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Joint UK Health and Social Care Regulators PPI Group:

Making registers more usable

FINAL REPORT

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1.1 Executive Summary

In April 2006 Opinion Leader Research was commissioned by the Joint UK Health and Social Care Regulators PPI Group to undertake a research project exploring how health and social care registers could be made more usable and more meaningful for the public. The research used a qualitative approach consisting of:

- 4 workshops involving patients and the public
- 1 extended group with people for whom English is not their first language
- 1 extended group with people with complex health and social care needs
- 1 group of intermediaries (people from support agencies)
- 10 depth interviews with people who had used a health and social care register

The workshop and extended group sessions involved both discussion and practical tasks so that participants had the chance to use the registers in a variety of formats - online, telephone and paper.

Findings show that currently there is little awareness of any regulators in the UK, including the health and social care regulators. When asked who regulates health and social care professionals in this country most people say 'the government'. There is some mention of the GMC but this is the only individual regulator mentioned.

Once made aware people assume that regulators mainly:

- Set standards and codes of conduct
- Deal with ethical issues and complaints from the public
- Regularly assess and 'rate' professionals to make sure they meet the standards

However, there is also confusion around whether they, or another organisation, deal with finances, new techniques and treatments and cleanliness.

Once people are made aware of the regulators and what they do, regulation of professionals is seen as important to:

- Protect the public
- Hold professionals to account and deal with complaints
- Give people confidence in the standard of care received
- Protect the image of 'professionals' from people not properly qualified

However, people do not trust that the regulators are always doing their job. Whilst this is not based on any experience or interaction with the regulators themselves, many have negative assumptions that are formed for various reasons; some have had negative experiences of the health and social care system and for some, distrust is corroborated by high profile negative media coverage of cases. Many think that regulators look after the professional before the public, they question who they are accountable to and they criticise them for being slow moving and ineffectual when dealing with complaints.

There is low awareness and use of registers by the public in general and, in particular, health and social care registers. The question of who regulators are for leads people to question who registers are for. Initially there is an assumption that registers must not be for them but mainly for employers and professionals.

However, after some consideration the public think they could be very useful and important for making choices about which professionals they visit. They say that they might use them for:

1. Checking someone is on the register, so qualified to practise
2. Choosing a practitioner in a specific location

People do not think that they would use the register if they were dissatisfied with the service/treatment they received or have a complaint about a professional.

Before using the registers people have high expectations so that when they do use them they can be disappointed. They expect that:

- There is more information on a register than there actually is
- Information will be easy to understand

- Registers will be easy to use
- The type of information included will be consistent across all regulators
- Registers will be up to date

In terms of information on registers, they recognise the difficult balance between a professional's privacy and public interest and in many cases prioritise professional privacy.

They are open to registers having different levels of access and information:

- Different levels of access for employers and the public
- Fitness to practise information being harder to obtain i.e. not immediately accessible

People would like more explanation of the terms on registers and more consistency between information obtained from different formats of the same register and between different registers.

It is important to the public that the search engines function well and allow the user to search by multiple variables. They also stress the need for registers to be updated in real time, especially for fitness to practise information, and to show when and how they were last updated.

They assume that health and social care professionals are already regularly assessed thus supporting the planned introduction of revalidation and licensing to make sure that professionals are practising at the required standard.

1.2 Specific recommendations

Awareness of regulators and registers

- Raise awareness through the provision of leaflets in doctors surgeries, dentists, hospitals and other health and social care centres showing how to contact the regulators, what registers are for and what information is provided within
- Encourage professionals to display their registration numbers either by displaying their registration certificates in their practice or on ID badges, notepaper, prescriptions, appointment cards etc

Trust in regulators

- Regulators need to recognise the need for expediency in acting quickly and communicating the processes involved effectively
- Regulators should make processes more simple and transparent to the public if possible
- Regulators should explore/research whether the current level of lay involvement is sufficient for the public
- Regulators should acknowledge that the public want to know that the regulators are accountable to an outside body

Information on registers

- The regulators need to recognise the public's need for increased access to information held by the regulator and act accordingly, either by providing the information directly or suggesting ways of accessing this information via other sources.
- Ideally people want the same information available on each register and some consistency in terminology where practicable:
    - Full name, address, telephone number, qualifications, experience, specialisms, NHS/private

Fitness to Practise and personal information

- They support the idea of different information being available for different users (public versus employers/regulators) so that employers have access to more information than the public
- They say they would like regulators to keep a log of all complaints and allegations (proven and unproven) for themselves and employers but keep unproven cases inaccessible to the public

Clear, easy to understand information

- They want clear explanations of terms and abbreviations used (in all formats) in a meaningful way for the public. For example,
    - What the specialist actually does rather than generic terms
    - Explaining what services a professional is qualified to provide

- Explanations of the terminology used and a glossary of terms given to explain the different services

Up to date information

- Registers should be kept up-to-date and show clearly when they were last updated (and what this means)
- Implement revalidation and licensure to demonstrate that professionals are being checked regularly

Ease of use/accessibility

- A central website address or phone number that directs users to the relevant register
- The regulator's sites could have separate sections just for public (or separate phone numbers)
- Formats should be consistent where possible in:
  - The types of information given
  - The level of detail provided

Online format

- Registers should be easily accessible from the regulator home pages
- The existing search function should be more flexible
- Some of the information that the regulators hold that is not currently available to the public should be made available e.g. practice addresses, specialisms
- Regulators should hold more information on registrants than at present e.g. NHS/private
- Make the registers easier to use for disabled and older people e.g. larger type
- Include an easy to use 'Help' or FAQs section in all registers

Paper format

- Continue phasing out paper versions (as is already happening) whilst increasing accessibility of the other formats.

Telephone format

- The telephone service could be improved particularly around:
  - Information available

- Customer service (including training staff)
- Answering the phone, not putting the caller on hold for long periods
- Removing automated routing

2. Background, Objectives and Methodology

2.1. Background

Each of the 13 health and social care regulators maintains a register of professionals who have been deemed eligible or 'fit to practise' in the UK. As such, registers enable patients and the wider public to check whether an individual professional is registered or not. If a professional is on the register, this means:

- They have achieved the minimum standard set by the regulator to practise safely
- They have agreed and are able to meet the expected standards, in terms of:
  - Educational standards
  - Maintaining their skills (e.g. via self directed learning, audit, etc)
  - Meeting codes of conduct and ethics

The regulator investigates patients' or carers' concerns about a professional which relate to Fitness to Practise.

Each regulator sees public and patient involvement as an essential component of its work. Therefore, they have established a Joint UK Health and Social Care Regulators Public and Patient Involvement (PPI) group to:

- Assist the improvement of patient and public involvement work of partner organisations
- Develop an annual PPI strategy and work place for the groups work that complements individual partner organisation's PPI strategies
- Identify and agree joint patient and public involvement initiatives and to promote strategic joint working on PPI issues
- Identify and share best practice

2.2. Objectives

The Joint UK Health and Social Care Regulator PPI Group commissioned this study to meet the following objectives:

- To explore awareness, views and experience of the regulation of healthcare professionals in the UK
- To find out what people know and assume about what a register of healthcare professionals is and does
- To find out what might prompt people to check to see if a healthcare professional is registered with the regulator
- To find out what information people would be looking for from a register of healthcare professionals
- To assess whether the information they would currently obtain would meet their needs and expectations
- To explore how they could / would use the information currently available
- To determine how they would prefer to gain access to the information they are looking for
- To review existing formats and the assumptions made about each
- Overall, to make recommendations on how registers could be made more usable now and in the future

2.3. Approach and methodology

The research used an entirely qualitative approach. 4 workshops with patients and the wider public, 2 extended groups (1 x those for whom English is not their first language, 1 x complex health and social care needs), 1 group with intermediaries and 10 depths with register users were conducted for the project.

Briefing notes with details of regulators and registers were used throughout the discussion to ensure respondents held an informed discussion following capture of their spontaneous opinions (attached as appendices). Agendas are also attached in the appendix.

The workshop and extended group sessions also included practical tasks so that participants had the chance to use the registers in all formats - online, by telephone and paper copies. Please note that the public had little or no awareness of the existence of regulators and registers at the beginning of the discussion so much of what was said before the practical tasks is based on assumption.

Detailed feedback for specific regulators is provided separately.

More details on the methodology and approach can be found in the appendix.

3. Key Findings

3.1. Regulators

3.1.1 Awareness of regulators

The public have little awareness of any regulators in the UK, including health and social care regulators. This is true even for patients and those with long term or complex health and social care needs. Whilst few have spent any time thinking about who might regulate health and social care professionals there is an assumption that 'somebody must be doing it'. After some thought participants suggest that the following bodies or people might regulate health and social care professionals:

- Government or 'Health Ministers'
- Local Authorities
- British Medical Association
- NHS
- Unions or watchdogs– however, people to struggle to think of any names of unions they think might perform this function

Very few mention any health or social care regulators spontaneously. When they do, the most frequently mentioned regulator is the GMC. The GMC is mentioned more by patients than members of the public. When prompted, the GMC is also recognised more than the other regulators.

> *"I've heard of the GMC, that's where people go when they have been to bad Doctors and things like that, isn't it?"* (Glasgow, Patients)

There is some evident confusion about what health and social care regulation entails. There is an assumption that regulators deal with complaints from the public about professionals and 'strike off' any professionals that are not doing their job. However people also think regulators:

- Set standards, training and monitor performance

- Formulate codes of conduct and deal with ethical issues
- Assess and regularly rate performance

> *"[Regulators are there] to make sure that the standard of training is of the (right) standard when they're actually practising medical procedures on people - it has to be a watchdog basically, make sure people actually have the right qualifications to do procedures"* (Birmingham, wider public)

There was some confusion over who regulates the professionals versus performance/cleanliness and financial monitoring. Some people think that the professionals' health and social care regulators monitor professionals' charging structures and spending, regulate new techniques and treatments and also cleanliness in hospitals. Their assumptions also mirror high profile media coverage of current issues around budgets, MRSA and new treatments.

> *"They make sure health practices aren't overspending their budgets."* (Belfast, wider public)

3.1.2 Perception of regulators

Despite a lack of awareness of regulation, regulators are assumed to be important and necessary to;

- Protect the public
- Standardise care – the fact that there is a regulator reassures the public that when they see a health or social care professional the service will be of a certain standard
- Deal with complaints and issues arising independently
- Protect the reputation of true professionals

> *"It's so vital not just because it's a case of it being desirable that somebody is competent but the treatments involved here can be very life-threatening, or psychologically damaging if they're done by a person who hasn't got the necessary skills…it's a kind of protection, isn't it? You're at your most vulnerable and you can't quite totally protect yourself so you need to know that*

people [aren't] going to abuse their positions." (London, Complex health and social care)

Participants express some surprise that there are as many as 13 health and social care regulators – their lack of knowledge of health or social care regulators means that they are unaware of the many different types of professions that are regulated. Once the current regulatory system is explained to them, they see it as confusing and disjointed and would like to see a consistent approach to health and social care regulation. However, they also recognise the need for specific regulators to deal with issues separately because of their expertise in their field. Some suggest that they would like to be able to access all the regulators in one place. Whilst maintaining the autonomy of each regulator this would allow increased dialogue and unity.

