

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.