

Registration and revalidation publication and disclosure policy

Introduction

The purpose and scope of the policy

- 1** This document sets out our general policy on the publication and disclosure of registration and revalidation information relating to registrants.* We publish and disclose this information to help meet our overarching objective of protecting the public. In meeting this objective, we act to:
 - protect, promote and maintain the health, safety and well-being of the public
 - promote and maintain public confidence in the medical profession
 - promote and maintain proper professional standards and conduct for members of the profession.

- 2** Our functions and powers are set out in statute and privy council rules, principally the Medical Act 1983. The Act is supplemented by rules which set out registration and revalidation functions in more detail, including
 - The information required to be held on the medical register
 - Requirements for entry to the register
 - Requirements for meeting revalidation standards to hold a licence to practise
 - The process of registration and licence appeals and the publication of decisions
 - Requirements for removal of the licence or from the register
 - Circumstances where registrants can be restored to the register or with a licence

* It does not apply to fitness to practise information, which is covered by a [separate policy](#) which explains what is published and for how long.

- 3** We also work within a wider legal framework which sets out how we can use the information we hold, which includes
- The General Data Protection Regulation
 - Data Protection Act 2018
 - Human Rights Act 1998
- 4** At the time of writing, this policy only relates to doctors. However, by the end of 2022 the GMC will have statutory responsibility for the regulation of Physician Associates and Anaesthesia Associates, collectively referred to as MAPs (Medical Associate Professions). To prepare for this change the policy refers in many places to registrants to cover the three groups of medical professions that we will regulate. When the legislation governing MAPs come into statutory regulation this policy will be updated to reflect relevant amendments and to identify where there are differences in the approach we take to publishing and disclosing information about doctors compared to MAPs.

Publication and Disclosure principles

- 5** These principles apply when we are considering whether to disclose registration and revalidation information about a registrant. They apply in situations where we have received a request, and when we are considering proactively making a disclosure.

Principle 1 - The disclosure will have a clear purpose

- 6** Any disclosure of a registrant's information will be for a clear purpose. This purpose will support our activities, those of the recipient, or the registrant. The disclosure will have a basis in law – usually this will be the Medical Act 1983 or other legislation covering our activities.
- 7** Our overarching objective of protecting the public is supported by being transparent in our decision making. Patient safety is therefore generally a factor in favour of disclosure, which we will take into account when making decisions.
- 8** In some circumstances a disclosure may not be directly in pursuit of our statutory functions but will support the purposes of the recipient. Potential recipients include other health sector organisations, safeguarding bodies, regulators or the police. Before making these disclosures we will ensure the recipient has clearly explained its basis for needing the information.

Principle 2 - The disclosure will be proportionate

- 9** We will only disclose information which we are satisfied is reasonably necessary for the purpose.

- 10** We will refuse disclosure, or redact information from documents if disclosing it would not be compatible with these principles. We will pay particular attention to sensitive information which would identify any individual that is not the registrant, and disclosures which could have a significantly detrimental impact on the registrant (for example, by disclosing a health condition, or revealing the location of a registrant who is at risk of harm). We will take account of additional risks when disclosing to different types of recipient and in circumstances where the information might be shared more widely. Our Information Policy Team will advise on redaction and any final decision will be made by an appropriate decision maker (see Principle 5).

Principle 3 - The disclosure will take account of the registrant's interests

- 11** We will consider the potential impact on the registrant of any disclosure. In many cases the disclosure will be at the registrant's request or clearly for their benefit (for example, information needed to progress their training or support an employment application).
- 12** Normally we will contact a registrant before making a disclosure so they are aware, especially if the disclosure is in response to a specific request about that individual.
- 13** In some circumstances, we may disclose without informing the registrant if it is in the public interest to do so – for example a disclosure to the police or a regulatory body in connection with an investigation. We will take into account the purpose and likely impact of the disclosure, the sensitivity of the information and any urgent circumstances.

Principle 4 - Disclosure will be secure

- 14** We will take appropriate steps to verify the identity of the requester by using our identification protocols.
- 15** Information will be disclosed using an appropriately secure method depending on the nature of the information. We currently use the following systems to disclose different types of information:
- GMC Connect – routine and ongoing sharing of large amounts of data, with organisations in the health or medical education sectors. For example, sharing information with Responsible Officers about their connected doctors, or with medical schools about graduating students.
 - GMC Secure File Transfer System – sharing large amounts of information or very sensitive information with individuals or organisations who don't have a GMC Connect account.
 - Email – disclosures of publicly available or non-sensitive information, or situations where a disclosure is urgently needed, or where there are no reasonable

alternatives. We will follow processes to ensure the correct recipient has been identified.