3.1.3 Trust issues

Despite the low awareness of the regulators, there is some distrust of regulators by the public. This is particularly true for those with complex health and social care needs, whose views are influenced by largely negative experiences of the health and social care system. Those that have had negative experiences of the health and social care system have not had contact with health or social care regulators, but their experiences of the system (e.g. delivery of care by professionals, waiting times, service, access to care etc) have made them wary of the whole health and social care system, including regulators. The main trust issues are due to perceptions that:

- Regulators operate behind closed doors and processes involve professionals regulating their peers e.g. doctors regulating other doctors
- There is an 'old boys' network – the public think that regulators are more likely to look after 'their own' than the public
- The regulators are not accountable to anyone – many ask 'who regulates the regulators?'
- Decisions are not seen to be made and actions are not carried out quickly enough

"Doctors they're keeping themselves in such a community and the protecting themselves, so for example doctors are checking by the doctors, so obviously a second doctor won't charge another doctor because they are friends" (London, English as a second language)

"I think to leave them to their own devices is a bit stupid. They need to be regulated and they know that they need to be regulated. The regulator's got to be accountable ultimately." (Birmingham, non-patient)

Distrust is corroborated by high profile negative media coverage of cases. Many spontaneously mention the Harold Shipman case as evidence that regulators may not be protecting public interest adequately. Cynicism about regulators raises the question of who the regulators are acting for and therefore who the registers are for.

Issues around trust mainly arise from a lack of knowledge or awareness of regulators. This can be tackled by increasing awareness and transparency by the regulators. The public want to know more about the processes involved, reasoning and outcomes of the complaints system and trust can be gained by seeing regulators acting quickly and effectively.

"To me, the word professional means closed shop, their own ethic and once you're in that profession they're going to look after their own and have their own language and if you do have to complain it's like a brick wall and it's hard to break through." (Complex health and social care needs, London)

"That is very much the perception out there … of doctors. They all stick together and you will never actually get to the bottom of anything. (Intermediaries, Birmingham)

3.2. Awareness and perceptions of registers

3.2.1 Awareness of registers

There is little awareness and experience of registers in general. A few people had used other registers before such as registers of:

- Lawyers
- Accountants

- Builders
- Driving Instructors
- Corgi registered gas installers
- Childminders

The most widely recognised register is the Corgi register. Many mention that they would check to see if a professional or organisation has the Corgi stamp before hiring them. The Corgi stamp elicits trust from the public and as such, very few would think to double check it on a register. There has been a lot of publicity stressing the importance of checking that the person is Corgi registered, i.e. has the stamp. There has been no mention of double checking this on the register too so they assume that regulation of that industry is good and that people not properly qualified are identified and stopped from working.

Some participants with children had used a register of childminders. The main reasons behind checking the register are:

- Because childminders are independent and so the public can't rely on an employer to do the relevant checks
- Because of the nature of the work – parents feel responsible for protecting their children properly (because children cannot protect themselves)
- There is a perception that it is more likely for people to 'pretend' that they are qualified to work with children e.g. paedophiles

There is even less awareness of health and social care registers. Indeed, the concept of these registers seems so alien to some that they struggle to say what they are. When asked to write a description of what a register is, many participants instead described a regulator. This suggests the need for caution when using the word 'register' on web pages or the telephone as many of the public do not know what this term means.

Initially some suggest that a health or social care register is:

- A list of everyone who is working in that profession
- A list of practices or services

- A list of people who need assistance (i.e. social care)
- A list of unsuitable people who shouldn't be working in that profession

"A register shows that all aspects in health and social care are being met to the approved standards." (Birmingham, wider public)

"A register shows all professionals working in the UK and their qualifications to date" (Bridgend, patients)

After further consideration many, but by no means all, of the public and patients assume that a health or social care register is a list of professionals that are qualified to work in the area.

3.2.2 Who they are for?

Public and patients assume that the registers are used mostly by employers to check the status of prospective employees. This is mainly because:

- The public and patients were not aware of registers before the research
- They do not think the regulators really act for them, they are thought to work more for the profession

The public and patients cannot initially think of why they would use the registers because they trust that employers (particularly the NHS) have looked at the registers to check they are employing properly qualified professionals.

"Employers are accountable if anything goes wrong with this new employee" (Bridgend, wider public)

"I didn't know that these registers were open to the public" (Glasgow, patients)

3.2.3 Importance of registers

After being introduced to the idea of registers, it is seen as extremely important that they are in the public domain for a number of reasons:

- People feel uncomfortable asking for proof that a professional is qualified – some feel uncomfortable questioning someone in a position of authority. Others worry that it will affect their relationship and the treatment they receive in the future.
- Increasingly, the public feel they have a 'right to know' information that concerns something as important as their health.
- The existence of registers gives people increased confidence and trust in the standards of health and social care professionals.
- Registers are seen as a deterrent to 'cowboy' practitioners.

> *"It's increasing our knowledge and power, it's talking about letting us be up to date in terms of the information which is available and increasing our knowledge of understanding the system, which is supposed to be acting on our behalf."* (Birmingham, wider public)

> *"Because there are people slipping through but I mean if you did not have that (regulation), I think there would be an awful lot more people writing their own certificates."* (Glasgow, wider public)

> *"Registers protect the public but they protect the professional too."* (Birmingham, patients)

3.3. When might the public use registers?

After some thought, people think that the registers could be useful to them in two ways:

1. To check that a known professional is on the register
2. To find/choose a qualified professional in a particular location

These potential reasons for using the register are supported by interviews with members of the public who have actually used the registers (details can be found in section 3.6).

3.3.1. To check that a known professional is on the register

People say that they might check a register to see if a professional known to them is qualified and registered. People are less likely to check NHS professionals such as doctors and nurses, particularly if they are in a practice setting. The public expect and trust that employers such as the NHS will have conducted the relevant checks. They are more likely to access the register to check professionals that are working independently, especially in lesser known professions such as osteopathy and chiropractics because:

- Independent sector professionals don't have the extra vetting of an employer
- Professionals that work from home or less established premises, as well as those that travel a lot are perceived to be more of an 'unknown quantity' e.g. aren't being watched and casually monitored by others, less easy to track down if something goes wrong
- Cosmetic surgeons might also be checked – as cosmetic surgery becomes increasingly popular and more horror stories are circulated, there is an increasing worry that there are 'hack' professionals that are unregulated

> *"You're not going to go into a doctors thinking I'm going to take your name down and check you out, you just wouldn't think like that."* (Birmingham, wider public)

> *"You can get some of this stuff under the NHS and not pay for it privately. I feel that you're in safe hands there (in the NHS) because they would have had to do some kind of checks … hopefully they wouldn't have slipped in. [In private practice] they're just able to get through and people don't know anything, that they're not good and that they're making mistakes"* (London, complex health and social care needs)

3.3.2. To find/choose a qualified professional in a particular location

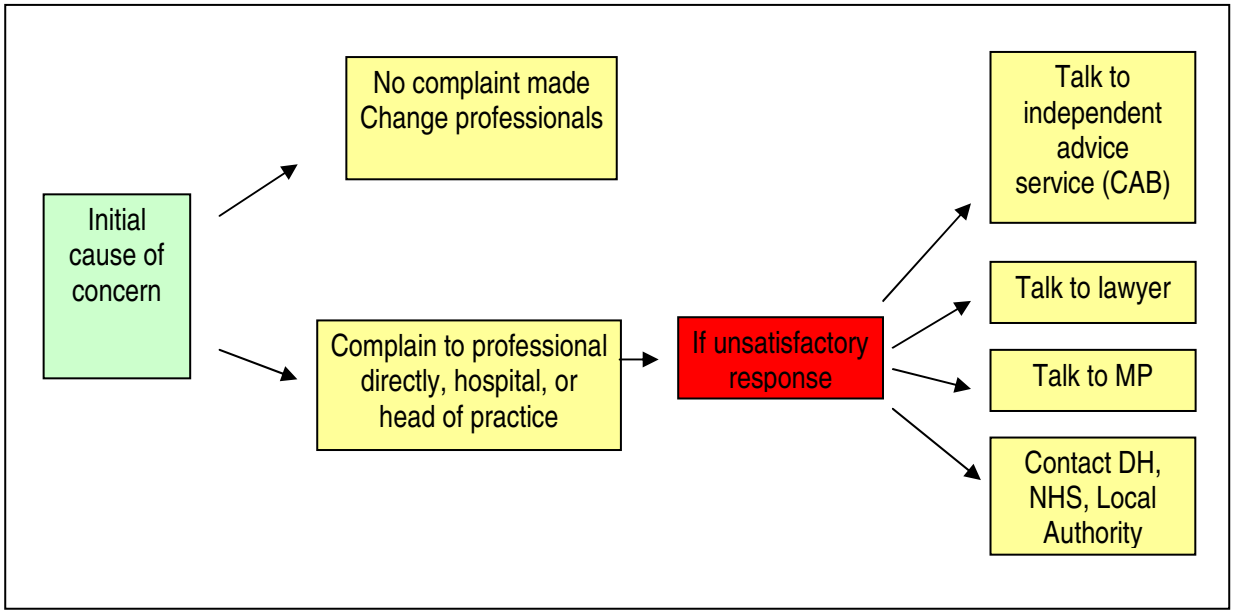
Some people say they would look at the register to choose a registered professional in a specific location. Currently people search for practitioners in a new area by:

- Getting word of mouth recommendations
- Searching the internet
- Looking it up in the yellow pages

Whilst they are happy with these search methods, registers are seen as a potential source of further information to help them choose the best practitioner available. Whilst current search routes provide names, addresses and perhaps some qualifications, it is expected that the registers would give them access to more information about the professional e.g. more detailed information on qualifications and specialisations.

3.3.3. Making a complaint

People do not think that they would check a heath or social care register if they have a complaint about a professional. They say they would use alternative routes to log complaints.



Most people say that if they are not happy about an aspect of their care they do not log a formal complaint they just change professionals. However, if a case is more serious, people would first attempt to solve the problem 'locally' – by contacting the professional themselves, the hospital or the practise manager. If the outcome is unsatisfactory they would then begin to seek advice elsewhere from:

- Independent advice services such as Citizen's Advice Bureau
- Lawyers
- Their MP
- Department of Health, NHS or Local Authority

Even when the public are made aware of the regulators many people do not think that they would approach a regulator in the first instance. They would prefer to try to resolve the complaint at the ground level first. If at some stage in the process they are referred to the relevant regulator they would assume that the regulator would do the necessary checks of the register for them. There is a pervading sense that the public do not feel that it is their responsibility to check to see if a professional is registered if they have a complaint.

