

<b>Agenda item:</b>	<b>5</b>
<b>Report title:</b>	<b>Developing the online register</b>
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<b>Action:</b>	<b>To consider</b>

## Executive Summary

We believe that there is a public interest in developing our existing online register because:

- There is an expectation that the information we hold should be shared.
- It needs to be updated to keep up with our new functions.
- Research suggests there is a consensus amongst our key interest groups that we should include some new information on the register.

However there are some significant issues to take into account such as:

- How the information is to be collected and to what extent it can or should be validated.
- The balance between doctors' concern for privacy and the drive for greater transparency and openness.
- Current legislative constraints including the ability of the GMC to collect new information from doctors to include on the register.

## Recommendations

- a** To consider the issues raised in the paper and suggest areas for further work.
- b** To agree we should look to make a number of uncontroversial additions to the register and explore other options that would require legislative change.

## Issue

- 1 We believe that there is a public interest in developing the List of Registered Medical Practitioners (LRMP) to make it more open, relevant and useful for those with a key interest in our work. We committed to this work in our current Corporate Strategy.

## Background

- 2 The existing online register carries a limited range of information about doctors. The GMC has previously adding more information, for example Council considered a paper on the *Increased Availability of Information about Doctors* in April 2007 (item 5a). Other programmes of work have meant that until now this has not been a priority.

## Why change?

- 3 The social, technological and political environment in which GMC operates has changed significantly since we last considered this issue. There is a greater expectation that information held by organisations will be publicly available. The role of information in helping patients make choices about their care has been a feature of recent debates about NHS reform.
- 4 There are now established sources of information about doctors' practice such as the website 'IwantGreatCare' which provide public reviews of doctors. There is a growing view that openness and transparency are not only inevitable but also lead to better health outcomes. There is also a feeling among many commentators that the current register is outdated and restrictive and should include information to reassure and inform on matters such as details of potential conflicts of interest.
- 5 There is a strong internal case for change as the current online register has failed to keep up with the extension of the GMC's functions. For example, it does not include details of revalidation dates or indicate which doctors are in training posts.

## Recent work and issues

- 6 We recently commissioned an independent research agency to explore how the register is being used and how it needs to evolve to meet the needs of doctors, patients, employers and educators. An executive summary of the research report is at [Annex A](#), and includes a breakdown of [responses](#) by different interest groups.
- 7 The research explores who uses the online register, what we can learn from others and the views of the GMC's key interest groups as to what they might want to see on an expanded register. This is based on qualitative work to explore the range of views rather than to be representative in a quantitative sense. Nevertheless a number of themes emerge:

- a** Change is necessary and welcome both to content and functionality.
  - b** Compared with some other jurisdictions, LRMP offers limited information.
  - c** There is universal agreement that LRMP needs to carry more information with a consensus about what some of that extra information might be.
  - d** Patients want more, GPs appear less enthusiastic and others have mixed views.
- 8** There was significant consensus that the register should include more information on the revalidation status of doctors; location of work; scope of practice; and employment history. But beyond that there is disagreement as to what extra information should be included. It would be wrong to reach any definitive conclusions about current opinion based on this limited piece of qualitative work. It suggests a range of views rather than definitively setting out how much support or opposition there may be for particular changes.
- 9** The GMC's recent Conference explored these areas. Across two workshops there was qualified support for adding some information with concerns about the complexity, costs and clarity about the benefits of including any particular type of information.
- 10** There are a number of issues to consider such as:
  - a** How the information is to be collected, where from and whether all of it needs to be validated; whether doctors should have any choice about what information is included and is it acceptable to provide links to third party sources of data?
  - b** Balance between the concerns of some doctors about privacy and the trend towards greater transparency and information.
  - c** Current legislative constraints and the extent to which the GMC should seek powers to collect new information from doctors to include on the register.

### Next steps

- 11** We plan to identify a number of uncontroversial categories of information to include on the register before the end of this year. This is likely to include information on which doctors are in postgraduate training, updated annually. At this stage we do not think there are significant equality and diversity issues but we will undertake further work to explore the impact of any change.
- 12** We will prepare a more extensive document for discussion by key interests and for consideration by Council on a proposed way forward including options for further development of the register.

# Reviewing the LRMP: Options for Development



Report prepared for the GMC by Trajectory, March 2015

## Executive Summary

### Introduction – about the research

This report contains the findings of a research study which explored how the online List of Registered Medical Practitioners (LRMP) is currently being used and how it can be developed to become more responsive to stakeholders needs in the future. In particular, the research was designed to: understand who currently uses the LRMP; the function and use of online registers in other jurisdictions; how regulatory information is presented in other jurisdictions including identifying examples of good practice; and explore how far the LRMP currently meets the needs of its stakeholders.

Trajectory was commissioned by the GMC to carry out the research which included two rapid evidence reviews, primary quantitative and qualitative research that directly consulted educators and employers in the health sector, doctors, patients and the public and a range of GMC employees.

