

5. Modernising registers: a review of UK health and care professional regulators' registers

Chapter summary

- 5.1 The public registers of professional regulators display all practitioners statutorily approved or qualified to practise in UK health and care. Relatedly, there are also registers of practitioners who voluntarily sign up to the register-holder's requirements.³²⁰ As such, registers are valuable tools for employers, the public and other practitioners.³²¹ They are accessible online and constantly updated to provide details of health and care practitioners across the UK. One of the regulators we oversee describes the register as a 'basis for proportionate and progressive regulation and protecting the public'.³²² Registers are an easily accessible and highly visible face of regulatory activities and although not often the subject of policy discussion, have the ability to spark debate when alterations are made. Last year, the General Medical Council's (GMC) consultation on proposed changes to the register had the largest response rate of any consultation the organisation had conducted.³²³ Meanwhile, developments such as the Department of Health's 2011 *Enabling Excellence* report and the *Health and Social Care Act of 2012* enshrined innovative role of the Professional Standards Authority (the Authority) in accrediting non-statutory registers.^{324,325}
- 5.2 We last explored the subject of registers at length in 2009 and 2010 through a mixture of consumer research and our own thinking on the issues. Since then the professional regulators' registers have developed to cater for expanding online audiences. Relatedly, the number of registers we oversee by virtue of our role has increased from nine to over 30 as a result of our new role in setting standards for organisations that hold registers of practitioners in unregulated occupations. More broadly, information-sharing has become a point of focus in UK healthcare; health and care organisations are expected now more than ever to display transparently and accessibly information for a variety of groups across the health and care economy. The likes of NHS Choices, NHS Inform, Health in

³²⁰ Voluntary registers approved by the Professional Standards Authority are known as Accredited Registers.

³²¹ The Professional Standards Authority accredits registers of health and care practitioners working in occupations not regulated by law.

³²² Pharmaceutical Society of Northern Ireland, 2016. *Annual Report and Accounts 2015-16: For the year ended 31 May 2016*, pg. 10. Available at <http://www.psnri.org.uk/wp-content/uploads/2012/10/Pharmaceutical-Society-NI-Annual-Report-Master-2015-16-16-09-16-Final-approved-by-Council.1.pdf> [Accessed 2 November 2017].

³²³ General Medical Council, 2017. *M6 – Developing the UK medical register*, pg. 1. Available at http://www.gmc-uk.org/M06_Developing_the_UK_medical_register.pdf 69417294.pdf [Accessed 2 November 2017].

³²⁴ Department of Health, 2011. *Enabling Excellence Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers*. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216580/dh_124374.pdf [Accessed 2 November 2017].

³²⁵ Health and Social Care Act, 2012. Available at <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted> [Accessed 2 November 2017].

Wales, and Health and Social Care Online Northern Ireland are all examples of new ways in which information is being put into the public domain. As registers are primarily tools for public protection, through being accessible and easily comprehensible information sources, they may need to adapt to these trends.

5.3 This chapter provides an overview and discussion of the different ways and means that a register-holder can run a register. Some of these are in use by the regulators we oversee, such as registering non-practising practitioners, whilst other ways to run a register have not been implemented, for example the tiered register (a mixture of voluntary and mandatory information on a register entry). Our consideration of the merits and disadvantages of these tools has led us to make a number of key recommendations:

- Regulators should continue in the trajectory of keeping a pared down approach to registers. We believe only details necessary for the purposes of public protection should be on the register. If a register user wishes to find information which is unrelated to public protection, they should use other resources (such as a professional's practice's website or a directory).
- When a register-user searches for an individual who has been erased by a regulator, the individual should be immediately viewable. It is important that if a user searches for a practitioner they can clearly see if the practitioner is registered, erased or not registered. Currently, only four of the nine regulators offer this functionality.
- We recommend that the General Chiropractic Council (GCC) and the General Osteopathic Council (GOsC) should not continue to register non-practising registrants. This would require alterations to the relevant regulators' legislation.
- We consider specialist lists and registers should only be used by regulators if a potential harm to the public in the specialist practice is identified and can be mitigated by using such instruments. This applies to annotations too.
- There needs to be more consistency in the length of time sanctions are published on registers. At the moment, there is disparity between regulators in how long sanctions such as suspensions are displayed on the register.

Background and purpose

- 5.5 This chapter will explore the variations in the UK professional health and care regulators' operation of registers. It will also identify elements of best practice and areas which may require review by some or all regulators. Additionally, this chapter will review proposals and ideas for reforming registers, and assess whether they are appropriate for the regulators we oversee. In 2010, we articulated some of our thinking on registers and different proposals to improve them in *Health professional regulators' registers: Maximising their contribution to public protection and patient safety*.³²⁶ The work was informed by research we commissioned into public attitudes towards registers in 2009.³²⁷
- 5.6 For the purposes of this work, we define register as a publicly available list of practitioners held by a regulatory body, which is maintained by the regulator to reflect registrants' ongoing compliance with the regulator's requirements. This chapter considers information published by regulatory bodies on their registers.³²⁸ Although it touches on issues that have the capability of expanding beyond simply being about registers, for example student registration, it will focus on the public-facing register aspects of such issues and not on wider discussion points. In addition, some of the professional regulators we oversee run registers of locations of practice or bodies corporate: General Optical Council (GOC), General Pharmaceutical Council (GPhC), and the Pharmaceutical Society of Northern Ireland (PSNI). This chapter will be exclusively looking at register issues related to professionals and not places or companies.
- 5.7 UK health and social care professional regulators have four main functions: setting standards, maintaining the register, quality assuring higher education courses, and investigating fitness to practise allegations and taking appropriate action. The maintenance of the register is a critical part of their role to protect the public. Registers are used by employers, patients, the general public and other stakeholders for various reasons. Those reasons range from checking a registrant's qualifications to finding out if a registrant is subject to FtP conditions. There is variation in the scale of registers held by regulators, ranging from the PSNI overseeing 2,360 practitioners, to larger ones like the Nursing and Midwifery Council (NMC) which registers 692,550 individuals.³²⁹ ³³⁰ Accredited

³²⁶ Professional Standards Authority, 2010. *Health professional regulators' registers Maximising their contribution to public protection and patient safety*. Available at <http://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/health-professional-regulators-registers-2010.pdf?sfvrsn=8> [Accessed 2 November 2017].

³²⁷ Synovate, 2009. *Review of online health professionals registers*. Professional Standards Authority. Available at <http://www.professionalstandards.org.uk/docs/default-source/publications/research-paper/review-of-online-health-professionals-registers-2009.pdf?sfvrsn=4> [Accessed 2 November 2017].

³²⁸ Regulatory bodies provide further information to employers and other entities, but this report will not examine that content.

³²⁹ Professional Standards Authority, 2017. *Annual review of performance 2015/16: Pharmaceutical Society Northern Ireland*, pg.1. Available at <http://www.professionalstandards.org.uk/docs/default-source/publications/performance-review---psni-2015-16.pdf?sfvrsn=0> [Accessed 2 November 2017].

³³⁰ Professional Standards Authority, 2016. *Annual review of performance 2015/16: Nursing and Midwifery Council*. Available at <http://www.professionalstandards.org.uk/docs/default-source/publications/performance-reviews/nmc-annual-review-of-performance-2015-16.pdf> [Accessed 2 November 2017].

registers cover approximately 80,000 practitioners working in a variety of non-statutory health and care occupations. The statutorily regulated bodies overseen by the Authority will be the major focus of this chapter. However, there is also potential learning for register-holders accredited by us, system regulators, complaints bodies, providers and other stakeholders of the wider health and care economy.