The preferred routes for complaints suggest the need for more human interaction when lodging a complaint. Whilst checking the register could be the first stage of the complaint process, e.g. checking to see if a professional is actually registered or checking a professional's unique ID number, people prefer to lodge a complaint directly and expect others to check registration details. In most cases, the information from a register would not persuade or dissuade people from making a complaint.

3.4. Information needs

3.4.1 What information people want on registers

The information that people want on a register is dependent on their reasons for looking at it.

If people want to check to see if a known professional is on the register they say they would want the following information:

- Professional name
- ID/registration number (a stamp of authenticity)
- Basic qualifications – to check they are correctly qualified
- Level of experience, specialisations – to check they are working in the right area and at the right level
- Location – but only as an identifier (e.g. could differentiate between people with the same name)

They would want to be able to search for a professional on the register by first name or initial, and surname.

If people are looking at the register to choose a qualified practitioner in a specific location they would want more detailed information to allow them to make an informed choice:

- All qualifications, specialisations, training – some mention that they would like a 'mini CV' detailing a professional's working life. This would differentiate the register from other search engines that are currently in use. It would allow the public to choose the professional best suited to their needs
- Private/NHS – to allow them to make a more informed decision about the care they receive
- Practice details e.g. address, telephone number, e-mail, link to website, fax. Whilst some regulators (such as the GMC) have recently removed these details from the register[1], participants believe such details to be vital when looking for a qualified practitioner
- Specialisation (e.g. midwives, contact lens specialists)

To maximise the potential of this function, the register would need a range of advanced searches and 'sort' facilities on top of name searches:

[1] . The GMC register previously contained a registered address. For most doctors, the registered address was their home address. Due to the need to protect privacy the decision was taken to remove these addresses from the web. Participants agree that the safety of the professional is important and inclusion and home addresses should not be on the register

- Location; by postcode, street or town – with the possibility of location maps, distances to an address (e.g. 2 miles from your postcode)
- Private/NHS
- Specialisation

The public admit that having this information available may lead to competition between professionals but this is not seen as a problem. Indeed, many think that having this information in the public domain would encourage professionals to gain more skills and qualifications, ultimately benefiting the public.

> *"(Showing qualifications) can be an upside, because obviously he's got more qualifications. You're going to go to the most qualified Doctor."* (Birmingham, wider public)

Some see the register as a 'one stop shop' so expect information on waiting times/availability, performance 'star' ratings etc. Others suggest that the register could act as a potential marketing tool for professionals and could show information such as prices and opening hours. However, these functions do not necessarily fit with the regulatory function of registers. Also, this additional information would make registers more complicated and harder to use and some suggest that rather than including it on the registers, it would be useful to have links to other sites that include this information.

For both functions, the public feel that it is vital that registers are updated regularly. The public already think that the registers are updated in two ways:

- They assume that professionals are regularly assessed by regulators. They say that:
  - It is the only way that regulators can effectively make sure that standards are maintained
  - Doctors should be re-assessed regularly because of the speed of developments in medicine e.g. new medication and technology etc.
  - If someone is not meeting the standards then they should have to take further training

This finding lends support to the idea of revalidation.

- They expect that a professional's information on the register is updated regularly
  - They assume that professionals send in their new details regularly (e.g. new practice details, new qualifications)
  - They assume that if a professional is found guilty of malpractice/negligence then the register would reflect this immediately (e.g. if someone gets struck off)

Certain health and social care regulators have been working on this model for years and have had them stated as goals for some time.

The public think that the register should state clearly when it was last updated and what this means.

> *"(Professionals) should be checked like once per year because science is developing all the time. They should improve their skills. They should be checked all the time."* (London, English as second language)

> *"You should have to take another exam or something to re-qualify to be in this council thing. They should ask you for your training over the last three years and you can't produce it then you're deregistered."* (Bridgend, wider public)

3.4.2 Fitness to practise information

The term 'fitness to practise' is widely misunderstood, with the exception of the intermediaries. 'Fitness' is often taken literally as physical and/or mental wellbeing. Otherwise it is understood to be about whether someone is properly qualified to practise.

> *"It means that they're fit in body and mind to actually practice."* (Birmingham, patients)

Once explained, fitness to practise information is considered to be crucial. Initially the public want all fitness to practise information in the public domain because:

- They think it is their 'right' to access information that affects their health – since they are being treated, they do not think that it is right that others (such as employers) should know more information than them
- They do not want to take any chances with their health. Some say that they would prefer someone with no fitness to practise issues even if they are unproven (e.g. unproven complaints or allegations against them)

  "If you can choose five doctors, you can go to another one who has no problems." (London, English as a second language)

- It partly stems from a lack of trust that regulators will act quickly and effectively. The public can feel like they have to make their own decisions about fitness to practise because they do not trust that regulators are handing out fair or harsh enough punishments. This is particularly true for those with complex health and social care needs.

However, after more consideration and discussion people think that fitness to practise information is a contentious issue. Many spontaneously question the consequences of having all fitness to practise information in the public domain:

- Many people spontaneously acknowledge that it is unfair to make judgements about professionals when they have not been proven guilty

  "If it's unproven and he's worked hard to get where he is and then have people judge him for something that he hasn't done, yeah I think that's wrong." (Bridgend, wider public)

  "You always get your wee hypochondriacs they go in and really make a mountain out of molehill."(Glasgow, wider public)

- Having fitness to practise information on the register before it is proven, e.g. allegations and hearings pending, would influence their decision to visit a professional and would therefore affect a professional's career unfairly

"People are inclined to think that there is no smoke without fire." (Belfast, patients)

With this in mind, a majority agree that unproven allegations and hearings pending should not be on the register. Yet, when discussing more serious allegations, people are less sure about what information should be in the public domain. If a claim is serious there are suggestions that a professional should be suspended until the hearing.

Once something is proven, any action taken should be shown, including warnings, cautions, conditions etc because:

- These affect the public's choice of which professional to see
- If someone is checking the register for a known professional they should be able to see if the professional is practising within their allowed remit
- Suspensions should be shown on the register too but be clearly marked. If someone searches a register and cannot find a person they assume they have spelt the name wrongly when actually that person might have been suspended

Re-instatements to the register should be shown along with actions taken by the professional to be re-instated. Most assume that to be re-instated professionals have to pass a test or go through a retraining process.

The public want to see cases investigated quickly and effectively so that they can be concluded and the register can be updated:

- There should only be a short time between the allegation and the conclusion of the investigation so that professionals are not practising when there is a possibility that they are guilty
- Both patients and professionals will then be able to reach a conclusion quickly and have some closure on the event

Initially the public have difficulty understanding the terminology associated with fitness to practise (e.g. hearings pending, allegations etc) and the implications; e.g.

- ‘Is an allegation proven or unproven?’
- ‘Is a warning acknowledgement that they have done something bad?’
- ‘What is the difference between a warning and a caution?’

If these terms are used on registers there should be accompanying explanations.

3.4.3 What information shouldn’t be on the register?

The public are considerate of the needs of professionals as well as themselves. They mention spontaneously that it is important to protect the privacy of professionals and, therefore, it is only important to display information that is relevant. For example, they only want to see criminal convictions that are relevant to the profession. Convictions such as speeding crimes are not considered to be relevant to the public in this instance.

“They’re entitled to their privacy like anyone else.” (Bridgend, Patients)

“If somebody’s got a conviction for rape, obviously (it’s important) but if it’s drunk driving or assault or something, even defrauding a bookmaker or something like that, it doesn’t affect his (ability to practise). It depends on how serious it is, or the strength of the conviction, if you like.” (Glasgow, patients)

Most think that the following **should not be on a register** (mainly because it could be harmful to the professional):

- Home details (e.g. address, phone number). This is considered to be unsafe for professionals and their families, particularly for those who work with more dangerous types of people
- Photos should not be on registers to protect a professional’s privacy. However the minority thought a photo would be useful to help confirm the identity of a professional
- Disabilities should not be on registers to protect against discrimination. There is also a view that if someone is fit to practise and they are on the register then any disabilities are irrelevant

A small minority hold the view that all information should be available to the public so that they have all the information possible to make their own choices.

Most think that the following information **is not important for the register to contain** (but is not necessarily as harmful as the information above). It is important to note that whilst most think that the following information is not important, there is a minority viewpoint that the information is harmful and **should not be on the register**:

- Age – as this could lead to age discrimination (against both younger and older professionals). There is a majority view that professionals should not be judged on their age but on their competencies and qualifications. A minority would like to know age as it would possibly affect their decision when choosing a professional
- Nationality and ethnicity – this is seen as irrelevant and again could lead to discrimination. The English as a second language group did not think these were important issues. However, a minority think that others would find nationality and ethnicity important to choose someone who is more culturally specific to their needs

3.4.4 Different information needs

Having different levels of information on the register is widely supported. This would allow:

- Different levels of access for the public depending on the sensitivity of the information
- Different access for different users e.g. regulators, employers and the public

The public think that there should be three levels of information that the public can access:

1. Top level and easy to access information

- Basic information
  - Professional name
  - Registration number
  - Practice details (address, telephone number)
  - Basic qualifications and place of training
  - Registration history

2. Mid level information

- More detailed information
  - Other qualifications
  - Continuing Professional Development
  - Specialisation
  - Level of experience
  - Practising/non-practising

3. Lower level access

- More sensitive information such as fitness to practise information
  - Conditions
  - Warnings
  - Cautions
  - Fitness to practise history (e.g. past suspensions)

- The public are willing to have to enquire further to get this information – many say that they wouldn't mind having to write in with their reasons for wanting fitness to practise details

  "If you need some more in-depth answers, you can ask for that and they can give you them … some information available on request." [Patients, Bridgend]

There is also support for different levels of access for employers, regulators and the public.

