Developing the UK Medical Register
General Medical Council consultation

1. Background

The Scottish Health Council was established in April 2005 to promote improvements in the quality and extent of public involvement in the NHS in Scotland. It supports and monitors work carried out by NHS Boards to involve patients and the public in the planning and development of health services and in decisions that affect the operation of those services. The Scottish Health Council has a network of 14 local offices across Scotland (one in each health board area) and a National Office in Glasgow. The Scottish Health Council is part of Healthcare Improvement Scotland.

2. Introduction

The Scottish Health Council welcomes the invitation to respond to the General Medical Council’s consultation on Developing the UK Medical Register. Last year we were invited by the Scottish Government to gather some public views on the introduction of a Register of Interests for NHS Scotland. This new register would create a searchable record of all payments (including payments in kind) to NHSScotland healthcare workers from industry and commerce.

Whilst the feedback we gathered from the 81 people who took part in 14 discussion groups across Scotland relates directly to the development of that Register of Interests, there is a direct ‘read across’ to the General Medical Council’s consultation on Developing the UK Medical Register which we would like to highlight as our response. A copy of our published report, entitled Register of Interests: Gathering Public Views is online and embedded below.

3. Feedback relevant to UK Medical Register

Below is some feedback from participants which the Scottish Health Council feels relates directly to the development of the UK medical register.

- There was a feeling that there should not be an option for health professionals to “opt out” of providing some information and that sharing details should be consistent for everyone. They also felt it could be confusing for the general public if some professionals provided information and some did not and the potential for a two tier register was not helpful (or less meaningful).
In terms of practicalities, participants advocated for a Register of Interests to have the ability to search for healthcare professionals (and other aspects such as a condition specific drugs) and for it to be in a “patient friendly” format similar to Scottish Intercollegiate Guidelines Network (SIGN) guidelines.

In the interests of transparency, participants felt that the Register of Interests should contain all information that was available to be shared although they recognised that inclusion of any information should always be sensitive to data protection for the individuals themselves.

We asked participants if they would find a Register of Interests useful and if so how they would use it. Whilst a number of participants said that they would not find a Register useful and that may apply equally to the medical register and so would be unlikely to access it, the majority felt that it would be helpful for the likes of:

- sharing and comparing data and practices
- personal learning and being able to search on specific topics relevant to their condition
- looking at local details and practices
- to assist individuals with NHS complaints
- information for patients about their medications.

When we asked participants how they would prefer to access (look at) a Register (internet, publication, other), they said that being able to access it via the internet was the preferred approach although they acknowledged that this would not suit everyone so it needed to be supplemented with the information being available in written format (and other languages). It was also recommended that it be available through local libraries and publicising the existence of it was important.

It was also recommended that a freephone telephone number be available for people to obtain more details. Other suggestions included making a Register available through:

- the Scottish Government’s website
- an annual publication
- local authorities and their associated websites, and
- general medical practices.

The consultation document refers to the possible introduction of a tiered register with the first level including information that had been validated such as qualifications, etc. Although an attempt to give more information about the qualifications, ‘standing’ and experience it does touch on ‘competing professional interests’ as part of increased transparency and so we would advocate in this consultation for a fully transparent declaration of interests and specifically the full declaration of financial interests including amounts and services provided.

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