- 5.8 Over the years there have been proposals to change and improve regulators' registers. For example, in *Regulation rethought* we proposed the idea of a single register for all the regulators we oversee, on the basis that a single register would make a simpler route for the public to access information about practitioners and support multi-disciplinary working.³³¹ This is discussed in the following chapter. The GMC and the General Dental Council (GDC) have also put forward ideas to improve their registers. The former regulator recently considered bringing in a 'tiered approach', which would have made some data on the register mandatory, whilst other parts would have been voluntary; the latter has revised address details displayed for practitioners on the dental registers.
- 5.9 For the purposes of writing this chapter, information was gathered from UK health and care professional regulators' websites, comparing and contrasting the register functions and layouts. The chapter's focus and recommendations are orientated towards the nine health and care professional regulators we oversee, but there may be potential learning points for accredited registers too.
- 5.10 We have identified good practice and points of contrast in regulators beyond our remit. For example, although professional regulation of social care is a devolved matter, we have looked not just at the Health and Care Professions Council's register (HCPC) but also the corresponding regulators in Northern Ireland, Scotland and Wales.³³² We have also reviewed and included registers from beyond the UK in other countries including Australia, Finland and USA, and analysed the registers of different industries such as the legal and veterinary professions.
- 5.11 Due to the generic nature of the word 'register', there were challenges in searching for useful secondary literature on the subject. We found little secondary literature focusing on the concept of registers. However, we have assembled evidence from commentary and analysis from trade press, regulatory policy documents, think-tank reports, parliamentary documents and our own previous research.

³³¹ Professional Standards Authority, 2016, *Regulation rethought*, pg. 7. Available at <http://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/regulation-rethought.pdf?sfvrsn=10> [Accessed 2 November 2017].

³³² Northern Ireland Social Care Council, Scottish Social Services Council and Social Care Wales.

Functionality of the registers

The purposes of the register

- 5.12 The primary purpose of the register is to act as a record of practitioners who have met a regulator's standards in a defined scope of practice. An individual can apply to join the register if they have the required qualification and experience, gained either in the UK or abroad.³³³ Once on the register, registrants will have to meet continuing professional development, revalidation or other requirements to remain on the register and renew registration, for as long as they wish to practise.
- 5.13 If a practitioner fails to comply with registration requirements, they may be removed administratively, or may not be allowed to renew registration. If a complaint is raised about a practitioner, and through the fitness to practise process, a practitioner's ability to practise is found to be impaired, they may have to practise with conditions, or be suspended from the register. Another outcome is erasure or being struck off from the register. A registrant may also request voluntary removal. An up-to-date register enables a person searching the register to know if an individual is fit to practise to the minimum standards of the regulator. A further important role of the regulators is to maintain the 'integrity' of the register by identifying and prosecuting individuals practising without registration.³³⁴ Non-statutory registers accredited by us do not have this power to prosecute, and instead check to see if the watermark (provided by us, which can be used by registrants of accredited registers) is being misused by individuals not on their registers.
- 5.14 When reviewing regulatory arrangements, the Law Commissions believed 'a key aim' of registers was 'to reduce the risk posed by unqualified and/or incompetent practitioners to the public'.³³⁵ In our *Standards of Good Regulation* for statutory regulators, we make clear that a register:
- 'Assures the public that professionals are regulated and are required to meet certain standards before they are able to provide care, treatment or services to them
 - Informs the public of any limits imposed on the way a registrant is allowed to practise

³³³ Some regulators also assess good character when an individual applies for registration.

³³⁴ General Osteopathic Council, 2016. *General Osteopathic Council Annual Report and Accounts 2015-16*, pg. 11.

³³⁵ Law Commissions, 2012. *Regulation Of Health Care Professionals Regulation Of Social Care Professionals In England A Joint Consultation Paper*, pg.68. Available at http://www.lawcom.gov.uk/wp-content/uploads/2015/03/cp202_regulation_of_healthcare_professionals_consultation.pdf [Accessed 2 November 2017].

- Helps the public and others to identify and report those who practise illegally'.³³⁶
- 5.15 We also make clear in our standards for non-statutory registers accredited by us that a register holder must focus on 'promoting the health, safety and wellbeing of service users and the public and generating confidence in its register'.³³⁷
- 5.16 By finding out information about who is and is not qualified to undertake a role, a visitor to the register is able to mitigate (but not prevent) the risk of harm. In 2010, we outlined four ways in which a register contributes to public protection:
- 'Assuring the public that professionals are regulated and are required to meet certain standards
 - Helping the public and employers to identify registered professionals from those practising illegally
 - Informing the public of any limits imposed on the way a registered professional is allowed to practise
 - Providing information about special areas of practice that a professional may be qualified to work in'.³³⁸
- 5.17 However, the purposes of registers are not always clear to the public. We noted in our previous research that despite the public being 'reassured by the existence of registers', the public had 'low' awareness of registers and their purposes. There were also some misconceptions, such as that registers held patient records and that registers provided advice about health issues.³³⁹ Greater awareness of the purpose and benefits of registers are important for public protection as it means there is less chance a person may receive treatment from an unregulated individual.

Who uses registers?

- 5.18 Professional regulators' registers are used by patients, health professionals, employers and other groups. In 2014, researchers asked 3,351 visitors to the GMC's register what they identified as. The visitors were split up into the following bands:

³³⁶ Professional Standards Authority, 2016. *The Performance Review Standards: Standards of Good Regulation*. Available at <http://www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-of-good-regulation.pdf?sfvrsn=4> [Accessed 2 November 2017].

³³⁷ Professional Standards Authority, 2016. *Standards for Accredited Registers*, Pg. 12. Available at <http://www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-for-accredited-registers.pdf?sfvrsn=4> [Accessed 2 November 2017].

³³⁸ Professional Standards Authority, 2010. *Health professional regulators' registers Maximising their contribution to public protection and patient safety*, 2010, pg. 3. Available at <http://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/health-professional-regulators-registers-2010.pdf?sfvrsn=8> [Accessed 2 November 2017].

³³⁹ Professional Standards Authority, 2010. *Health professional regulators' registers Maximising their contribution to public protection and patient safety*, pg. 10. Available at <http://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/health-professional-regulators-registers-2010.pdf?sfvrsn=8> [Accessed 2 November 2017].

- Patient looking for information about a doctor(s) – 11%
- A parent/carer looking for information about a doctor(s) – 1%
- A doctor looking for information about a colleague – 18%
- A health service provider looking for information about a doctor – 21%
- A representative of a professional body looking for information about a doctor(s) – 6%
- An employee looking for information about a doctor(s) – 23%
- None of these – 19%.³⁴⁰

5.19 The results show a diversity of visitors and purposes for using the register. It is worth noting though that this data only relates to the GMC and that different regulators may have different proportions of viewing figures for the bands above. For example, professions where registrants operate largely in the private sector (rather than NHS care) could count insurers amongst register viewing figures.

5.20 In addition to professional regulators, another mode of professional assurance are performers lists. Each of the four UK countries has three national lists: Medical (GPs only), Dental and Ophthalmic performers. Each country's publicly available lists are held by their respective NHS counterparts (NHS England, NHS Scotland, NHS Wales and Health and Social Care in Northern Ireland). According to NHS England, lists 'provide an extra layer of reassurance for the public' that primary care performers are 'suitably qualified, have up to date training, have appropriate English language skills and have passed other relevant checks such as with the Disclosure and Barring Service and the NHS Litigation Authority'.³⁴¹ On page 25, we describe how differing and overlapping authorities such as in the case of the national performers list can cause confusion and the need to consider simplifying or at least clarifying the UK regulatory systems.

What do registers look like?