For the public:

- Unproven fitness to practise information should not be in the public domain because professionals should not be 'judged' until proven guilty

For employers/regulators:

- Whilst unproven information should not be in the public domain, the public think that it is important for this information to be logged somewhere and accessible by employers and regulators
- They want to know that employers and regulators are keeping an eye on any emerging trends concerning complaints and allegations. There is an assumption that even if not

proven there may be some truth to the allegations in some cases. This way they can assess a professional, review cases and possibly stop something more serious from occurring

"If someone had complained against me and then that all went in the public, then that would just ruin my career. So I think fair enough if I'm proven guilty (but otherwise it's not fair)." [Wider public, Birmingham]

"I feel that the allegations should be kept, shouldn't be discarded because what if there's a number of them throughout the years?" [Wider public, Belfast]

3.5. Using the register

3.5.1 Expectations and how they are met

Although most people were initially unaware of registers, once they discussed them, expectations began to rise. When the public have a chance to look at the registers and work their way through various scenarios (see Appendix), the registers do not live up to their expectations:

- The main criticism is the lack of information available on the registers. People expect more information generally, particularly around qualifications, experience and practice address
- People are unsure about when the information was last updated or what information has been updated. There is also inconsistency between registers on this - some had been updated the day before, some were updated 3 weeks ago
- There is inconsistency across the different regulators' registers – many express surprise that different regulators give different information and find it hard to understand why one professional should have more information in the public domain than another
- There is also inconsistency in the information presented in different formats of the same register (more details in 3.5.2)

"It was a shame. We thought the information was very vague really." (Belfast, patients)

There is also much confusion about the terminology used on the register. Some specific examples include:

- What Part 1 and Part 2 mean
- What specific qualifications and abbreviations mean

In some instances, the public make wrong assumptions about what terminology means:

- Specialist – all assume that specialists are more experienced/advanced than non-specialists
- Higher/advanced level – these are often assumed to be the same as specialists
- Practising/non-practising – there is an assumption that non-practising are on maternity leave, or other authorised absence

If terminology is not clearly explained it is likely that the public will misinterpret the information available to them, which could have negative consequences. Also, if terminology is confusing people can be left feeling daunted and intimidated. This can reinforce earlier opinions that the registers are 'not for them' but for employers instead.

> *"The terminology, the language they use, not everyone can access it."* (Birmingham, wider public)

> *"It just gave me the name of the DDD, FEB, ODD, you know I found it left me in the dark to say the least."* (Belfast, patients)

3.5.2 Different formats

Another issue for the public is that different formats of the same register give different information. In addition:

- Some wouldn't give information over phone which is easily available online
- Conversely, some gave more information on telephone than online
- Some gave more information on paper than internet or phone

The public struggle to understand why one format should contain different information and do not think that people should be discriminated against if they cannot access a particular format (e.g. if they cannot access the internet they should not have access to less information).

In some cases, inconsistent information was given across the formats:

- Over the telephone, the register listed 4 contacts for a name in London, the internet listed 10 contacts for the same name in London
- One name was not in the paper copy but was given online and by telephone

This makes people question the validity of the information.

Paper format

Of the three formats, the paper format is perceived to be the least useful:

- Paper registers are seen as the least up-to-date because they are seen as the most difficult to update regularly

  "(If someone were) struck off, they'd still be in the book then, wouldn't they?"
  [Patients, Bridgend]

- The telephone and internet are more accessible and instant
- It is thought to be difficult to search for information in the paper copies – e.g. although paper registers can be searched by location, people did not think this was possible

Telephone format

Accessing the register on the telephone is important, particularly for those without computer access or for those who are not used to using the Internet. Generally, the telephone format is preferred by older people. Many also like the human aspect of accessing the register by telephone so being able to talk to someone:

- Public can ask questions and ask for clarification
- There is an expectation that more information will be volunteered over the telephone
- In some cases, participants did manage to get more information on the telephone than other formats by probing for more information

"The telephone was fine, it was simple, it was thorough and of course it's a medium where I'm comfortable as well. And there was no problem getting the information, I got exactly what I asked." (Complex health and social care needs, London)

Whilst people think that the telephone register is important, in practice many are disappointed by the service they receive:

- Some phone calls are not answered and others are put on hold for long periods of time. In some cases the wait is in excess of 10 minutes. Some express concern that accessing the register by telephone may be expensive as phone calls can end up being lengthy
- Some staff are unsure about what information they can disclose
- The automated routing is seen as confusing, particularly for older people. People are unsure about which number to press to get to the register
- Some telephone register operators refer people on to other sources for the information they require e.g. online register, NHS Trust or telephone directory service such as '118118'
- Some participants were told by telephone staff that they "don't have time to help them"
- Some information is not the same or as detailed as on the online registers
- Some information is not given out at all (e.g. many cite the Data Protection Act or the requirement of a PIN number) when the information is freely available in other formats
- Some are told to put their request in writing, even when asking for very basic information

The overall impression the public get from the telephone is that the register is not there to help members of the public.

"(Seems that) they're protecting everyone on the register so, therefore, they're not giving you the information you need to know" (Wider public, Glasgow)

Online format

For those that can access the register online, this is seen as the most favourable format, particularly for those who speak English as a second language and for higher socio-economic groups (ABC1):

- It is perceived to be the most up-to-date format – the technology is available to update the online register quickly
- People can access the register anytime online
- The registers are generally seen as quite easy to navigate if they are used to using the internet
- People for whom English is not their first language prefer accessing the register online
  - They feel more comfortable digesting information in their own time
  - They can feel uncomfortable talking to people on the phone as they are concerned that they will not be able to express themselves properly
  - They are concerned that people might discriminate against them because their English is not fluent
  - Those we interviewed could speak English to a basic level and could converse easily in English. Others who struggle with English may find it necessary to look at the website in their own language
  - If people who speak English as a first language are confused with the terminology, those who speak English as a second language can find the language very intimidating

"Sometimes I get the problem of understanding the person who is talking to me, so I prefer just to sit and you read it and find out what I want" (London, English as a second language)

Those that have used the registers before have mainly accessed the registers online (more details in section 3.6). This is not surprising given that whilst we recruited users who were using both the telephone register and the website, a majority of users were recruited through the website.

Whilst online registers are preferred there is still room for improvement:

- Once on the regulator website, some have difficulties locating the link to the online register
- Some home pages are seen as confusing and quite cluttered
- Sometimes the register is a number of clicks down. It is particularly confusing for the public if the link is hidden in other text on a page
- Whilst some had large text, this is not consistent and makes it hard for those with vision problems to read
- Often there are not explanations for information that is hard to understand. A perceived benefit to the telephone register is that the public can ask questions about the information. On the online register, people did not always understand the information given (e.g. what Part 1 means to members of the public – what does that enable them to do/not do?)
- Abbreviations and jargon are not meaningful to the public – the public want to know what the information actually means to them as members of the public. Otherwise the jargon reinforces opinions that the registers are for employers and professionals themselves

A perceived benefit to the online register is the ability to search the register thoroughly. The Scottish Social Care Council online register is praised for its search facilities:

- Drop down search bars are seen as very useful
- Optional tabs for more advanced searches are seen as useful to narrow down the results. This is less time consuming for the public as they do not have to trawl through pages of results for more common names

"I just searched for a name, and it takes ages (to look through) because it's all in alphabetical order, to get to z you have to go through alphabetical order like a, b, c just for the names, and that takes for ages." [Register user]

But the public do not think that other registers' online search facilities are being maximised, particularly in light of the reasons they would think to use the register. The public want:

- To be able to search in a number of ways – e.g. first name, last name, location (address and postcode), ID number, NHS/Private, specialisms or gender

- Help if they don't know the spelling (sounds like…). This is already available on the GMC website and is praised.

  "You couldn't have looked up the district that you're living in. You have to know the name of the professional, before you could find them because it doesn't go by districts, everything's all by the Doctor or Dentist name." (Glasgow, patients)

3.5.3. ID numbers

Before accessing the registers, the public are not aware of ID numbers so they are not seen as being an important piece of information. However, once they access the register this changes:

- They are a unique way of identifying professionals
- The public can differentiate between two professionals with same name
- ID numbers are useful for making complaints because the public can be sure that they are complaining about the right person
- They are seen as a stamp of authenticity (in much the same way as Corgi registered badges are trusted)

Currently, none of the people interviewed knew their professional's ID number. Because of this, there is a perception that ID numbers are not public knowledge and the public do not think that they are displayed anywhere. The public would like to know their professional's unique ID number but most would not feel comfortable approaching a professional for this. There are suggestions that ID numbers need to be more prominent e.g. on certificates, badges, appointment cards etc. This finding supports the move by the GMC to make ID numbers more prominent. No-one expressed concerns about the possibility of identity fraud.

There is some confusion about the meaning of the terms registration number, PIN number and ID number that is amplified by the different terminology used across the different regulators. People would find it more useful and less intimidating if there was a generic term for these numbers across the regulators.

3.6. Register users

3.6.1 Awareness of regulators and registers

People who have accessed health and social care registers before mainly know about them from:

- Friends who are professionals and have told them about registers
- Working in the health and social care area before
- The professionals themselves who have directed them to registers

A minority stumble upon them through links from other websites, such as private practice websites or BUPA, or search engines. For example, one person wanted to check someone's background online when, after a lengthy trawl of the internet, he found a register which gave him the information he was looking for.

Before accessing the register, people have little knowledge of regulators. After accessing a register, they are more knowledgeable about the role and functions of that specific regulator, but they have little awareness of any other health or social care regulator.

3.6.2 Reasons for using the register

The reasons for using the registers vary, but broadly fall into two categories that support findings from the public workshops and groups:

- Checking to see if a known professional is on the register and their qualifications
- Finding/choosing a qualified professional in a particular location

> *"We have a chiropractic practice near where I live. I phoned them up, and I spoke to the chiropractor. I said to her are you a registered chiropractor? I said I know that sounds a rude question but there are some very strange people about and I'd like to make certain that you're a bona fide chiropractor. So she said yes, and that I could phone the, I've forgotten what it's called now, it's the association…" [register user]*

There were a couple of exceptions to this, one of which is outlined in the box below. This participant used the register in a different but perhaps, increasingly relevant way.

> John's parents have complex health and social care needs. His father has started to access 'Direct Payments' – a scheme that gives him the money for his care. It allows him to take control of his own care and hire the people that he needs to care for him. During the recruitment process, John wanted to find out if the social worker his dad wanted to hire had given them legitimate details. He didn't know where to look so went onto a search engine on the internet and typed in 'employment background checks'. After looking at various websites he found a link to the General Social Care Council website. He found the registers and accessed the information that he needed.

The public workshops and groups initially identified that the registers are useful for employers in particular. With the advent of patient choice and an increasing number of people moving onto 'Direct Payments', people are essentially becoming employers themselves. Whilst the Local Authorities help with the process of 'Direct Payments', they do not necessarily carry out CRB checks. Because John's dad is in a vulnerable position and someone will be going into his parent's home to look after them, John uses the register in this instance to do relevant checks during the recruitment process. For this purpose, the information available is sufficient:

- He wants to see if the person is registered and fit to practise
- He wants to see if the person is sufficiently qualified to do the work (e.g. not a trainee social worker)

However, he admits that he would find the register more useful if it had more information, particularly around qualifications. He thinks that if there were more information available, he would use the register in a different way – perhaps to locate qualified and more specialised social workers or nurses in the area.

3.6.3 Using the register

Almost all those who used the register in this research accessed it online. Whilst they were mostly recruited through the website, the reasons for choosing to access the register online are much the

same as the general public's preference for the online format. Few know the specific regulator's website address and people mainly access the register by 'googling' it. Some that have accessed the GMC website have done so by linking through private hospital websites or BUPA. One person interviewed said she could not access the GMC register, it kept saying access denied. She did not know why.