Principle 5 – Our decisions about publication and disclosure will be consistent and transparent

- 16** Decisions will be made by appropriate GMC staff. Decision makers have the skills and training necessary to ensure their decisions are fair and consistent. They will act within the remit of their role and using approved guidance.
- 17** We will make our guidance for decision makers available on request or on our website so that registrants and requesters know how we approach these issues.
- 18** We will take reasonable steps to explain the outcomes of our decisions to registrants and requestors.

Information we publish online

Publishing the Register online

- 19** The Medical Act requires us to publish information about a registered doctor's professional qualification (their Primary medical qualification), whether they have a licence to practise, and their registered specialties. Doctors are identified by their name and their GMC number.
- 20** Registration information about doctors is published on the List of Registered Medical Practitioners (LRMP). This allows anyone to check the registration status of a doctor.
- 21** We will publish information for all registrants as long as they remain registered with us and continue to publish this after their registration has ceased. Publication periods for former registrants are kept under review to ensure they operate in the interests of registrants and the public.
- 22** The Medical Act also allows us to choose to publish other categories of relevant information. Information published under this power currently includes:
 - Gender
 - Provisional and full registration dates
 - Designated body and Responsible officer
 - Speciality training programme and training organisation
 - Whether the doctor is an approved trainer

- Annual retention fee due date
- 23** LRMP information is published online, and users can search for registrants using their name or GMC number. LRMP is also available as a downloadable file for users who have subscribed to this service. The GMC's contact centre will also provide public LRMP data about specific doctors on request.
- 24** By 2022 we will have taken on responsibility for the regulation of Medical Associate Professionals (MAPs) and will also publish information about this cohort of registrants on an online register.

Withholding data from LRMP

- 25** In limited circumstances we will withhold registration data from LRMP. We will continue to hold this information on our systems and may still choose to disclose it on request if there is a basis to do so.
- 26** Requests from registrants for the removal of data from LRMP are considered by our decision makers on a case by case basis in line with the GMC's decision making guidance. When considering these requests, we are required to balance factors including:
- Our legal obligations to publish certain categories of information
 - The public interest in providing full details of a registrant's entry on the medical register
 - The registrant's individual circumstances and the likelihood of any distress or harm being caused by publication
 - The registrant's legal rights under the GDPR, the Human Rights Act, the Equalities Act, and other relevant legislation

Training & Revalidation information

- 27** We will withhold designated body and Responsible Officer information from LRMP if a doctor is linked to organisations which are considered sensitive because of the nature of their work.
- 28** In other exceptional circumstances we can remove information from LRMP if this is requested by a doctor and the decision maker determines removal on the balance of factors outlined above. For example, if disclosing a doctor's location would threaten their safety we may choose to remove their designated body or training information from LRMP. These requests are considered under the GDPR's 'right to object' by Information Policy decision makers.

Gender information

- 29** If a registrant requests that their gender is not published on LRMP we will remove this information.
- 30** We have an established process to accommodate a change in a registrant's gender status. In these circumstances we will create a new GMC number and LRMP profile which is not publicly linked to the registrant's previous entry. Previous gender information will not be disclosed to general enquirers. It will only be disclosed to current and prospective employers or overseas regulators to confirm fitness to practise history, and we will inform the registrant before making the disclosure.

LRMP download

- 31** The LRMP download service allows users to subscribe (for a fee) to a data file containing the published register, and daily update files with changes to the register. The service is administered by the GMC Information Policy team. The LRMP download data includes a registrant's name, GMC number, gender, date of registration and speciality registration, and whether any FTP sanctions are currently active.

Information we may disclose

- 32** This section provides some detail on circumstances where we disclose non-public registration and revalidation data on request to certain bodies. Some disclosures are made proactively so we can carry out our regulatory functions and some are made in response to specific requests.

Education and training bodies

- 33** We will share information necessary to ensure that applicants from UK universities are registered appropriately and support the transition from degree courses to routine practice (including the Foundation Programme).
- 34** We may need to discuss a registration application with a UK university if we or they have concerns about an applicant's fitness to practise. This may include disclosing details of an application including the fitness to practise declaration and any concerns we have. If we refuse an application we will share our reasons with the applicant and their university. We do this to enable the university to provide support to the applicant and address any wider concerns.
- 35** When a medical student is allocated a GMC number we will share this with their medical school to support the Foundation Programme application process.
- 36** We will notify deaneries when a doctor is approved for out of program training (speciality training) or Combined Programme enrolment.