- 5.21 All of the registers are accessible online with options to tailor searching for a practitioner. The options differ from regulator to regulator – later in this chapter, we discuss the merits of search functions used by one or a minority of regulators.
- 5.22 There are three different approaches to holding registers. The simplest method is for a regulator to hold a single register for a given profession. Another way is a single register that is divided into different parts, like that of the HCPC, which has a part devoted to each profession it regulates. The final model involves a regulator holding multiple and separate registers. The GMC does this with its main register, the General Practitioner register and the register of specialist medical practitioners.

³⁴⁰ Trajectory, 2015. *Reviewing the LRMP: Options for Development*, General Medical Council, Pg. 19. Available at http://www.gmc-uk.org/Reviewing_the_LRMP_Options_for_Development_research_report.pdf_60686256.pdf [Accessed 2 November 2017].

³⁴¹ NHS England, National Performers List. Available at <https://www.performer.england.nhs.uk/> [Accessed 2 November 2017].

- 5.23 Of the nine regulators, only the GMC uses a licence and registration model. This means that in order to practise medicine an individual needs to be listed on the register as being both registered and holding a licence. An individual may be listed as being registered but not having a licence to practise – and in this case, they cannot practise as a doctor in the UK.
- 5.24 The register entries of practitioners are intended to contain enough detail to identify and describe a practitioner’s capacity to practise. Regulators have different specifications for public register entries, but generally include name, registration date, registration number and fitness to practise information. Appendix V at the end of this chapter shows in detail the differences between regulators.
- 5.25 In 2010 we asked members of the public what should be included on a register entry. The findings are described below:

Table 8: Public views on what should be included on a register entry

Essential information	Nice-to-have information
Full name	Areas of specialism (where applicable)
Registration number	Practice opening hours
Fitness to practise details (including brief explanation for any disciplinary actions)	Telephone numbers
Formal qualifications	Last updated date
Address of practice (so that users can be sure they are checking the right professional if several registrants share the same name).	Google maps function
	Registration expiry date. ³⁴²

- 5.26 The list above shows there is a large pool of potential information that a regulator could collect to include on the register. However, regulators must make sure that all information is accurate, and is necessary for public protection purposes. Regulators must also ensure that information presented on a register entry is clear and understandable to different users.
- 5.27 Statutory regulators have the power to hold voluntary registers of practitioners in addition to their statutorily-held registers, although at the time of writing, no regulators had yet exercised that power. In our response to the Law Commissions review, we argued that statutory regulators should not hold voluntary registers and voluntary registers should be clearly distinguishable from

³⁴² Professional Standards Authority, 2010. *Health professional regulators’ registers Maximising their contribution to public protection and patient safety*, pg. 14. Available at <http://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/health-professional-regulators-registers-2010.pdf?sfvrsn=8> [Accessed 2 November 2017].

statutory registers.³⁴³ Although both offer levels of assurance, it is important for the public to be aware of the differences. Confusion could be avoided by an accredited register being distinctly branded. This could involve voluntary registers joining the Authority's Accredited Registers programme and display the Accredited Registers Quality Mark on the register's page.

- 5.28 Registers beyond the health and social care sector can provide interesting comparisons. For example, the Bar Standards Board (BSB) of England and Wales lists details such as 'Practising Status' (employment status), 'Registered Pupil Supervisor' and 'Authorised to conduct litigation' next to a barrister's registration entry. The BSB also has a 'Disciplinary findings' heading which says, 'There are no findings on our website in relation to this barrister' if the registrant has no disciplinary history.³⁴⁴ The regulator of UK architects, the Architects Registration Board (ARB), includes contact details like email and telephone number in a registrant's entry.³⁴⁵
- 5.29 In the United States of America, large multi-professional registers can be found in many states. They combine professions as diverse as midwives and plumbers. In addition, in Colorado, register entries may show a 'supervision' section in a registrant's entry which shows a registrant's supervisor and details.³⁴⁶ There are of course examples of multi-occupational registers in the UK too, both statutory (HCPC) and non-statutory (Academy for Healthcare Science). Unlike statutory registers, accredited registers can add occupations to their register, provided the register continues to meet the *Standards for Accredited Registers as held by the Authority*.³⁴⁷
- 5.30 An approach in the mould of a shared register can be found in Australia. The Australian Health Practitioner Regulation Agency (AHPRA) has a professional search portal prominently displayed on the its website's front page. On searching for a health practitioner (along with occupation), fitness to practise results are displayed. Unlike the Singaporean search, the register searcher is not directed to another website.³⁴⁸ Similar to the AHPRA model, Finland's National Supervisory Authority for Welfare and Health (Valvira) is a national agency operating under the Ministry of Social Affairs and Health, charged with the supervision of the

³⁴³ Law Commissions, 2012. *Regulation Of Health Care Professionals Regulation Of Social Care Professionals In England A Joint Consultation Paper*, pp.65-6. Available at http://www.lawcom.gov.uk/wp-content/uploads/2015/03/cp202_regulation_of_healthcare_professionals_consultation.pdf [Accessed 2 November 2017].

³⁴⁴ Bar Standards Board. *The Barristers' Register*. Available at <https://www.barstandardsboard.org.uk/regulatory-requirements/the-barristers'-register/> [Accessed 2 November 2017].

³⁴⁵ Architects Registration Board, *Architects' Register*. Available at <http://architects-register.org.uk/> [Accessed 2 November 2017].

³⁴⁶ Colorado Department of Regulatory Agencies. *Verify a Colorado Professional or Business License*. Available at <https://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx> [Accessed 2 November 2017].

³⁴⁷ Professional Standards Authority Standards. *Our Standards*. Available at <http://www.professionalstandards.org.uk/what-we-do/accredited-registers/about-accredited-registers/our-standards> [Accessed 2 November 2017].

³⁴⁸ Australian Health Practitioner Regulation Agency. *Home*. Available at <https://www.ahpra.gov.au/> [Accessed 2 November 2017].

social and health care, alcohol and environmental health sectors. Valvira licenses 17 professions (from physicians to physiotherapists) and authorises professionals to use 13 occupational titles nationwide in Finland. Licensed and authorised professionals can be found by the public on its single register called the 'Terhikki'.³⁴⁹ In the Netherlands, the BIG-register lists more than 350,000 healthcare professionals on one register. It is administered on behalf of the Ministry of Health, Welfare and Sport by CIBG which manages other products such as a veterinary register.³⁵⁰

- 5.31 Centralised sites can direct users to search for the correct site for regulatory details about a professional. This operates in Singapore, where a page hosted by the Ministry of Health lists both healthcare establishments and healthcare professionals. A user clicks on the relevant link and is taken directly to the relevant regulator's page to search the regulator's registrants.³⁵¹ Similarly, the Federation of Health Regulatory Colleges of Ontario (OHR) webpage acts as a 'one-stop gateway' to websites of 26 healthcare regulators in the Canadian province of Ontario. One of the purposes of collecting registers on the OHR website is to service the 'public's need for easy-to-access information and resources on regulated health professionals in a single place'.³⁵² This kind of accessibility to register links in one place is similar to the 'Find a practitioner' function on our website. This functionality allows visitors to Authority's site to choose the type of practitioner they want to know more details about and then follow links to the corresponding register.³⁵³

³⁴⁹ Valvira. *Professional Practice Rights*. Available at

http://www.valvira.fi/web/en/healthcare/professional_practice_rights [Accessed 31 May 2017].

³⁵⁰ BIG-register. *About the BIG-register*. Available at <https://english.bigregister.nl/about-the-big-register> [Accessed 2 November 2017].

³⁵¹ Singapore Ministry of Health. *Medical Directory*. Available at https://www.moh.gov.sg/content/moh_web/home/medical-directory.html [Accessed 2 November 2017].

³⁵² College of Optometrists of Ontario, 2017. *Announcing the new Ontario Health Regulators website*. Available at <https://www.collegeoptom.on.ca/resources/news/announcing-the-new-ontario-health-regulators-website/> [Accessed 2 November 2017].