Before using the register, people have few expectations and whilst they are generally quite happy with the information available once they access the register, they comment that they would find it more useful if it had more information available, particularly around qualifications and past experience.

> One register user has been accessing the GMC register over a period of time. She originally accessed the register out of curiosity – to check a known professional was on the register. When she accessed the register, details included 'practice address'.. She has noticed recently that the register no longer contains this information. She is disappointed as she found the practice address useful in identifying the right practitioner. She had also started to use the register to locate professionals in her area. She does not understand why they have removed such 'useful' information.

In actuality, the address details the above user found on the GMC website were registered addresses and most often, home addresses as opposed to practice addresses of professionals. This indicates that the addresses on the GMC website were misleading to the public and were not used correctly**.**

Register users are also aware of the tensions between public interest and protecting the professionals and the findings from register users are in line with the findings from the public workshops and groups:

- Unproven allegations or complaints should not be shown
- Things that could compromise the safety or privacy of a professional should not be shown e.g. photos, home address and telephone number, disabilities

"No, definitely not (home address shouldn't be on registers), because it only takes one crank. If something goes seriously wrong, a person does their best with a very sick person, the person still dies, and you get the home address. A

lot of people wouldn't go to the General Medical Council at all, they'll go looking for revenge." [register user]

Most find the online register easy to navigate but people who have used the register, make suggestions similar to those looking at the register in the workshops and groups:

- The regulator homepage can be cluttered and confusing – people can find it difficult and time consuming to find the information that they are looking for
- The link to the register isn't always clear – on occasions the register is a number of clicks away and the links are hidden within dense text
- The search engines aren't optimised – some would like more advanced search functions so that they don't have to trawl through pages of names
- The jargon and terminology used can be confusing and intimidating. Some people we spoke to managed to find definitions on the website but admitted that it wasn't clear and could be difficult for other members of the public

"I wanted to find her records. I didn't know her GOC number, I only knew her surname, and inputting her surname you know there's so many pages on the record, like for instance say for Patels, you know? There's pages and pages, it takes ages." [register user]

"The initial GMC page, it's quite confusing. There's loads and loads on for there. Obviously I would imagine it's really mainly for doctors who would know exactly which part they want to go to." [register user]

3.7. Intermediaries

3.7.1 Awareness of regulators and registers

The intermediaries were more aware of the regulators and what they do than the patients and public. However they deal with other regulators such as the Healthcare Commission more than the individual health and social care professions regulators. They think that health and social care regulators are concerned with:

- Registration of professionals
- Clinical governance of their profession
- Maintaining standards
- Monitoring fitness to practise
- Ensuring people are up to date with new legislation, new codes of practise and that they are given sufficient training and guidance
- Dealing with complaints against their members
- Analysing the outputs of that profession against costs

They are aware of the registers but do not expect the public to be aware. They predict that the registers will become more important in the future with increased patient choice. They think that people are becoming more demanding and so will be more interested in accessing registers.

3.7.2 Relationship with regulators and registers

Although aware of the registers, participants from intermediary organisations such as PALS and ICAS had not used the registers directly. The ICAS representatives said that they direct the public to the regulator if they want to take disciplinary action against a professional and that is where their interaction ends. PALS try to resolve a situation without a formal complaint being made and will refer to the hospital to check if a professional is suitably qualified. They say that the 'medical staffing' department in the hospital deals with the registers rather than PALS themselves.

3.7.3 Perceptions of regulators and registers

The intermediaries think that the public distrust the regulators. They say that the public perception is that the regulators are only accountable to themselves and that they are very closed networks. They acknowledge that in reality this might not be so but that this is the perception of the public. They also say there is a perception that the professionals "all stick together" rather than protecting the public.

> *"I'm saying that the regulators have to be accountable to the public. And I think the whole thing with the GMC, the public doesn't think they are."*
> (Birmingham, Intermediaries)

They suggest that the public need to know what the outcomes of complaints are to have trust in the regulators and also how long it took to resolve a complaint. They say that the public do not necessarily want professionals to be struck off the registers but they want to know what actions have been taken.

> *"It's about the regulatory process being accountable, transparent, and clear"*
> (Birmingham, Intermediaries)

They are critical of the perceived complexity of the complaints procedure; they say that they find it hard to explain to people themselves. They suggest simplifying the system by having a single point of contact for complaints. They would like to be able to support the complainant in whichever route they choose. It is a concern to them that they are not currently able to support people if they choose to go down the disciplinary action route with regulators.

They think that some of the registers are quite complex. They mention that the GMC register is complex as there is "not one list of doctors". Similarly to the public, they suggest a central gateway or search engine – you could just put the name and profession into it and it would take you to the relevant register.

They are also in agreement with the public that private information should not be on registers so that the regulator protects its registrants, e.g. home addresses, photos etc. They want only very basic information on registers such as qualifications, when they qualified etc. They want only proven fitness to practise information on registers. Again, they support the public that less relevant information should not be included, e.g. speeding fines. They say that links should be available for any further information such as success rates.

They also support the idea of having different levels of information, so that fitness to practise information is harder to access.

> "*If they had put a star next to his name (Harold Shipman) then that would encourage people to find out what it meant. It could drill down and find out that he's had three or four complaints upheld against him, or disciplines held against." [Intermediaries, Birmingham]*

They criticise the terminology used on registers – they do not think that the public would understand it e.g. qualifications, dentists calling themselves doctors.

Currently they do not think that the registers are updated regularly. They emphasise the importance to the public of registers being up to date, specifically in terms of fitness to practice information.

> *"You need to be safe in the assumption that if that person's still on that register then by definition they're fit to practise." [Intermediaries, Birmingham]*

They support the idea of professionals wearing ID badges including their registration number and a photo, but reiterate that photos should not be on the registers due to privacy issues.

4. Conclusions and recommendations

4.1. Awareness of regulators and registers

4.1.1. Conclusions

- Currently there is little awareness by the public of who the regulators are and what registers do
- However, once explained and discussed, the public think it is important that people know about and use the registers
- The increasing focus and movement towards patient choice means that registers will become more important for the public

4.1.2. Recommendations

- Raise awareness through the provision of leaflets in doctors surgeries, dentists, hospitals and other health and social care centres showing how to contact the regulators, what registers are for and what information is provided within
- Encourage professionals to display their registration numbers either by displaying their registration certificates in their practice or on ID badges, notepaper, prescriptions, appointment cards etc

4.2. Trust in regulators

4.2.1. Conclusions

- The public show a lack of trust in regulators to protect them effectively
- They can think that regulators protect the professional rather than public due to the perceptions that:
    - The regulatory bodies consist of professionals regulating professionals (e.g. 'doctors regulating doctors')
    - They can be seen as slow to take action (Harold Shipman case mentioned)
    - Their processes can be seen as confusing

- For the public, the regulators acting quickly (in months rather than years) and transparently is a priority
- Findings support proposals for more lay involvement in judgements and/or an independent tribunal
- Findings support regulators being accountable to an outside body e.g. parliament
- In terms of registers, the public would have more trust in the information on the registers if the following recommendations were put into action

4.2.2. Recommendations

- Regulators need to recognise the need for expediency in acting quickly and communicate the process involved effectively
- Regulators should make processes more simple and transparent to the public if possible
- Regulators should explore/research whether the current level of lay involvement is sufficient for the public
- Regulators should acknowledge that the public want to know that the regulators are accountable to an outside body

4.3. Information on registers

4.3.1. Conclusions

- The public say they might use the registers for two reasons in the future:
    1. Checking to see if someone is on the register (i.e. qualified)
    2. Choosing a suitably qualified practitioner in a particular location
- Currently information and access is not consistent across registers

4.3.2. Recommendations

- The regulators need to recognise the public's need for increased access to information held by the regulator and act accordingly, either by providing the information directly or

suggesting ways of accessing this information via other sources.

- Ideally people want the same information available on each register and some consistency in terminology where practicable:
    - Full name, address, telephone number, qualifications, experience, specialisms, NHS/private

4.4. Fitness to Practise and personal information

4.4.1. Conclusions

- Initially the public say they would like access to as much information as possible to make a choice about a professional
- However, they realise that there are consequences for professionals if more information is made available in terms of privacy (for personal information) and fairness (for allegations and hearings pending when nothing has been proven)
- So with consideration most say they do not want personal information (e.g. photographs, age, nationality, disabilities) or unproven fitness to practise information made available

4.4.2. Recommendations

- They support the idea of different information being available for different users (public versus employers/regulators) so that employers have access to more information than the public
- They say they would like regulators to keep a log of all complaints and allegations (proven and unproven) for themselves and employers but keep unproven cases inaccessible to the public

4.5. Clear, easy to understand information

4.5.1. Conclusions

- There is confusion and misunderstanding around some of the terminology used on

registers:

- For example, types of qualifications and abbreviations, 'specialist', 'practising/non-practising' and levels of registration

4.5.2. Recommendations

- They want clear explanations of terms and abbreviations used (in all formats) in a meaningful way for the public. For example,
  - What the specialist actually does rather than generic terms
  - Explaining what services a professional is qualified to provide
  - Explanations of the terminology used and a glossary of terms given to explain the different services

4.6. Up to date information

4.6.1. Conclusions

- The public assume that the information on a register is updated regularly (in real time)
- They assume that professionals are 'audited' on a regular basis and this is updated on the register

4.6.2. Recommendations

- Registers should be kept up-to-date and show clearly when they were last updated (and what this means)
- Implement revalidation and licensure to demonstrate that professionals are being checked regularly

4.7. Ease of use/accessibility

4.7.1. Conclusions

- Currently the public do not know where to go to get information on different types of

professionals

- Different formats of registers provide different information:
    - Different information given by phone, paper and online
    - Different amounts of detail given by phone, paper and online
- The public want all formats of a register to be consistent in:
    - The types of information given
    - The level of detail provided

4.7.2. Recommendations

- A central website address or phone number that directs users to the relevant register
- The regulator's sites could have separate sections just for public (or separate phone numbers)
- Formats should be consistent where possible in:
    - The types of information given
    - The level of detail provided

4.8. Online format

4.8.1. Conclusions

- People who use the internet most prefer the online format but say that some improvements could be made:
    - In some cases it is seen as hard to find the register on the home page and it is many clicks down into the website
    - Many could not find any guidance on using the registers
    - They do not feel that there is enough information available on the register
    - The search function could be improved
    - Some registers are not easy to use for people with sight problems

4.8.2. Recommendations

- Registers should be easily accessible from the regulator home pages

- The existing search function should be more flexible
- Some of the information that the regulators hold that is not currently available to the public should be made available e.g. practice addresses, specialisms
- Regulators should hold more information on registrants than at present e.g. NHS/private
- Make the registers easier to use for disabled and older people e.g. larger type
- Include an easy to use 'Help' or FAQs section in all registers

4.9. Paper format

4.9.1. Conclusions

- The paper format is seen as the least user-friendly
- It is perceived as out-of-date and less convenient

4.9.2. Recommendations

- Continue phasing out paper versions (as is already happening) whilst increasing accessibility of the other formats.