### Online registers in other jurisdictions and sectors

Compared to some other jurisdictions, the LRMP offers limited information. A number of other medical registers reviewed included information not provided by the LRMP, such as location of practice, contact information, languages spoken, and greater detail on the specialisms of doctors.

A survey of international regulators (the majority of which were medical) found that the LRMP does not provide two categories of information provided by the majority of others – current workplace and current scope of practice/area of specialism. This survey also found that there are a number of information categories that the majority of regulators do not think appropriate for their registers, including patient reviews, performance data and nationality of the doctor. There were mixed views on other categories, such as former names, additional training or qualifications and working procedures.

The majority of registers are not seen as patient-oriented currently, but there are indications that this may change in the future. While for many regulators,

the current role of their registers is as a reference tool, more than 50% see it as a tool to help individuals find a suitable professional – with the majority of future ambitions focussing on making this a more prominent aim.

### **Current use of the LRMP and other health sites**

A survey on the LRMP website itself revealed that the majority (68%) of current users are professional stakeholders, with only a minority (12%) patients or carers. Professional users are very likely to be regular users of the site, professionally knowledgeable about the information it contains, and generally satisfied with it. Overall, the information most commonly sought is the doctor's status on the register, followed by their reference number.

Patients, however, are much less likely to use the LRMP regularly and, when explored during the primary qualitative research, generally find the site difficult to use and interpret. Specific criticisms include: difficulty identifying doctors, dissatisfaction with the search function and difficulty interpreting some of the information. While patients and the public are increasingly comfortable using the internet to search for health information, very few had used it to search for information about doctors or services (most common uses involved searching for symptoms or conditions).

### **Developing the LRMP**

Overall, the LRMP in its current form meets many of the needs of the majority of its professional stakeholders, and its current primary users. However, it falls far short in meeting the needs of the public. In addition, within the GMC there is a feeling that the LRMP has not kept pace with the expansion of the regulator's functions (for example, postgraduate education and revalidation).

Although many professional users are currently broadly satisfied with the LRMP, many are keen to see it change and offer a greater range of information. Those expressing this view are drawn from a range of professional groups (doctors, educators, employers) and the public, who do not find the LRMP useful in its current form. However, there are some stakeholders (a minority) who would not like the LRMP to develop. For many of those reluctant to see change (most frequently voiced by some primary care doctors and some employers) this is the result of a narrow view of regulation, and their seeing the function of the LRMP as being primarily to provide information on who has met the requirements to practise.

Overall, there is a clear appetite to change and add information, and, while almost no change will be met without some disapproval, there was some consensus for certain additional information categories – notably the doctor's scope of practice, sub-specialisms, their revalidation dates and information

on the location of work at a regional level. Additionally, there were some information categories which were met with almost universal disapproval – notably outcome data and public reviews.

Over the course of the research comments regarding the design and functionality of the LRMP were also raised, with a particular emphasis on expanding and improving the search function (such as providing a 'suggested search' option, improving navigation (through better signposting and a 'back' button) and mobile customisation.

Throughout the research, stakeholders of all types emphasised the need for new data on the LRMP to be objective and factual, and that any information category added should be available for all doctors. The stakeholders generally opposed the notion that doctors could themselves add information about their practice or personal circumstances to the register, without it being verified by the GMC (although some suggested that this would help drive up standards in the profession, as doctors would not lie or exaggerate to the regulator). In other jurisdictions, many data are supplied by the individual.

The public also expressed an appetite for one site to provide them with all the health information they may need, including symptoms, health centres and information on doctors and health professionals. Currently, this information is fragmented, creating an opportunity for one service or website to provide them all.

### **Conclusions and implications**

The function of regulators is changing, and accordingly, the content and scope of the registers they maintain is changing. Across the stakeholder environment, there is a clear appetite for change and development from the majority (with some significant opposition). The options for the nature of this development are very broad – from introducing tiers of access (i.e. having some information accessible only to professional stakeholders) to developing a different type of online service aimed more directly at patients.

## Reviewing the LRMP: Options for Development

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## Views on additional information categories

	Primary Care Doctors	Secondary Care Doctors	Employers	Educators	Patients/Public
Scope of practice	✓	✓	✓	✓	✓
Revalidation dates	✓	✓	✓	✓	✓
Sub speciality	✓	✓	✓	✓	✓
Location of work (region)	✓	✓	✓	✓	✓
Languages spoken	Mixed	Mixed		✓	✓
Membership of professional bodies		✓		✓	
Conflicts of interests			✓		
Qualifications	Mixed	✓	✓	✓	✓
Age/date of birth	X	✓	✓	Mixed	✓
Former/other names	Mixed		✓	✓	✓
Employment history	X	✓	✓	✓	
Nationality/birth nation	X			✓	
Working practices	X	✓	X		✓
Qualification country		Mixed	✓	✓	
Photos	Mixed	✓	✓	✓	Mixed
Public reviews	X	X	X	X	X
Official' ratings	X	Mixed	X	X	Mixed
Outcome data	X	X	X	X	Mixed
Place of work	X	✓	Mixed	Mixed	✓
Contact details	X	Mixed	Mixed	Mixed	✓