³⁵³ The creation of a portal to access different regulators' registers has also been explored in the UK. The GMC led a technical analysis, involving each of the health and care regulators, exploring the options for delivering a combined register portal.

Merits of the registers

5.32 This section focuses on register functions that are not used by all the UK health and care professional regulators we oversee. It includes analysis of whether these functions, unique to a few or one regulator, enhance or hinder public protection.

Search Functions

5.33 In order to find a register entry of a practitioner, a visitor to the register is required to input search terms. The criteria for searching varies by regulator. In 2010, we stated that the following criteria were useful for good searching:

Table 9: Search criteria

Essential criteria	Nice-to-have criteria
Registration number	First name
Surname	Search by area/postcode. ³⁵⁴
'Sounds like' box or softer search filtering (to accommodate spelling mistakes).	

5.34 Presently, all regulators feature 'Surname' and 'Registration number' as potential search criteria. Five of the nine regulators offer a 'sounds like' function or softer search filtering when searching (this helps to accommodate spelling mistakes and inaccuracies).

5.35 A comprehensive list of the current search functions of regulators can be found in Appendix IV. Some regulators offer additional means for tailoring searches of registrants:

- Under 'Advanced Search Options', GOsC's register users can check if a registrant conducts home visits to patients, whether a registrant's practice has disabled access, and if a registrant speaks Welsh.
- Only the GMC and the GOC offer the option of searching for a professional by gender. This may be useful for filtering results when searching for professionals with unisex names.
- Visitors to the GDC's register can search for registrants by choosing to filter results by a specific type of register (such as the Temporary Registrant Dentist register) or can select 'All Registers' to search for a registrant across all the GDC's registers. Similarly, the GMC's List of Registered

³⁵⁴ Professional Standards Authority, 2010. *Health professional regulators' registers Maximising their contribution to public protection and patient safety*, pg. 11. Available at <http://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/health-professional-regulators-registers-2010.pdf?sfvrsn=8> [Accessed 2 November 2017].

Medical Practitioners allows users to search for practitioners only on the GP Register.

- The HCPC offers a multiple registrant search function, which it added in response to queries from employers and managers.³⁵⁵ A visitor to the HCPC register is able to search up to 100 professionals per search simply using the registrants' HCPC profession code and registration number. The GMC also has a multiple registrant search function, allowing a register visitor to search up to 10 doctors.

5.36 In our 2010 registers report, public research participants considered 'sounds like' search functionality to be an essential criterion. Five of the regulators under our remit have developed this functionality: GCC (is not an option but is automatically applied when searching), GDC, GMC, GOC and GPhC. We therefore recommend that the other four regulators look at including similar soft searching.

5.37 An interesting point of comparison is accredited registers. Accredited registers rely to a greater extent on searching by area. It is also of note that six of the 23 accredited registers offer the option to search by specialty or therapy. One also offers the option to search by language spoken, gender of therapist, the types of client therapists work with, and the types of session available.

Annotations on the register

5.38 A means for adding extra information to a register entry is by annotation. The HCPC has stated that generally, it only annotates the Register where it is 'legally required to do so or in exceptional circumstances where there is evidence that [the HCPC] can improve public protection in a specific area by annotating a qualification'.³⁵⁶ The HCPC puts this theory into practice as it annotates register entries when registrants have completed additional medicines training that allow them to supply, administer or prescribe medicines. The HCPC also makes annotations for podiatric surgery: chiropodists and podiatrists who had undertaken approved qualifications in podiatric surgery should have their register entries annotated. The HCPC considered there to be the following benefits:

- 'annotation will enable specific standards to be set for podiatric surgery training and practice
- training programmes in podiatric surgery will be approved, providing independent oversight and quality assurance
- annotating the Register will provide information to members of the public about chiropodists / podiatrists who have completed recognised, approved

³⁵⁵ Health and Care Professions Council, Multiple registrant search. Available at <http://www.hcpc-uk.co.uk/aboutregistration/theregister/multiple/> [Accessed 2 November 2017].

³⁵⁶ Health and Care Professions Council. *Policy statement on annotation of the register*, pg. 2. Available at <http://www.hpc-uk.org/Assets/documents/10003C96PolicystatementonannotationoftheRegister.pdf> [Accessed 2 November 2017].

training in this area, supporting patients to make informed choices about the services they use.³⁵⁷

- 5.39 Annotation has been by non-regulatory bodies for its ability to highlight risks to the public. Last year, the Royal College of Surgeons (RCS) called for the GMC to gain powers of annotation to mention if a registrant has been certified by the RCS. It claimed this would give its certification system for cosmetic surgery 'extra teeth and regulatory backing' if surgeons who were certified were highlighted to patients and the public.³⁵⁸
- 5.40 The GMC records information relating to doctors approved as GP trainers on their register entries believing that it would 'help to enhance the profile, standing and visibility of training as a clear statement of the importance we attach to the responsibilities of trainers'.³⁵⁹ Alongside this, the GMC publishes a separate list (on its website) of doctors approved as a GP trainer as 'it raises the profile of these doctors and emphasises the importance of good training'.³⁶⁰
- 5.41 In 2009 we wrote of the potential risks of annotation:
- 'It is important that any additional steps taken by regulatory bodies, such as annotating registers, are not seen by employers as providing all the necessary information on a professional's practice. If it were, and employers abdicated their responsibility in determining an applicant's fitness for a particular job, either wholly or in part, statutory regulation would do more to jeopardise than uphold patient safety'.³⁶¹
- 5.42 The Authority has previously endorsed the idea of using annotations but 'only in situations where a risk has been identified that is best addressed by the regulator, and there is a clear benefit in terms of public protection in publishing information about specialist practice. It must not be used simply as tool for career development or a means for the regulator to charge additional fees'.³⁶² We continue to hold this viewpoint.

³⁵⁷ Health and Care Professions Council. *Podiatric Surgery FAQs*, pg. 2. Available at <http://www.hcpc-uk.org/Assets/documents/100048E0PodiatricSurgeryFAQs.pdf> [Accessed 2 November 2017].

³⁵⁸ Royal College of Surgeons, 2016, Change in the law 'urgently needed' to protect patients undergoing cosmetic surgery. Available at <https://www.rcseng.ac.uk/news-and-events/media-centre/press-releases/rcs-calls-for-change-in-the-law-to-protect-patients-undergoing-cosmetic-surgery/> [Accessed 2 November 2017].

³⁵⁹ General Medical Council, 2012, *Recognising and approving trainers: the implementation plan*, pg. 37. Available at http://www.gmc-uk.org/Approving_trainers_implementation_plan_Aug_12.pdf_56452109.pdf [Accessed 2 November 2017].

³⁶⁰ General Medical Council, Recognition and approval of GP trainers. Available at http://www.gmc-uk.org/education/approval_trainers.asp [Accessed 2 November 2017].

³⁶¹ Council for Healthcare Regulatory Excellence, 2009. *Advanced Practice: Report to the four UK Health Departments*, pg. 10. Available at <http://www.professionalstandards.org.uk/docs/default-source/publications/advice-to-ministers/advanced-practice-2009.pdf> [Accessed 2 November 2017].

³⁶² Law Commissions, 2013. *Regulation of health care professionals Regulation of social care professionals in England Consultation Analysis*, pg. 89. Available at http://www.lawcom.gov.uk/wp-content/uploads/2015/03/lc345_regulation_of_healthcare_professionals.pdf [Accessed 2 November 2017].