4.10. Telephone format

4.10.1. Conclusions

- Having access to the register by telephone is important but is often criticised

4.10.2. Recommendations

- The telephone service could be improved particularly around:
    - Information available
    - Customer service (including training staff)
    - Answering the phone, not putting the caller on hold for long periods
    - Removing automated routing

5. Appendix

A: Details of approach and methodology

The research used an entirely qualitative approach and key considerations when developing the approach were:

- To give people the time, information, and access to the range of opinions they need to develop an informed viewpoint
- To ensure a creative, interactive approach (including hands on experience of registers in different formats)
- To involve the PPI group in the process to make sure the outputs meet organisational needs and aspirations, and as such observers were present at most workshops and groups

Patients and Public

- 4 deliberative workshops with patients and wider public were conducted in Birmingham, Belfast, Bridgend and Glasgow
- In each workshop the profile was:
  - 10 x men; 10 x women
  - 10 x patients in the last two years; 10 x wider public (no contact with professions in last two years)
  - Further sampling criteria for the workshops included quotas on:
    - Social class
    - Chronic, acute and emergency care
    - Independent health and social care services
    - Age groups
    - Disability
    - Ethnicity
  - Workshops lasted for 3 hours and included both plenary and breakout sessions

Intermediaries

- 1 group with intermediaries (including PALS, ICAS, PPI forum, CPPIH) in Birmingham
  - 6 intermediaries
  - The group lasted for 90 minutes

People with complex health and social care needs

- 1 extended group of 8 people with complex health and social care needs held in London
  - 4 x men; 4 x women
  - Social class fell naturally
  - All had been patients in the last two years:
    - A mix of chronic, acute, planned care, emergency care experience
    - Users of the range of professions in each workshop, including social care if possible, with all professions covered by the research
    - At least 2 x independent sector health and social care services (private or voluntary sector)
  - 4 x 20-40, 4 x 40 and over
  - The extended group lasted for two hours

People for whom English is not their first language

- 1 x extended group of 7 people for whom English is not their first language but who could converse in English, held in London.
  - 1 x man; 6 x women
  - All x Polish as first language
  - Social class fell naturally
  - There was a mix of patients in the last two years and the wider public (no contact with professions in last two years); patients included:
    - A mix of chronic, acute, planned care, emergency care
    - Users of the range of professions in each workshop, including social care if possible, with all professions covered by the research
    - At least 2 x independent sector health and social care services (private or voluntary sector)

- All were under 40 years old (it is generally very difficult to recruit older people for whom English is not the first language)

Users of registers

- 10 depth interviews with users of health and social care registers
  - Recruited by the regulators
  - Users of a range of different registers

B: Discussion guides

JUKHSCRPPIG Final Discussion guide

Patients and wider public workshop (10am-1pm or 2pm-5pm)

	ARRIVAL ▪ Participants arrive ▪ Name badges, tea/coffee, biscuits
10.00 - 10.10am (10 mins) **2.00-2.10pm (10 mins)**	**INTRODUCTION** **1. Welcome** ▪ Introduction and thank for coming (OLR) ▪ Purpose of workshop (JUK) o Provide recommendations on how information from health and social care registers can be made more accessible and meaningful o To find out what information the public would like from health and social care registers **2. Important to hear everyone's views (OLR)** ▪ Confidentiality ▪ Open and honest ▪ No right or wrong answers, everyone's opinions equally important ▪ Permission to tape **3. Structure and process (OLR)** ▪ How the session will run (whole group, teams) ▪ Housekeeping (food, drink, toilets, fire escape, mobiles) ***SPLIT INTO 2 GROUPS OF 10 (1 x wider public, 1 x patients)***

10.10 – 10.20am (10 mins) **2.10-2.20pm (10 mins)**	**WARM UP** ▪ Paired introductions (introduce the person next to you, i.e. who they are, what they do, what they would be doing if not here today)

10.20 – 10.35am (15 mins) **2.20-2.35pm (15 mins)**	**AWARENESS AND UNDERSTANDING OF REGULATION** **Objective: To explore awareness, views and experience of the regulation of health and social care professionals in the UK** ▪ Who regulates health and social care professionals? Which health and social care regulators can you name? ▫ Prompt: do they know who regulates chiropractors, doctors, nurses and midwives, dentists, physiotherapists, social care workers, etc? How do they know this and why? If not, why not / what implications are there? ▪ What do you know about the specific regulators? (E.g. General Medical Council, Health Professions Council, General Dental Council, General Chiropractic Council, General Optical Council, General Osteopathic Council, General Social Care Council, Nursing and Midwifery Council, The Royal Pharmaceutical Society of Great Britain, The Pharmaceutical Society of Northern Ireland) ▪ What do they do? Why do you think this? Prompt: ▫ Maintain a register? ▫ Investigate allegations of malpractice/complaints? ▫ Strike off professionals who are not fit to practise? ▪ In what circumstances might someone want to contact a health or social care regulator? Have you any experience of health or social care regulators? What experiences and why? If not mentioned, prompt: ▫ If they wanted to know if a health or social care professional is appropriately qualified, how would they go about finding this out? ▫ If they wanted to know if they were 'fit to practise', what would they do and why? ▫ If they wanted to make a complaint about their fitness to practise, what would they do and why? ▪ How important do you think it is to know these things and why? **Introduce briefing note 1: What they are, who they are, what they do** ▪ How important do you think it is to have health and social care regulators (e.g. to set standards, register professionals, and make sure they are 'fit to practise') and why?

10.35 – 10.45am (10 mins) **2.35-2.45pm (10 mins)**	**KNOWLEDGE OF HEALTH OR SOCIAL CARE REGISTERS** **Objective: To find out what people know and assume about what a register of health or social care professionals is and does** ▪ What do you think a 'health or social care register' (maintained by a health or social care regulator) is? **Get participants to write down their answers. Moderator to write this question on the flip chart and hand out paper with this question written at the top.** ▪ Ask them to share their answers. How do they know this and why? ▪ Why have a register? What do you think it does / does not do and why? ▪ What does it mean if someone is on the register and why? ▫ What does this enable them to do / not do? ▫ Who can/ cannot be on the register? **Introduce briefing note 2: What registers are and who is registered** ▪ Explore whether this is what they thought or whether there are any differences? Why?

10.45 – 10.55am (10 mins) **2.45-2.55pm (10 mins)**	**USE OF HEALTH OR SOCIAL CARE REGISTERS** **Objective: To find out what might prompt people to check to see if a health or social care professional is registered with the regulator** ▪ In what circumstances might you (or someone) want to use a register and why? Get spontaneous answers first then if necessary prompt with: ▫ To find out information regarding whether they are registered? ▫ To find out their qualifications/training? ▫ To see if there have been complaints made? ▫ To locate a health or social care professional (or pharmacy)? ▫ To identify and access the services of an advanced or specialised health or social care professional? ▪ Do they have any experience of using a health or social care register personally? What experiences and why? ▪ Or another type of register? (E.g. lawyers, accountants, corgi registered workman) ▪ [For those that have no experience] Do you have any expectations of using a health and social care register? Why? Prompts: ▫ What information would it have? ▫ How easy would it be to use? ▫ Format?

10.55 – 11.20am (25 mins)	**INFORMATION ON REGISTERS** **Objective: To find out what information people would be looking for from a register of health and social care professionals** ▪ **Split participants into threes. Give each pair a scenario to discuss for 5 minutes. Ask them to write down their answers to the questions on the scenario**
2.55-3.20pm (25 mins)	▪ Ask each pair to explain their scenario and feedback to the group. Explore reasons for answers and differences between scenarios. ▪ Would you have gone to the register if you were him/her? What else might you have done? ▪ If you had a complaint against a professional how would you proceed? ▫ Prompt: Would you look at the register? ▪ What information do you think a register would actually give and why? ▪ What information do you ideally want from the register? Why? **Fitness to practise** ▪ What does the phrase 'fitness to practise' imply to them in the context of health and social care and why? ▪ What information do you think the public would like on specific subjects such as fitness to practise? **Introduce briefing note 3** ▪ Do you trust the regulators to regulate professionals fairly? ▫ Probe: Do you believe regulators take action appropriately? E.g. deal with complaints and strike off professionals when necessary ▫ Probe: Do you think that regulators react quickly enough? e.g. striking people off the register and updating it ▪ What information on Fitness to Practise should/shouldn't be in the public domain? ▫ Prompt with items in the flow diagram – allegations, hearings pending, warnings/cautions, conditions, suspensions, any past removals from registers (i.e. been re-stated)? ▪ Allegations are sometimes published because the subsequent hearings are in public. Should allegations be in the public domain if a professional hasn't been proved guilty?

	▪ Probe: Should past suspensions be shown on the register? Why? If they think suspensions should be shown, ask participants to put themselves in the professionals position – if you have been suspended and you have 'served your time' should the slate be wiped clean? If the slate is clean then should something that has happened in the past potentially ruin your career and reputation? ▪ What information should be at the most accessible level, what should be lower level? Or should it all be at one level? ▪ Where do you think the balance should lie between public interest and the professional's privacy ▫ Probe: If you were a practitioner how would you feel about having some information in the public domain e.g. home address and personal safety issues? Qualifications etc and competition? So in summary, as a group, what are the 5 most important pieces if information you think a register should give you? [Moderator to flipchart]. Choose a participant to feedback in plenary
11.20 – 11.35am (15 mins) **3.20-3.35pm (15 mins)**	**BREAK – tea/coffee**
11.35 – 11.40am (5 mins) **3.35-3.40pm (5 mins)**	Short plenary – 5 most important pieces of information a register should give from each group

11.40 – 12.00pm (20 mins) **3.40-4.00pm (20 mins)**	**HANDS ON PRACTICAL SESSION** **Objective: To assess whether the information they would currently obtain would meet their needs and expectations** (Groups would be held in facilities with web access to enable online surfing; copies of registers would ideally be available on CD-ROM as a back up, i.e. in case the websites crash. Paper copies would be available and participants would be given a script to use when phoning the regulator). Ask people to work in pairs and carry out 1 task using 1 register. They will be provided with online, paper and telephone formats. Ask them to use the internet, phone or book or all 3 to find the information. Give each pair a clear folder with: ▪ 1 tasks from the task sheet (rotate across workshops) ▪ Telephone call script ▪ A notes grid Give 2 different pairs in the group a mobile phone. Ask them to complete the phone tasks first and then pass on the phone to another group before continuing with the other formats (online, paper)

12.00 – 12.25pm (25 mins) **4.00-4.25pm (25 mins)**	**Discussion about their experiences of using the various registers** **Each pair to summarise their notes (moderator to collect notes afterwards)** ▪ Did the registers meet/not meet your expectations of registers? Why? ▫ Probe: More positive or more negative? Why? ▪ What are the main strengths and weaknesses of the registers examined and why? ▪ Is it clear what information they do and do not include? ▪ Would people act on the information they found out from the register? Why? ▫ Probe: is the information reliable, up-to-date? ▪ Is there any information missing? What else do you think you want to know (e.g. address as well as name, etc)? ▫ On the internet how did you find the search functions? Would you like to be able to search using other details? ▪ Should registers be used as a marketing tool for health or social care professionals? E.g. if you want to find a chiropractor in your area ▪ How useful are ID numbers on the registers? ▫ Would they be prepared to ask a professional for their ID number? ▫ Should professionals have to wear badges showing their ID numbers or have them on the appointment cards/letterhead? **Give out briefing note 4 and tick-box exercise. Ask them to tick which pieces of information are 'essential', 'nice to know' and 'shouldn't be on registers'.** **Remember to collect sheets afterwards** ▪ Which information shouldn't be on the registers? Why? Does it change in different circumstances? ▪ How did they answer for any issues not covered earlier– e.g. photos, home address, date of birth? ▪ Would their answers have been different earlier (i.e. before using the registers)? Why? ▪ What do some of these terms mean to people? ▫ E.g. Specialist, higher/advanced level of practice, practising/non-practising?

