The Royal College of Radiologists

THE ROYAL COLLEGE OF RADIOLOGISTS

Response to:
General Medical Council consultation – Developing the medical register

Q1. Do you agree with the purpose of the medical register described in this section of the consultation?
Yes. Accessibility is key.

Q2. Do you think the register should serve any additional purpose? If so, what should that be?
The register holds information on the licence to practise. Patients may wish to see further information held but the practicality of keeping such information current would need to be borne in mind.

Q3. Do you agree that these are the right principles to guide the inclusion of additional information on the register?
Yes.

Q4. Are there other principles that should be included? If so, what are they?
None.

Q5. Do you agree that we should develop a tiered approach to information on the register along the lines described? Why?
Not sure – either the information is of use to underpin the "quality" aspect of registration and should be mandatory (e.g credential; languages spoken; conflicts of interest) - or is about holding other aspects of the doctor's practice (e.g where a doctor is employed). This would provide information for users, but would not add value for employment checks. It would cause difficulties for doctors employed by multiple organisations or who provide services to multiple other employers. It would therefore need to be more explicit where a doctor practised as an independent practitioner, not as an employee, as this may cause confusion.

Q6. Do you agree that making provision of some categories of registration information voluntary would help mitigate some of the possible disadvantages of our proposed two-tier model?
No. Voluntarily supplied information would undermine the validity of the register. No matter how much the voluntary aspect is stressed, human perception is that absence suggests something to hide. The register should either be mandatory or not.

Q7. Are there particular groups who would be helped or disadvantaged by our approach to providing more information on the register? If so, which groups and why?
Doctors who do not have, for example, additional, non-mandatory qualifications might be perceived as being of lesser value. Public perception may be that quantity equals quality and the very variable nature of consultant employment (which can only increase) may lead to confusion about value.

For the public and patients, if there are any perceived disadvantages these could be mitigated by providing support on the website (such as links or devices as appropriate) to address the problems.

Q8. Are there other disadvantages associated with the two tier model which we have not considered here? If so, how might they be mitigated?
Yes - see above. Mitigation would be difficult. We suggest a one tier model only, as this would be simpler and more meaningful.

Q9. Which of the following categories of information do you think would be useful to include on the register? Please indicate whether this should be Tier 1 information, Tier 2 information, or if neither please leave blank.

	Useful to include on the Register	**To include as Tier 1 information**	**To include as Tier 2 information**
Employment history	Y	Y	No
Languages spoken	Y	Y	No
Conflicts of interest/competing professional interests	Y	Y	No
Scope of practice	Y	Y	No
Practice location	Y	Y	No
Credentials	Y	Y	No
Links to data held and verified by other recognised bodies, such as medical royal colleges	Y	Y	No
Registrant's photo	Y	Y	No
A link to the website of the place a doctor works	Y	Y	No
A link to recognised feedback websites	No	No	No

Q10. If there are categories of information listed above that we shouldn't attempt to collect, please explain why.

Employment history
Additionally, this category should also include a free text box (or list of selectable drop down options) for an explanation if the doctor is not currently practising- e.g. on maternity leave, on sick leave, on carer's leave etc.

Scope of practice
More explanation would be necessary for the scope of practice category. This is not well defined in many ways and may create a disconnect between what routine scope of practice may cover. This is true of all subspecialty interests which are not legally defined.

A link to recognised feedback websites
The decision to introduce a link to recognised feedback websites would not necessarily represent an accurate picture of the services provided by doctors. This sort of system is

unreliable and can be easily manipulated. For example, it is open to false statements by spurious users of a private practice service.

Q11. What other categories of information would you find useful to include on the register?
Name, date of qualification, specialty/sub-specialty qualifications/credentials, licence to practise, link to verified Royal College and other legitimate data sets, conflicts of interest. For service users, it would be useful to include information about the proficiency the doctor has in any particular field. This would link to the number of procedures that the specialist doctor performs.

Q12. Do you agree it is sufficient for Tier 2 information to be subject to verification through sample audit, provided the status of the information is made clear to those consulting the register?
No. We have concerns about the need for non-mandatory regulatory information to be included.

Q13. If you've used the online register, do you have any thoughts on how we can improve it and make it more user-friendly?
Asking for the GMC number before anything else is disconcerting for a service user and it could easily deter members of the public.