Specialist lists and registers

- 5.43 To become a medical consultant, a practitioner must be on the GMC's Specialist Register.³⁶³ The GMC also holds a General Practitioner Register, on which all UK doctors working in general practice in the health service must be registered (except for doctors in training such as GP registrars).³⁶⁴ There have been proposals to unify the GP and Specialist Registers, the British Medical Association's (BMA) General Practice Committee chairman Dr Chaand Nagpaul in early 2017 said "placing GPs on the specialist register would make their expertise clearer and put them on a deserved equal footing with other specialists, such as hospital consultants".³⁶⁵ The Department of Health subsequently stated it had no plans immediate to implement the idea.³⁶⁶
- 5.44 The GDC holds specialist lists in 13 areas of dentistry, for dentists wishing to call themselves a 'specialist' in one of the 13 areas. Practitioners on these lists must comply with certain requirements and pay a fee in addition to the annual retention fee they would already pay to the GDC as a non-specialist dentist. The GDC's 2014 research found that 36% of respondents it surveyed considered it was 'very important' for the GDC to hold a separate list of specialists, and a further 46% stated that it is 'quite important'; only 8% stated that they feel it is 'not that important'.³⁶⁷ Respondents were asked 'how important do you feel it is for the GDC to have this separate list of specialists as opposed to being regulated in the same way as general dentists?' and then asked 'why do you think it is important?'. The responses to the second question were coded and are listed below:
- To confirm the ability of the dentist and their qualifications – 15%
 - It's important information – 13%
 - For public research – 9%
 - It maintains high standards – 5%
 - Because they offer different services – 5%
 - To improve confidence – 4%
 - To highlight the difference between qualified dentists – 4%
 - For health and safety purposes – 3%
 - Other – 1%

³⁶³ General Medical Council. Information on the Specialist Register. Available at http://www.gmc-uk.org/doctors/register/information_on_the_specialist_register.asp [Accessed 2 November 2017].

³⁶⁴ General Medical Council, Information on the General Practitioner (GP) Register. Available at http://www.gmc-uk.org/doctors/register/gp_register.asp [Accessed 2 November 2017].

³⁶⁵ GP Online, 2017. *GMC backs call to give GPs equal status to consultants*. Available at <http://www.gponline.com/gmc-backs-call-give-gps-equal-status-consultants/article/1422127> [Accessed 2 November 2017].

³⁶⁶ GP Online, 2017. *DH has no immediate plans to unify medical register despite GMC backing*. Available at <http://www.gponline.com/dh-no-immediate-plans-unify-medical-register-despite-gmc-backing/article/1422383> [Accessed 2 November 2017].

³⁶⁷ DJS Research, 2014. *Reviewing the Dental Specialities*, General Dental Council, pg. 6.

- Don't know – 41%³⁶⁸

- 5.45 In the same year, the GDC noted that specialist listing can act as an 'assurance' to patients and registrants that a specialist has undergone the required training and able to perform complex treatments safely. However, the GDC also noted that lists do not 'appear to help patients make informed choices about their care, although it may be helpful for referring professionals'.³⁶⁹
- 5.46 Specialist lists and registers can be perceived to be an extra mode of assurance and act as a means for the public and patients to differentiate between practitioners who are sanctioned by the regulator to practise in different areas. It can be useful for practitioners referring a patient to other practitioners to make sure they are sending their patient to an appropriate practitioner. Our view on specialist lists and registers is in accordance with our view on annotating registers: regulatory tools such as specialty lists and registers should only be applied where potential harm to the public is identified and such a tool is required to mitigate risk; they should not be used for career progression or advertisement of credentials.

Non-practising registrants

- 5.47 Three of the regulators we oversee display non-practising registrants on their registers, this is as a result of the regulators' legislation. Non-practising registrants are practitioners who are registered with a regulator but choose not to practise. On taking on the status of a non-practising registrant, an individual is not permitted to practise by the regulator. In response to the Law Commissions' review of non-practising registrants, a 'slim majority' of respondents thought that the idea of registering non-practising practitioners should be abolished.³⁷⁰ Listed below at Table 10 are some of the reasons given by the three statutory regulators for featuring non-practising registrants on their registers.

³⁶⁸ DJS Research, 2014. *Reviewing the Dental Specialities*. General Dental Council, pg. 39.

³⁶⁹ General Dental Council, 2014. *Item 4 Council September 2014 Reviewing the Regulation of the Specialities*, pg. 16.

³⁷⁰ Law Commissions, 2014. *Regulation of Health Care Professionals Regulation of Social Care Professionals in England*, pg. 63. Available at http://www.lawcom.gov.uk/wp-content/uploads/2015/03/lc345_regulation_of_healthcare_professionals.pdf [Accessed 2 November 2017].

Table 10: Reasons for appearing on non-practising registers

Regulator	Reasons for being a non-practising registrant
General Chiropractic Council	A period of illness Maternity/paternity Full-time education Sabbatical. ^{371,372}
General Medical Council ³⁷³	Allows doctors to show to employers, overseas regulators and others that they remain in good standing with the GMC An acknowledgement that the doctor’s primary medical qualification allowed them to gain entry to the medical register in the UK ³⁷⁴
General Osteopathic Council	Maternity/paternity Sabbatical Travelling Health Other. ³⁷⁵

5.48 The GMC’s view that registration can be a mark of good standing is shared by Baroness Gardener of Parkes, who criticised the absence of non-practising dentists from the GDC register: “There is a public interest in non-practising dentists remaining on the list, as many non-practising dentists continue to work on boards, trusts, charities and other bodies, public and private. If they claim to

³⁷¹ General Chiropractic Council, *The non-practising registration fee*. Available at <https://www.gcc-uk.org/registration/information-for-chiropractors-who-are-on-the-register/non-practising.aspx> [Accessed 2 November 2017].

³⁷² The General Chiropractic Council has a more comprehensive breakdown reasons (14) given for the 272 registrants that pay the non-practising fee in 2016. 75% joined the non-practising list because they were working overseas or taking a career break for maternity or child care reasons. It is available on page 23 at <http://www.gcc-uk.org/UserFiles/Docs/Registrations/Report%20on%20the%202016%20registration%20year.pdf> [Accessed 2 November 2017].

³⁷³ Of the nine regulators we oversee, the General Medical Council has a unique model of registration and licences. This means that in order for an individual to practise they need to be both registered and licensed. This also means an individual can be registered but not allowed to practise as they do not have a licence.

³⁷⁴ General Medical Council. *Frequently asked questions about licensing*. Available at http://www.gmc-uk.org/doctors/licensing/faq_licence_to_practise.asp [Accessed 2 November 2017].

³⁷⁵ General Osteopathic Council, 2014. *Registration non-practising form*. Available at <http://www.osteopathy.org.uk/news-and-resources/document-library/registration/registration-non-practising-form/> [Accessed 2 November 2017].

have been dentists with an honourable record, it should be verifiable”.³⁷⁶ Interestingly, although the GCC has non-practising registrants it does not agree with the idea of individuals becoming non-practising registrants if they do not intend to return to practice in the UK. The GCC explains that as its role is to protect UK patients and the public, there is no purpose to remaining registered of an individual is not practising.³⁷⁷ Additionally, a non-practising practitioner registered with the GCC, GMC and GOSc can be subject to fitness to practise proceedings if they are found to be practising.