12.25- **12.35pm** **(10 mins)** **4.25-4.35pm** **(10 mins)**	**FORMAT** **Objective: To determine how they would prefer to gain access to the information they are looking for (e.g. in terms of format)** **Objective: To review existing formats and the assumptions made about each** ▪ How does format (e.g. online / paper based/ over the phone) influence your expectations of the information on the register? ▫ Probe - Is online information seen as more accurate and up to date, or does the book form carry more weight? ▪ Which format (website, paper, phone) do you prefer and why? ▫ Prompts: accessibility, functionality, navigability, presentation, comprehension, clarity ▪ How could the effectiveness of each format be improved and why? ▪ What would such improvements achieve and why?
12.35- **12.45pm** **(10 minutes)** **4.35-4.45pm** **(10 minutes)**	**IMPROVEMENTS** ▪ What are the three most important things for regulators to do to make the registers more usable and why? [Flipchart] ▫ How much difference would it make to registers if these actions were taken (e.g. in terms of usability) and why? ▫ What would this mean for professionals if this information was available? Does thinking from the professional's viewpoint change their views? ▪ And what is the single most important thing to do now? [Prioritise on flipchart] ▪ How important do you think it is to have health and social care regulators (e.g. to set standards, register professionals, and make sure they are 'fit to practise'). Is this different from how you felt at the beginning? Why? **Ask for a volunteer to feedback to the group in plenary**

12.45-1pm **(15 mins)** **4.45-5.00pm** **(15 mins)**	**PLENARY** ▪ One participant from each breakout group to feedback on the three most important things to do and the single most important thing to do with registers ▪ Identify similarities and difference in response and future priorities (JUK) ▫ OLR will compile a report summarising findings from all workshops (participants will be sent a summary) ▫ All views/suggestions will be considered by the regulators ▫ But any response from the regulators will take time ▫ Won't be consistent across all regulators – they will have individual responses to the suggestions put forward ▪ Thanks and close (OLR) ▪ Incentives and signing sheet

JUKHSCRPPIG FINAL Discussion guide

Intermediaries group (2pm-3.30pm)

2.00-2.05pm (5 mins)	**INTRODUCTION** **4. Welcome** ▪ Introduction (OLR and any observers) and thanks for coming ▪ Purpose of research o Provide recommendations on how information from health and social care registers can be made more accessible and meaningful o To find out what information the public would like from health and social care registers **5. Important to hear everyone's views** ▪ Confidentiality ▪ Open and honest ▪ No right or wrong answers, everyone's opinions equally important ▪ Permission to tape
2.05-2.15pm (10 mins)	**WARM UP** ▪ Introductions – which organisation they are from and their role

2.15-2.25pm (10 mins)	**AWARENESS AND UNDERSTANDING OF REGULATION** **Objective: To explore awareness, views and experience of the regulation of health and social care professionals in the UK** ▪ Firstly, I just want to get your views on health and social care regulators. Who are the health and social care regulators and what do they do? Why? Prompt: ▫ Maintain a register? ▫ Investigate allegations of malpractice/complaints? ▫ Strike off professionals who are not fit to practise? ▪ What experience have you had with regulators of health and social care that doesn't involve their registers (we'll go onto them later)? Which ones? Why have you had contact with them? ▪ Prompts: ▫ General Medical Council, Health Professions Council, General Dental Council, General Chiropractic Council, General Optical Council, General Osteopathic Council, General Social Care Council, Nursing and Midwifery Council, The Royal Pharmaceutical Society of Great Britain, The Pharmaceutical Society of Northern Ireland? **Introduce briefing note 1: What they are, who they are, what they do** ▪ How important do you think it is to have health and social care regulators (e.g. to set standards, register professionals, and make sure they are 'fit to practise') and why?

2.25-2.45pm (20 mins)	**KNOWLEDGE AND USE OF HEALTH OR SOCIAL CARE REGISTERS** **Objective: To find out what people know and assume about what a register of health or social care professionals is and does** **Objective: To find out what might prompt people to check to see if a health or social care professional is registered with the regulator** ▪ What do you think a register does / does not do and why? ▪ What does it mean if someone is on the register and why? ▫ What does this enable them to do / not do? ▫ Who can / cannot be on the register? ▪ In what circumstances have you used a register for a member of the public and why? (Give them time to tell their stories) ▪ Get spontaneous answers first then if necessary prompt with: ▫ To find out information regarding whether a professional is registered? ▫ To find out their qualifications/training? ▫ To see if there have been complaints made? ▫ To locate a health or social care professional (or pharmacy)? ▫ To identify and access the services of an advanced or specialised health or social care professional? ▪ How easy was it for you to locate and access the registers? ▫ Did you know about them before you needed them? ▪ Did the people you acted on behalf of know of the registers existence before contacting you? **Introduce briefing note 2: What registers are and who is registered** ▪ Explore whether this is what they thought or whether there are any differences? Why?

2.45-3.10pm **(25 mins)**	**INFORMATION ON REGISTERS** **Objective: To find out what information people are looking for from a register of health and social care professionals** ▪ What information have people wanted and needed from the register? Why? ▪ When using them, did the registers meet/not meet your expectations? Why? ▪ What are the main strengths and weaknesses of the registers? ▪ Is it clear what information they do and do not include? ▪ Do you think people act on the information they find out from the register? Why? ▫ Probe: is the information reliable, up-to-date? ▪ Is there any information missing? What else do you think people want to know (e.g. address as well as name, etc)? ▪ How useful are ID numbers on the registers? ▪ What information on Fitness to Practise should/shouldn't be in the public domain? ▫ Prompt with items in the flow diagram – allegations, hearings pending, warnings/cautions, conditions, suspensions, any past removals from registers (i.e. been re-stated)? ▫ Allegations are sometimes published because the subsequent hearings are in public. Should allegations be in the public domain if a professional hasn't been proved guilty? ▪ What information should be at the most accessible level, what should be lower level? Or should it all be at one level? ▪ Where do you think the balance should lie between public interest and the professional's privacy ▫ Probe: If you were a practitioner how would you feel about having some information in the public domain e.g. home address and personal safety issues? Qualifications etc and competition? **Give out briefing note 4 and tick-box exercise. Ask them to tick which pieces of information are 'essential', 'nice to know' and 'shouldn't be on registers'.** **Remember to collect sheets afterwards** ▪ Which information shouldn't be on the registers? Why? Does it change in different circumstances? ▫ Probe on how they answered for any issues not covered earlier in the

3.10-3.20pm **(10 mins)**	**FORMAT** **Objective: To determine how they would prefer to gain access to the information they are looking for (e.g. in terms of format)** **Objective: To review existing formats and the assumptions made about each** ▪ How does format (e.g. online / paper based/ over the phone) influence your expectations of the information on the register? ▫ Probe - Is online information seen as more accurate and up to date, or does the book form carry more weight? ▪ Which formats have you used (website, paper, phone)? Which do you prefer and why? ▫ Prompts: accessibility, functionality, navigability, presentation, comprehension, clarity ▪ How could the effectiveness of each format be improved and why? ▪ What would such improvements achieve and why?
3.20-3.30pm **(10 mins)**	**IMPROVEMENTS** ▪ What are the three most important things for regulators to do to make the registers more usable and why? ▫ How much difference would it make to registers if these actions were taken (e.g. in terms of usability) and why? ▫ What would this mean for professionals if this information was available? Does thinking from the professional's viewpoint change their views? ▪ And what is the single most important thing to do now? [Prioritise on flipchart] ▪ How important do you think it is to have health and social care regulators (e.g. to set standards, register professionals, and make sure they are 'fit to practise'). Is this different from how you felt at the beginning? Why? ▪ From the public groups it seems that people are not aware of the registers. How do you think the regulators ought to be publicising the registers better?

2 mins!	▪ V short thanks and close (OLR) ▫ OLR will compile a report summarising findings from all workshops (participants will be sent a summary) ▫ All views/suggestions will be considered by the regulators ▫ But any response from the regulators will take time ▫ Won't be consistent across all regulators – they will have individual responses to the suggestions put forward

JUKHSCRPPIG Draft Discussion guide

Complex health and social care extended group (2pm-4pm)

2.00-2.05pm (5 mins)	**INTRODUCTION** **6. Welcome** ▪ Introduction and thank for coming ▪ Purpose of research o Provide recommendations on how information from health and social care registers can be made more accessible and meaningful o To find out what information the public would like from health and social care registers **7. Important to hear everyone's views** ▪ Confidentiality ▪ Open and honest ▪ No right or wrong answers, everyone's opinions equally important ▪ Permission to tape
2.05-2.15pm (10 mins)	**WARM UP** ▪ Paired introductions (introduce the person next to you, i.e. who they are, what they do, what they would be doing if not here today)

2.15-2.25pm **(10 mins)**	**AWARENESS AND UNDERSTANDING OF REGULATION** **Objective: To explore awareness, views and experience of the regulation of health and social care professionals in the UK** ▪ Who regulates health and social care professionals? Which health and social care regulators can you name? ▫ Prompt: do they know who regulates chiropractors, doctors, nurses and midwives, dentists, physiotherapists, social care workers, etc? ▪ What do you know about the specific regulators? (E.g. General Medical Council, Health Professions Council, General Dental Council, General Chiropractic Council, General Optical Council, General Osteopathic Council, General Social Care Council, Nursing and Midwifery Council, The Royal Pharmaceutical Society of Great Britain, The Pharmaceutical Society of Northern Ireland) ▪ What do they do? Why do you think this? Prompt: ▫ Maintain a register? ▫ Investigate allegations of malpractice/complaints? ▫ Strike off professionals who are not fit to practise? ▪ In what circumstances might someone want to contact a health or social care regulator? Have you any experience of health or social care regulators? What experiences and why? **Introduce briefing note 1: What they are, who they are, what they do** ▪ How important do you think it is to have health and social care regulators (e.g. to set standards, register professionals, and make sure they are 'fit to practise') and why?