Royal colleges

- 37** We need to verify the information provided in support of some applications and share evidence from them with Royal Colleges to support our decision making.
- 38** Evidence bundles submitted in support of a CESR or CEGPR application for specialist registration will be shared with the relevant Royal College for evaluation. These will also contain confidential although anonymised information concerning patients. We will also share details of doctors' speciality training placements with Royal Colleges to support them in providing an assessment of doctors' progress through the training scheme, and to confirm approval for Combined Programme enrolment.

Referees and sponsors

- 39** We must ensure that applicants are suitable for registration. We will disclose details of an international or specialist application to a referee or sponsor so that we can verify the information provided to us.

Responsible Officers and healthcare providers

- 40** We must provide information to Responsible Officers (ROs) which enables them to carry out their functions, and to provide information which enables providers to safely and efficiently employ or contract with doctors. This will include registration status, annual retention fee due date, contact details and revalidation status. We will also share a registrant's ID photograph with an RO or employer if requested.
- 41** We will proactively supply information in connection with connected doctors' revalidation activity via GMC Connect.
- 42** We will notify a doctor's RO if the doctor applies for voluntary erasure.
- 43** We may also discuss an application with a doctor's Responsible Officer if they have one, for example if we have queries about evidence submitted to show the doctor meets our English language requirements, where we need to discuss outstanding documentation or other aspects of an international application.
- 44** We will notify relevant organisations, such as a registrant's employers or contracting bodies if the results of a revalidation assessment for a doctor is significantly below acceptable standard and we decide this is necessary.
- 45** When a doctor applies for specialist registration we will contact current and previous employers if we need to verify evidence. This will require us to disclose the doctor's application and any relevant supporting evidence.
- 46** Where an RO or healthcare provider asks for details of a registrant in order to carry out their own personnel, identity or misconduct investigations we will supply on request a registrant's contact information.

Health bodies

- 47** We will share registration information on request with other UK healthcare regulatory bodies if they require it for their purposes and the disclosure would be compatible with the principles in this policy. We may also share the reasons for a refused registration application when asked, if the disclosure will enable the recipient to carry out their regulatory functions, is compatible with our duty under the Medical Act to co-operate with other regulators and health sector bodies, and the GMC's decision maker believes the disclosure is in the public interest.
- 48** We will share contact information with other regulators and health sector bodies including government departments if the GMC decision maker decides the recipient reasonably requires it for their own purposes.

Overseas regulators

- 49** On request we will disclose a registrant's registration information to an overseas regulator. This can include public LRMP information and other registration information which is necessary for its purposes, for example if it appears that a registrant is seeking to practise overseas. We will consider the public interest in overseas disclosures, including the public interest in reciprocal data sharing with other medical regulators.
- 50** If an applicant has been refused GMC registration we will share the reasons for this with an overseas regulator when asked, if a decision maker believes it is compatible with the disclosure principles, our statutory obligations, and is in the public interest to do so.
- 51** The disclosure of FTP sanctions information to overseas regulators is covered by the [fitness to practise publication and disclosure policy](#).

Police

- 52** Requests from the police for registration data including contact information can be handled using the contact centre's processes for external requests in the first instance.
- 53** We will share information which relates to potential criminal matters linked to registration (for example, fraudulent applications).
- 54** Requests for any information not covered by this process will be handled by the Information Access team.

Registration Appeals Panel decisions

55 The Registration Appeals Panel Rules require us to disclose a panel's decision on request from any enquirer. We disclose Registration Appeals Panel decisions and reasons on request but we will redact any sensitive personal information which would be excessively intrusive or likely to cause the registrant damage or distress, such as information about the individual's health.

Requests outside this policy

56 Requests which fall outside this policy, for example because they relate to individuals who are not registrants and are not linked to a statutory registration or revalidation function, may be dealt with using alternative legal routes (for example the Freedom of Information Act or exemptions in the Data Protection Act).

57 If a member of the public asks for a registrant's registration information we will disclose anything which is already published on LRMP.

58 Requests for information which is not on LRMP, or historic registration data (for example, a doctor's previous designated bodies), will be considered for disclosure under the Freedom of Information Act by our Information Access team. However, we will not usually disclose this information unless there is an overwhelming public interest justification.