- 5.49 Two of the regulators in the table above (GCC and GOSc) allow non-practising professionals on their registers for ‘maternity/paternity’ reasons. In contrast, the HCPC (which does not have a non-practising list) allows registrants to take a break from practice of up to two years but remain on the register. A registrant will need to have practised their profession at least once in that period to ensure HCPC renewal at the end of the two years. The HCPC recommends practitioners should leave the register if they have not practised for more than two years (and then re-apply to the register when they wish to work again).³⁷⁸ Meanwhile, the GPhC allows registrants on maternity leave 12 months during which they do not have to meet CPD requirements, despite being registered.³⁷⁹ The PSNI has the power to allow registrants on maternity leave for a period to remain registered during which they do not have to meet CPD requirements.
- 5.50 Other forms of non-practising registration include the Royal College of Veterinary Surgeons’ registration category of ‘Non Practising 70+’ for a ‘veterinary surgeon who is not practising or engaging in any veterinary activity, which in the opinion of Council is veterinary related, anywhere in the world and is aged 70 years or over’.³⁸⁰ Teachers in Scotland wishing to retire but remain on the register of the General Teaching Council for Scotland (GTCS) can assume associate membership. This only involves updating details annually on the register and adhering to the values in the GTCS’ standards.³⁸¹
- 5.51 A final rationale for registering a non-practising individual is to cover claims made after a practitioner’s full membership and insurance has lapsed. This is how an

³⁷⁶ House of Lords, 2008, Hansard. Available at <https://www.publications.parliament.uk/pa/ld200708/ldhansrd/text/80325-0013.htm> [Accessed 2 November 2017].

³⁷⁷ General Chiropractic Council. *The non-practising registration fee*. Available at <https://www.gcc-uk.org/registration/information-for-chiropractors-who-are-on-the-register/non-practising.aspx> [Accessed 2 November 2017].

³⁷⁸ Health and Care Professions Council. CPD FAQs. Available at <http://www.hpc-uk.org/registrants/cpd/faqs/> [Accessed 8 May 2017].

³⁷⁹ General Pharmaceutical Council. *I am shortly going on maternity leave, what will happen with my registration?* Available at <https://www.pharmacyregulation.org/content/i-am-shortly-going-maternity-leave-what-will-happen-my-registration> [Accessed 2 November 2017].

³⁸⁰ Royal College of Veterinary Surgeons. *Registration Categories*. Available at <http://www.rcvs.org.uk/registration/check-the-register/register-categories/> [Accessed 8 May 2017].

³⁸¹ General Teaching Council for Scotland. *Professional Update For Retired Teachers And Retired Teachers Engaging In Supply Work*. Available at <http://www.gtcs.org.uk/professional-update/professional-context/retired-teachers-and-supply-work.aspx> [Accessed 2 November 2017].

accredited register, the British Association of Sport Rehabilitators and Trainers, views the purpose of its 'Non-practising Graduate' membership.³⁸²

- 5.52 Except for the three regulators in the table above, no other statutory health and care professional regulators have non-practising registers. The GPhC explains its rationale as follows: its role is only to 'register those who are appropriately qualified, fit to practise and have met continuing professional development requirements'. It goes on to suggest that 'pharmacists and former pharmacists who do not wish to register with the GPhC could nevertheless join the professional leadership body'.³⁸³ We responded to the Law Commissions' review of regulation in 2013 that registering non-practising individuals was "a relic of professional self-regulation" and "only benefiting registrants who wish to retain their 'status' as professionals beyond their practising careers".³⁸⁴ Our view has not changed since then, and we echo the GPhC's statement above as well as the Law Commissions' view that 'the registration of non-practitioners can serve to undermine the main purpose of the registers, which is to indicate which professionals are fit to practise and continue to meet the regulators' standards'. Although the Law Commissions argued that there were limited circumstances where non-practising registers could be of use and proposed 'restricted' use of the tool, we believe that there is no place for this register function.³⁸⁵
- 5.53 One of those limited circumstances for the use of non-practising registers is by the GMC. Doctors require both registration and a license in order to practise. It is possible for a doctor to be a non-practising registrant by being registered but without a license. Licensing is a key part of the GMC's revalidation process to check doctors are fit to practise.³⁸⁶ It is also used when the GMC deals with indemnity or insurance issues (the license can be withdrawn from doctors without the appropriate insurance or indemnity in place). Therefore, there will be some individuals who may logically become non-practising registrants as an outcome of that process.
- 5.54 We do not support regulators registering non-practising individuals: this serves a purpose beyond the regulator's primary role of protecting the public. This would require a change of legislation to implement. We note though that the GCC and

³⁸² British Association of Sport Rehabilitators and Trainers. *Types of Membership*. Available at <https://www.basrat.org/home/typesofmembership> [Accessed 2 November 2017].

³⁸³ General Pharmaceutical Council. *Why are there no provisions for a non-practising register?*. Available at <https://www.pharmacyregulation.org/content/why-are-there-no-provisions-non-practising-register> [Accessed 2 November 2017].

³⁸⁴ Law Commissions, 2013. *Regulation of health care professionals Regulation of social care professionals in England Consultation Analysis*, pg. 69. Available at http://www.lawcom.gov.uk/wp-content/uploads/2015/03/cp202_regulation_of_healthcare_professionals_analysis-of-responses_complete.pdf [Accessed 2 November 2017].

³⁸⁵ Law Commissions, 2014, *Regulation of Health Care Professionals Regulation of Social Care Professionals in England*, pg. 64. Available at http://www.lawcom.gov.uk/wp-content/uploads/2015/03/lc345_regulation_of_healthcare_professionals.pdf [Accessed 2 November 2017].

³⁸⁶ UK Government, 2009. *Explanatory Memorandum to the General Medical Council (Licence To Practise) Regulations Order Of Council 2009*, Pg. 2. Available at http://www.legislation.gov.uk/ukxi/2009/2739/pdfs/ukxiem_20092739_en.pdf [Accessed 2 November 2017].

GOCs use non-practising status for issues like maternity, when there are often more appropriate tools at regulators' disposal (as mentioned in 5.47). However, we recognise that the GMC's licensing structure makes its use of non-practising status necessary.

Provisional registration

- 5.55 Provisional registration involves an individual being conditionally registered prior to full registration such as when a graduate practitioner must complete a year of supervised practical work before being registered. It could be argued that student registration by the GOC is a type of provisional registration (see below for more information on student registration). Currently, only the GMC uses provisional registration. On the GMC's register, doctors who are provisionally registered have the following statement next to their name: 'Provisionally registered with a licence to practise'. Outside the health and care world, a Scottish teacher will be classified by the GTCS as 'provisional' on the GTCS register if they are provisionally registered.³⁸⁷ There may be merit to provisional registration as it transparently shows that a practitioner has not achieved registration and is acting under supervision. However, this must be clearly explained in order to differentiate from full registration.
- 5.56 It is of note that the GPhC and PSNI have systems of 'pre-registration'. Following graduation, students must complete a year of pre-registration training in a pharmacy and pass a registration examination before they can register as a pharmacist with both regulators. The students are not actually registered. Both the GPhC and PSNI hold a separate list of graduates.³⁸⁸

Student registers

- 5.57 The GOC is required by legislation to hold a compulsory student register (for as long as a student is in education) and is the only regulator we oversee to undertake this role.³⁸⁹ In social care, the Northern Ireland Social Care Council, Social Care Wales and the Scottish Social Services Council register students. In 2015/16, students comprised 18% of the GOC's registrant base. Some respondents to the Law Commissions report considered students 'much more conscious of their professional role through being registered with the regulatory body from the point of entering professional training'. As being on a register is a core function of a professional regulator, it could be argued that a register has the ability to make a student more 'conscious' of their professional role. A register offers the chance for the public to search practitioners they will have contact with and the Medical Protection Society see this as a potential use for student

³⁸⁷ General Teaching Council for Scotland. *Provisional (Conditional) Registration*. Available at <http://www.gtcs.org.uk/registration/registration-fee/cancelling-registration.aspx> [Accessed 2 November 2017].

³⁸⁸ Sometimes termed as student registration.

