is a trainer approved by the GMC

WEBSITE

www.uhs.nhs.uk/ContactUs/DirectoryofconsultantsConsultants-by-service/AdamsMrWilfred.aspx

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?

Searchable tabs could be based on locality, speciality and subspeciality.

The GMC needs to be very clear that this is being undertaken with both written and electronic communication sent to members, so that they have fair warning/opportunity to update their details (if they so wish).

About you

Finally, we'd appreciate it if you would please give some information about yourself to help us analyse the consultation responses.

Name

Job title (if responding as an organisation)

Organisation (if responding as an organisation)

Address

Email

Contact telephone (optional)

Would you like to be contacted about our future consultations?

☐ ☐

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:

☐ ☐ ☐

☐ ☐

Data protection

☐

Responding as an individual

Are you are responding as an individual?

☐ Yes ☐ No

If yes, please complete the following questions. **If not, please complete the 'responding as an organisation' section on page 49.**

Which of the following categories best describes you?

☐ Doctor ☐ Medical educator (teaching, delivering or administering)

☐ Medical student ☐ Member of the public

☐ Other healthcare professional

☐ Other (please give details) _____

Doctors

For the purposes of analysis, it would be helpful for us to know a bit more about the doctors who respond to the consultation. If you are responding as an individual doctor, would you please tick the box below that most closely reflects your role?

☐ General practitioner ☐ Consultant

☐ Other hospital doctor ☐ Trainee doctor

☐ Medical director ☐ Other medical manager

☐ Staff and associate grade (SAS) doctor

☐ Sessional or locum doctor ☐ Medical student

☐ Other (please give details) _____

If you are a doctor, do you work ☐ full time? ☐ part time?

What is your country of residence?

☐ England ☐ Northern Ireland ☐ Scotland ☐ Wales

☐ Other – European Economic Area

☐ Other – rest of the world (please say where) _____

Would you be happy for your comments in this consultation to be identified and attributed to you in the reporting?

- ☐ Happy for my comments to be attributed to me
- ☐ Please keep my responses anonymous

To help ensure that our consultations reflect the views of the diverse UK population, we aim to monitor the types of responses we receive to each consultation and over a series of consultations. Although we will use this information in the analysis of the consultation response, it will not be linked to your response in the reporting process.

What is your age?

☐ Under 25 ☐ 25–34 ☐ 35–44 ☐ 45–54 ☐ 55–64 ☐ 65 or over

Are you:

☐ Female ☐ Male

Would you describe yourself as having a disability?

☐ Yes ☐ No ☐ Prefer not to say

The *Equality Act 2010* defines a person as disabled if they have a physical or mental impairment, which has a substantial and long-term (ie has lasted or is expected to last at least 12 months) and adverse effect on the person's ability to carry out normal day-to-day activities.

What is your ethnic group? (Please tick one)

White

- ☐ English, Welsh, Scottish, Northern Irish or British
- ☐ Irish ☐ Gypsy or Irish traveller
- ☐ Any other white background, please specify _____

Mixed or multiple ethnic groups

- ☐ White and black Caribbean ☐ White and black African ☐ White and Asian
- ☐ Any other mixed or multiple ethnic background, please specify _____

Asian or Asian British

- ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese
- ☐ Any other Asian background, please specify _____

Black, African, Caribbean or black British

- ☐ Caribbean ☐ African
- ☐ Any other black, African or Caribbean background, please specify _____

Other ethnic group

- ☐ Arab
- ☐ Any other ethnic group, please specify _____

Responding as an organisation

Are you responding on behalf of an organisation?

☐ Yes ☐ No

If yes, please complete the following questions. **If not, please complete the 'responding as an individual' section on page 46.**

Which of the following categories best describes your organisation?

☐ Body representing doctors
☐ Body representing patients or public
☐ Government department
☐ Independent healthcare provider
☐ Medical school (undergraduate)
☐ Postgraduate medical institution
☐ NHS/HSC organisation
☐ Regulatory body
☐ Other (please give details) _____

In which country is your organisation based?

☐ UK wide ☐ England ☐ Scotland
☐ Northern Ireland ☐ Wales ☐ Other (European Economic Area)
☐ Other (rest of the world)

Would you be happy for your comments in this consultation to be identified and attributed to your organisation in the reporting?

☐ Happy for comments to be attributed to my organisation
☐ Please keep my responses anonymous

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