
4bi

To consider

Revalidation and the Development of the List of Registered Medical Practitioners

Issue

1. How to enhance the information on, and hence the value of, the List of Registered Medical Practitioners.

Recommendations

2.
 - a. To reaffirm that the LRMP should carry a wider range of information if that is of benefit to our key interests, particularly patients and the public, and the NHS and other healthcare providers (paragraphs 18 - 23).
 - b. To invite the Registration Reference Group to recommend how best to enhance the value of the LRMP, given the introduction of revalidation and the merger of PMETB with the GMC (paragraphs 24 - 28).

Further information

3. If you require further information about this paper, please contact us by email: gmc@gmc-uk.org or tel. 0161 923 6602

Background

4. The 1858 rationale for the regulation of doctors, including the publication of a register, was to enable patients and the public to distinguish the qualified from the unqualified. This remains a core function today.
5. We maintain three registers:
 - a. The register of medical practitioners (the medical register): A doctor must be on the medical register to practise medicine in the UK. There are around 240,000 doctors on the medical register.
 - b. The specialist register, introduced in 1996. A doctor must be on this register in order to take up appointment as a consultant in the NHS. There are around 60,000 doctors on the specialist register.
 - c. The general practitioner register, introduced in 2006. A doctor must be on the GP register to work as a GP in the NHS. There are around 60,000 doctors on the GP register.
6. When we talk of 'registered', we normally mean 'on the medical register'. A doctor must be registered to be on the specialist register or the GP register.
7. The three registers exist as separate legal concepts but they are held by us as an integrated registration database within which each doctor has a single record. The registers as such are not published.
8. Under the Medical Act 1983, we are required to publish a list – the List of Registered Medical Practitioners – of those who are registered, information about their registered qualifications and details of any fitness to practise sanctions.
9. The LRMP is not published in paper form, it is published electronically on our website (www.gmc-uk.org). Anyone wishing to check a doctor's registration consults the LRMP, not three separate registers. We provide a daily download of the LRMP to ten organisations.
10. Not all of the information contained in our registration database is publicly accessible. There are three tiers of information:
 - a. Information that is publicly accessible through our website, such as registration status.
 - b. Information provided on a restricted basis, such as information given to employers about a current fitness to practise investigation.
 - c. Information confidential to the doctor and the GMC, such as annual retention fee payment details.
11. The public information currently accessible through the LRMP is quite limited (see the extract at Annex A).

12. We have a power under the 1983 Act to include 'such other particulars (if any)' as we see fit.
13. In December 2005, Council decided that the registers should carry a wider range of information if that is of benefit for patients, the public and the NHS and other healthcare providers.
14. This was reinforced by the conclusions of the Government's 2007 White Paper, *Trust, Assurance and Safety - the Regulation of Health Professionals in the 21st Century*, which included that the Department of Health would discuss with the GMC and other stakeholders 'how the register will be further developed to become the single authoritative source of information on doctors' (paragraph 6.10).
15. Department of Health working groups charged with taking forward the White Paper are expected shortly to bring forward a range of proposals intended to enhance the utility of the registers.
16. In April 2007, Council received the report of a review of the fitness for purpose of the specialist register (*Accessible, Transparent, Informative: Proposals for Registering Information about Specialist Medical Practice*). This contained recommendations for enhancing the specialist information contained in the registers. Council deferred action pending the development of recertification. This is discussed in item 4bii on the agenda for 27 January 2009.
17. In January 2008, the report of the inquiry led by Sir John Tooke into Modernising Medical Careers was published. Recommendation 13 said that the Department of Health (England):

'should work with the GMC to create robust databases that hold information on the registered/certificated status of all doctors practising in the UK. This will provide an inventory of the contemporary skill base and number of trained specialists/ subspecialists in the workforce as well as those in training for such positions to inform workforce planning.'

Discussion

18. Our registration database is a unique national resource. No other organisation has details of all those who are registered doctors or have been registered doctors.
19. The LRMP enables us to provide a valuable public service. In 2008, our Contact Centre received over 240,000 calls. Of these over 20% were checks about registration or calls from doctors updating their registration details. Over the same period the LRMP was accessed over 3.5m times on our website and our automated faxback service provided over 275,000 reports on registration status.
20. The introduction of revalidation, and the merger of PMETB with the GMC, will create opportunities to enhance the information publicly available on the LRMP.

21. Revalidation will be a single set of processes leading to two possible outcomes - relicensing and, for doctors on the specialist register or GP register, recertification. Revalidation will bring a new meaning to 'qualified'. Until now, qualified meant 'possessing an appropriate qualification'. With revalidation, qualified will, in effect also mean 'up to date and fit to practise'.

22. Licences to practise will be introduced in Autumn 2009. At that point, the LRMP will be modified to show for each registered doctor whether they hold a licence to practise. No other decisions have yet been taken on the range of additional information that, with revalidation, should be included in the LRMP.

23. Decisions about the additional information that should be included will need to take into account a range of factors including costs, demand, practicability, and data protection and confidentiality constraints. Additional information should serve our statutory purpose – to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practise of medicine.

Recommendation: To reaffirm that the LRMP should carry a wider range of information if that is of benefit to our key interests, particularly patients and the public, and the NHS and other healthcare providers.

24. We routinely take steps to try to understand better how to improve our service. We are working, for example, with the North West Forum of Medical Staffing Officers on how they use the LRMP. However, the introduction of revalidation and the merger of PMETB with the GMC provide an opportunity to undertake a more fundamental review.

25. In 2008, we conducted an ethnicity census of registered doctors. As part of that, we sought some limited scope of practice data, specifically whether doctors were in clinical practice in the UK within the NHS (wholly or partly); in clinical practice in the UK and wholly in private practice; in clinical practice outside the UK; or not in clinical practice.

26. Over the next few months, we will be collecting further scope of practice data to support the introduction of licences to practise. And additional information will be generated once revalidation is introduced. This paves the way to enhancing the value of the LRMP.

27. We need a coherent and comprehensive view on how best to enhance the LRMP, developed through engagement with our key interests, particularly patients and the public, and the NHS and other healthcare providers.

28. In addition, the recommendation of the Tooke report about the need for a database that records the number of trained specialists and sub-specialists, as well as those in training points, is something to be taken forward as we exploit the benefits of the merger of PMETB with the GMC.

Recommendation: To invite the Registration Reference Group to recommend how best to enhance the value of the LRMP, given the introduction of revalidation and the merger of PMETB with the GMC.

Resource implications

29. There will be little or no additional costs for the Registration Reference Group. There may be costs incurred in seeking to understand better the needs of our key interests. They have not yet been quantified. We will work with PMETB to understand the needs of the NHS and other healthcare providers in relation to doctors in training.

Equality implications

30. None at this stage. Any proposals will be subject to an equality impact assessment if required.