³⁸⁹ It is of note that social work students are regulated in Northern Ireland, Scotland and Wales.

registers 'where students have contact with the public as part of their training, registration would be appropriate'.³⁹⁰

- 5.58 The GOC noted that a detracting factor of maintaining an up-to date student register is the creation of 'some significant administrative costs for training providers, as well as for the GOC, since it is necessary to cross-check the information received from students with the enrolment records held by training providers'.³⁹¹ The Medical Defence Union also mentioned the potential for student registers to be a burden if a regulator decided to introduce a student register as a regulator would need to setup a process for removal from register for example.³⁹²
- 5.59 In accordance with the principles of right-touch regulation, we argue that any regulatory activity should balance the regulatory force and target risk. Maintaining a student register may mean unnecessary excess regulatory force by a regulator given how little risk a student may take on. Therefore, student registration is probably unnecessary and any risk can be competently managed by pre-registration. The regulator has a role supporting education providers, through advice and guidance on standards to ensure that providers were successfully managing the risks associated students in training. In our view education providers have a clear responsibility, working with employers who provide the placements, to ensure that practice placements are sufficiently safe for students and for service users. Full student registration with a regulator is no substitute for this. For more comprehensive details of our views on student registration, we have completed research into student registration in 2008 and 2010.³⁹³

Fitness to practise details

- 5.60 A critical piece of information found on registers are any current or past fitness to practise details relating to a registrant. As the HCPC points out, a regulator needs to strike a balance between the rights of the registrants and the 'risk of harm by non-disclosure of information'.³⁹⁴ In *Health professional regulators' registers* we considered that regulation should be proportionate in how it deals with (not a means of punishment) registrants, but in the interests of public protection and regulatory transparency we give more weight to the rights of patients than professionals. In the same report, we also recommended that all

³⁹⁰ Law Commissions, 2013. *Regulation of health care professionals Regulation of social care professionals in England Consultation Analysis*, pg. 62. Available at http://www.lawcom.gov.uk/wp-content/uploads/2015/03/cp202_regulation_of_healthcare_professionals_analysis-of-responses_complete.pdf [Accessed 2 November 2017].

³⁹¹ General Optical Council, 2012, *General Optical Council response to the Law Commissions' joint consultation document 'Regulation of health care professionals' and 'Regulation of social care professionals in England'*, pg. 18.

³⁹² Law Commissions, 2013. *Regulation of health care professionals Regulation of social care professionals in England Consultation Analysis*, pg. 62. Available at http://www.lawcom.gov.uk/wp-content/uploads/2015/03/cp202_regulation_of_healthcare_professionals_analysis-of-responses_complete.pdf [Accessed 2 November 2017].

³⁹³ Available at <http://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/student-fitness-to-practise-2010.pdf> and <http://www.professionalstandards.org.uk/docs/default-source/publications/advice-to-ministers/student-registration.pdf> [Accessed 2 November 2017].

³⁹⁴ Health and Care Professions Council, 2013, *Fitness to Practise Publication Policy*, pg. 1.

regulators should publish information about erased professionals for five years on the register (the table below shows this recommendation has not been enacted by all regulators).³⁹⁵

- 5.61 The Law Commissions stressed the importance of listing individuals who have been erased from the register:

‘...regulators should establish a list of persons whose entry has been removed following a finding of impairment. Simply omitting a name from the register does not give the clarity required for public protection. Furthermore, being removed can be compared to a current sanction in the sense that it is ongoing and remains in force unless registration is subsequently restored. It follows that removal should be treated in the same way as any current sanction.’³⁹⁶

- 5.62 The Authority agrees with the Law Commissions’ arguments above, and would add the further benefits of giving the user confirmation of identity, enabling them to avoid an unregulated service, and report if that professional is still practising. We would simply stress that it must be clear to users, that the individual is no longer on the register, and that he or she has been removed as a result of a fitness to practise issue. Only four (GCC, GDC, GMC and NMC) of the nine regulators list erased registrants when searching a register. We recommend that the remaining regulators work towards implementing this initiative.
- 5.63 On the topic of displaying information on the register about individuals, the EU’s General Data Protection Regulation (GDPR) will come into force in May 2018. A significant part of this regulation is ‘right to be forgotten’, which will enable an individual to request the deletion or removal of personal data where there is no compelling reason for its continued processing’. We consider that the ‘right to be forgotten’ would not ordinarily apply to data which regulators publish on registers or when a registrant has been struck off. This is because the Information Commissioner’s Office suggests that an organisation may not have to comply to a request to erase personal data if the data is being used due to a legal obligation or public interest.³⁹⁷
- 5.64 We also would like to see greater consistency in the length of time for which conditions, undertakings, warnings and suspensions are on shown on the register. For example, the GOsC displays a registrant’s suspension on the register for the duration of the suspension plus two years, whilst the GOC only displays the suspension on the register for the duration of the registrant’s suspension. Further information showing the range of different sanction publication durations can be found at Appendix VI.

³⁹⁵ Professional Standards Authority, 2010. *Health professional regulators’ registers Maximising their contribution to public protection and patient safety*, pg. 24. Available at <http://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/health-professional-regulators-registers-2010.pdf?sfvrsn=8> [Accessed 2 November 2017].

³⁹⁶ Law Commissions, 2014. *Regulation of Health Care Professionals Regulation of Social Care Professionals in England*, pg. 85. Available at http://www.lawcom.gov.uk/wp-content/uploads/2015/03/lc345_regulation_of_healthcare_professionals.pdf [Accessed 2 November 2017].

³⁹⁷ Information Commissioner’s Office. Available at <https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/individuals-rights/the-right-to-erase/> [Accessed 2 November 2017].

Table 11: Searches displaying erased professionals

Regulator	Erased professional found when searching register
GCC	Yes
GDC	Yes
GMC	Yes
GOC	No
GOsC	No
GPhC	No
HCPC	No
NMC	Yes
PSNI	No

- 5.65 Notably, the GOsC has a list of all osteopaths who are recently under interim suspension orders, undertakings, and Professional Conduct Committee and Health Committee decisions.³⁹⁸ Similarly, the GOC publishes monthly amendments to the register on its website.³⁹⁹
- 5.66 We recommend regulators work towards more consistent durations for FtP information to remain on registrants' entries. We also recommend all regulators have functionality to search for erased registrants, so that when a visitor searches any regulator's register, the visitor should be able to find details of individuals who have been erased from the register.
- 5.67 We also believe that all regulators should display information about individuals who have been erased should be available to check for a minimum of five years. This recommendation is the same as in 2010 and follows on from our position that minimum of five years should elapse before any registrant who had been struck off could reapply to join the register.⁴⁰⁰

³⁹⁸ General Osteopathic Council. *Decisions*. Available at <http://www.osteopathy.org.uk/standards/complaints/hearings/decisions/> [Accessed 2 November 2017].

³⁹⁹ General Optical Council. *Monthly Amendments to the Register*. Available at <https://www.optical.org/en/Registration/the-register/monthly-amendments-to-the-register/index.cfm> [Accessed 2 November 2017].

⁴⁰⁰ Professional Standards Authority, 2010. *Health professional regulators' registers Maximising their contribution to public protection and patient safety*, pg. 24. Available at <http://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/health-professional-regulators-registers-2010.pdf?sfvrsn=8> [Accessed 2 November 2017].

Future of the register

5.68 This section focuses on proposed register functions and ideas that are not currently used by any of the UK health and care professional regulators we oversee. It looks at whether these register functions and ideas could enhance UK public protection. We discuss the possibility of a single register amongst UK regulators on the next chapter.

A tiered register

5.69 As the register's main purpose is to provide information to a diverse audience, regulators may want to add more details to the register. An example of this is the GMC's recent proposal for registrants to provide information voluntarily which would sit on their register entry alongside mandatory information usually found on the register (registration number etc). They named this approach the 'tiered register'. They proposed that voluntary information 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.⁴⁰¹

5.70 The GMC argued that the tiered approach would 'enable the register to provide a much richer description of a doctor's professional life than is currently possible'.⁴⁰² A Lead Regional Liaison Advisor for the GMC added that providing more information would help reassure patients about a doctor's 'expertise in more specific areas of medicine', help patients make more informed decisions about their care, and enable the register to act as a single source of information for those searching for more information about doctors (rather than scouring multiple sources across the internet). A more specific potential benefit of the tiered register is that if it included photos, it could 'allow patients to virtually "meet

⁴⁰¹ General Medical Council, 2016 *Developing the UK medical register: a public consultation*, pgs. 10-11. Available at https://gmc.e-consultation.net/econsult/uploaddocs/Consult730/LRMP%20Consultation%20final_W%20form%2012.7.16_distributed.pdf [Accessed 8 May 2017].

⁴⁰² General Medical Council, 2016. *Developing the UK medical register: a public consultation*, pg. 11. Available at https://gmc.e-consultation.net/econsult/uploaddocs/Consult730/LRMP%20Consultation%20final_W%20form%2012.7.16_distributed.pdf [Accessed 8 May 2017].

their doctor” before their first visit and potentially lessen some of the anxiety that some patients may experience’.⁴⁰³

- 5.71 One of the potential disadvantages of such a tiered register would be inconsistency of information across different entries, if not all doctors initially provided the data.⁴⁰⁴ The General Practitioners Committee of the BMA deputy chair criticised the proposal for turning the register into a ‘beauty parade or a site to compete against others to have the longest set of qualifications’. He went on to say that ‘keeping some of this information up to date could also place an added workload and stressful burden on doctors at a time many are already under significant pressure’.⁴⁰⁵ There were also concerns over safety and privacy of registrants as a result of the tiered register.⁴⁰⁶
- 5.72 More information could help inform register viewers to make a more informed decision about a registrant. The register though is part of regulators’ statutory purpose of enhancing public safety by giving information as to whether a professional is safe to practice and meets a regulator’s standards. It is not intended to be a tool for comparing registrants’ quality of practice, or for showing career advancement. We do not recommend the use of tiered registers in the UK health and care regulatory environment. The Medical Directory and other repositories of information are better placed to serve this purpose for statutory regulated professionals. Where the statutory obligations do not apply, some accredited register holders run directories, for example the British Association for Counselling & Psychotherapy. However, the directory is clearly demarcated from the register.⁴⁰⁷

Prohibition orders

- 5.73 Prohibition orders (sometimes known as negative registers or barring schemes) are lists of individuals barred from practising a profession or activity. In the health and care sector there are very few prohibition order schemes, though some do exist in Australia. There are instances of this model of register in the UK however; examples include the Disclosure and Barring Service, the Financial Conduct Authority and the Pensions Regulator.
- 5.74 Unlike the current UK statutory health regulation models, prohibition orders focus more on what practitioners should not do than on what they should do. In a

⁴⁰³ Wren, J, 2016. *Answering your questions about our consultation on the medical register*, General Medical Council. Available at <https://gmccuk.wordpress.com/2016/09/05/answering-your-questions-about-our-consultation-on-the-medical-register/> [Accessed 2 November 2017].

⁴⁰⁴ General Medical Council, 2016. *Developing the UK medical register: a public consultation*, pg. 11. Available at https://gmc.e-consultation.net/econsult/uploaddocs/Consult730/LRMP%20Consultation%20final_W%20form%2012.7.16_distributed.pdf [Accessed 8 May 2017].

⁴⁰⁵ GP Online, 2016. *GMC overhaul risks turning medical register into 'beauty parade', GPs warn*. Available at <http://www.gponline.com/gmc-overhaul-risks-turning-medical-register-beauty-parade-gps-warn/article/1401101> [Accessed 2 November 2017].

⁴⁰⁶ GP Online, 2016. *Doctors reject proposals to include photos on GMC register*. Available at <http://www.gponline.com/doctors-reject-proposals-include-photos-gmc-register/article/1419379> [Accessed 2 November 2017].

⁴⁰⁷ The BACP register is available at http://www.bacpregister.org.uk/check_register/. The BACP Directory is available at <http://www.itsgoodtotalk.org.uk/> [Accessed 2 November 2017].

feasibility study of prohibition order schemes for the UK Department of Health, we found that this orientation meant prohibition orders were ‘unlikely to raise standards of competence or foster professionalism in any meaningful way’.⁴⁰⁸ We found in the same report some advantages to prohibition orders such as the potential for the scheme to apply to multiple unregistered practitioners. We concluded that there ‘may be a place’ for such schemes in the UK health and care sector where there is a ‘clearly identified problem and where risks have been thoroughly assessed’.⁴⁰⁹ If the Government was to introduce negative registers in health and care, it would be necessary to ensure the purpose and format were explained to the UK public, employers who would be likely also to be using other forms of register.

⁴⁰⁸ Professional Standards Authority, 2016. *Initial evaluation of the feasibility of prohibition order schemes for unregulated health and care workers in the UK: Advice to the Secretary of State for Health*, pg. 46. Available at <http://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/feasibility-of-prohibition-order-schemes---initial-evaluation.pdf> [Accessed 2 November 2017].

⁴⁰⁹ Professional Standards Authority, 2016. *Initial evaluation of the feasibility of prohibition order schemes for unregulated health and care workers in the UK: Advice to the Secretary of State for Health*, Available at <http://www.professionalstandards.org.uk/latest-news/latest-news/detail/2016/12/05/are-prohibition-order-schemes-feasible-for-unregulated-health-and-care-workers> [Accessed 2 November 2017].

Conclusion

- 5.75 Regulators' public registers are mostly consistent and clear in their presentation of data, which will help protect the public. There are variations though, as there are register functions which few or only one regulator uses. There are also discrepancies in how some information is displayed between regulators. We have drawn the recommendations below from this chapter but caution that this is not an exhaustive list of what might be done to improve registers. There may be issues which have not been covered in the chapter or have been, but have not been explicitly laid out below.
- 5.76 We have composed the recommendations from a policy standpoint. However, further exploration of financial and resource impacts will be required. We also note that for some recommendations to occur, alterations to legislation may be necessary.
- 5.77 Our recommendations are as follows:
- That the GCC and GOsC should not continue to register non-practising registrants. This would require alterations to the relevant regulators' legislation.
 - That when a register-user searches for an individual who has been erased by a regulator, the individual should be immediately viewable. It is important that if a user searches for a practitioner they can clearly see if the practitioner is registered, erased or not registered. Currently, only four of the nine regulators offer this functionality.
 - That regulators should continue on the trajectory of keeping a pared down approach to registers. We believe only details necessary for the purposes of public protection should be on the register. If a register user wishes to find surplus information which is unrelated to public protection, they should use other resources (such as a professional's practice's website or a directory).
 - That specialist lists and registers should only be used by regulators if a potential harm to the public in the specialist practice is identified and can be mitigated by using such instruments. This applies to annotations too.
 - That there needs to be more consistency in the length of time sanctions are published on registers. At the moment, there is disparity between regulators in how long sanctions such as suspensions are displayed on the register.
 - That employers may benefit from wider implementation by regulators and registers of the HCPC's multiple registrant search function for employers, which allows a user to search up to 100 registrants per search (the GMC allows similar functionality, but searching up to 10 professionals).
 - That more registers should include functionality such as 'sounds like' in order to help searchers when spelling mistakes are made. Only five of the regulators have soft searching functionality when searching for a professional on a register

- We have seen that holding a student register has the potential to create unnecessary burdens for training providers and regulators. Before considering whether holding a student register is unnecessary there should be review of the risk of all aspects of student registration (for example fitness to practise).