2.25-2.35pm **(10 mins)**	**KNOWLEDGE OF HEALTH OR SOCIAL CARE REGISTERS** **Objective: To find out what people know and assume about what a register of health or social care professionals is and does** ▪ What do you think a 'health or social care register' (maintained by a health or social care regulator) is? **Get participants to write down their answers. Moderator to write this question on the flip chart and hand out paper with this question written at the top** ▪ Ask them to share their answers. How do they know this and why? ▪ Why have a register? What do you think it does / does not do and why? ▪ What does it mean if someone is on the register and why? ▫ What does this enable them to do / not do? ▫ Who can/ cannot be on the register? **Introduce briefing note 2: What registers are and who is registered** ▪ Explore whether this is what they thought or whether there are any differences? Why?

2.35-2.45pm **(10 mins)**	**USE OF HEALTH OR SOCIAL CARE REGISTERS** **Objective: To find out what might prompt people to check to see if a health or social care professional is registered with the regulator** ▪ In what circumstances might you (or someone) want to use a register and why? Get spontaneous answers first then if necessary prompt with: ▫ To find out information regarding whether they are registered? ▫ To find out their qualifications/training? ▫ To see if there have been complaints made? ▫ To locate a health or social care professional (or pharmacy)? ▫ To identify and access the services of an advanced or specialised health or social care professional? ▪ Do they have any experience of using a health or social care register personally? What experiences and why? ▪ Or another type of register? (E.g. lawyers, accountants, corgi registered workman) ▪ [For those that have no experience] Do you have any expectations of using a health and social care register? Why? Prompts: ▫ What information would it have? ▫ How easy would it be to use? ▫ Format?

2.45-3.10pm **(25 mins)**	**INFORMATION ON REGISTERS** **Objective: To find out what information people would be looking for from a register of health and social care professionals** ▪ **Split participants into threes. Give each pair a scenario to discuss for 5 minutes. Ask them to write down their answers to the questions on the scenario** ▪ Ask each pair to explain their scenario and feedback to the group. Explore reasons for answers and differences between scenarios. ▪ Would you have consulted the register if you were him/her? What else might you have done? ▪ What information do you think a register would actually give and why? ▪ What information do you ideally want from the register? Why? **Fitness to practise** ▪ What does the phrase 'fitness to practise' imply to them in the context of health and social care and why? ▪ What information do you think the public would like on specific subjects such as fitness to practise? **Introduce briefing note 3** ▪ What information on Fitness to Practise should/shouldn't be in the public domain? ▫ Prompt with items in the flow diagram – allegations, hearings pending, warnings/cautions, conditions, suspensions, any past removals from registers (i.e. been re-stated)? ▫ Allegations are sometimes published because the subsequent hearings are in public. Should allegations be in the public domain if a professional hasn't been proved guilty? ▪ What information should be at the most accessible level, what should be lower level? Or should it all be at one level? ▪ Where do you think the balance should lie between public interest and the professional's privacy ▫ Probe: If you were a practitioner how would you feel about having some information in the public domain e.g. home address and personal safety issues? Qualifications etc and competition?

3.10-3.30pm **(20 mins)**	**HANDS ON PRACTICAL SESSION** **Objective: To assess whether the information they would currently obtain would meet their needs and expectations** Groups would be held in facilities with web access to enable online surfing. Paper copies would be available and participants would be given a script to use when phoning the regulator). Ask people to work in pairs and carry out 1 task using 1 register. They will be provided with online, paper and telephone formats. Ask them to use the internet, phone or book or all 3 to find the information. Give each pair a clear folder with: ▪ 1 tasks from the task sheet (rotate across workshops) ▪ Telephone call script ▪ A notes grid ▪ Give 2 different pairs in the group a mobile phone. Ask them to complete the phone tasks first and then pass on the phone to another group before continuing with the other formats (online, paper)

3.30-3.50pm (20 mins)	**Discussion about their experiences of using the various registers**
	Each pair to summarise their notes (moderator to collect notes afterwards)
	▪ Did the registers meet/not meet your expectations of registers? Why?
	  ▫ Probe: More positive or more negative? Why?
	▪ What are the main strengths and weaknesses of the registers examined and why?
	▪ Is it clear what information they do and do not include?
	▪ Would people act on the information they found out from the register? Why?
	  ▫ Probe: is the information reliable, up-to-date?
	▪ Is there any information missing? What else do you think you want to know (e.g. address as well as name, etc)?
	▪ How useful are ID numbers on the registers?
	  ▫ Would they be prepared to ask a professional for their ID number?
	  ▫ Should professionals have to wear badges showing their ID numbers or have them on the appointment cards/letterhead?
	Give out briefing note 4 and tick-box exercise. Ask them to tick which pieces of information are 'essential', 'nice to know' and 'shouldn't be on registers'.
	Remember to collect sheets afterwards
	▪ Which information shouldn't be on the registers? Why? Does it change in different circumstances?
	▪ How did they answer for any issues not covered earlier– e.g. photos, home address, date of birth?
	▪ Would their answers have been different earlier (i.e. before using the registers)? Why?
	▪ What do some of these terms mean to people?
	  ▫ E.g. Specialist, higher/advanced level of practice, practising/non-practising?

3.50-3.55pm **(5 mins)**	**FORMAT** **Objective: To determine how they would prefer to gain access to the information they are looking for (e.g. in terms of format)** **Objective: To review existing formats and the assumptions made about each** ▪ How does format (e.g. online / paper based/ over the phone) influence your expectations of the information on the register? ▫ Probe - Is online information seen as more accurate and up to date, or does the book form carry more weight? ▪ Which format (website, paper, phone) do you prefer and why? ▫ Prompts: accessibility, functionality, navigability, presentation, comprehension, clarity ▪ How could the effectiveness of each format be improved and why? ▪ What would such improvements achieve and why?
3.55-4.00pm **(5 mins)**	**IMPROVEMENTS** ▪ What are the three most important things for regulators to do to make the registers more usable and why? [Flipchart] ▫ How much difference would it make to registers if these actions were taken (e.g. in terms of usability) and why? ▫ What would this mean for professionals if this information was available? Does thinking from the professional's viewpoint change their views? ▪ And what is the single most important thing to do now? [Prioritise on flipchart] ▪ How important do you think it is to have health and social care regulators (e.g. to set standards, register professionals, and make sure they are 'fit to practise'). Is this different from how you felt at the beginning? Why?

2 mins!	▪ V short thanks and close (OLR) ▫ OLR will compile a report summarising findings from all workshops (participants will be sent a summary) ▫ All views/suggestions will be considered by the regulators ▫ But any response from the regulators will take time ▫ Won't be consistent across all regulators – they will have individual responses to the suggestions put forward ▪ Incentives and signing sheet

JUKHSCRPPIG Draft Discussion guide

English not first language extended group (2pm-4pm)

2.00-2.05pm **(5 mins)**	**INTRODUCTION** **8. Welcome** ▪ Introduction and thank for coming ▪ Purpose of research o Provide recommendations on how information from health and social care registers can be made more accessible and meaningful o To find out what information the public would like from health and social care registers **9. Important to hear everyone's views** ▪ Confidentiality ▪ Open and honest ▪ No right or wrong answers, everyone's opinions equally important ▪ Permission to tape
2.05-2.15pm **(10 mins)**	**WARM UP** ▪ Paired introductions (introduce the person next to you, i.e. who they are, what they do, what they would be doing if not here today)

2.15-2.25pm **(10 mins)**	**AWARENESS AND UNDERSTANDING OF REGULATION** **Objective: To explore awareness, views and experience of the regulation of health and social care professionals in the UK** ▪ Who regulates health and social care professionals? Which health and social care regulators can you name? ▫ Prompt: do they know who regulates chiropractors, doctors, nurses and midwives, dentists, physiotherapists, social care workers, etc? ▪ What do you know about the specific regulators? (E.g. General Medical Council, Health Professions Council, General Dental Council, General Chiropractic Council, General Optical Council, General Osteopathic Council, General Social Care Council, Nursing and Midwifery Council, The Royal Pharmaceutical Society of Great Britain, The Pharmaceutical Society of Northern Ireland) ▪ What do they do? Why do you think this? Prompt: ▫ Maintain a register? ▫ Investigate allegations of malpractice/complaints? ▫ Strike off professionals who are not fit to practise? ▪ In what circumstances might someone want to contact a health or social care regulator? Have you any experience of health or social care regulators? What experiences and why? **Introduce briefing note 1: What they are, who they are, what they do** ▪ How important do you think it is to have health and social care regulators (e.g. to set standards, register professionals, and make sure they are 'fit to practise') and why?

2.25-2.35pm **(10 mins)**	**KNOWLEDGE OF HEALTH OR SOCIAL CARE REGISTERS** **Objective: To find out what people know and assume about what a register of health or social care professionals is and does** ▪ What do you think a 'health or social care register' (maintained by a health or social care regulator) is? ▪ How do they know this and why? ▪ Why have a register? What do you think it does / does not do and why? ▪ What does it mean if someone is on the register and why? ▫ What does this enable them to do / not do? ▫ Who can/ cannot be on the register? **Introduce briefing note 2: What registers are and who is registered** ▪ Explore whether this is what they thought or whether there are any differences? Why?

2.35-2.45pm **(10 mins)**	**USE OF HEALTH OR SOCIAL CARE REGISTERS** **Objective: To find out what might prompt people to check to see if a health or social care professional is registered with the regulator** ▪ In what circumstances might you (or someone) want to use a register and why? Get spontaneous answers first then if necessary prompt with: ▫ To find out information regarding whether they are registered? ▫ To find out their qualifications/training? ▫ To see if there have been complaints made? ▫ To locate a health or social care professional (or pharmacy)? ▫ To identify and access the services of an advanced or specialised health or social care professional? ▪ Do they have any experience of using a health or social care register personally? What experiences and why? ▪ Or another type of register? (E.g. lawyers, accountants, corgi registered workman) ▪ [For those that have no experience] Do you have any expectations of using a health and social care register? Why? Prompts: ▫ What information would it have? ▫ How easy would it be to use? ▫ Format?

2.45-3.10pm **(25 mins)**	**INFORMATION ON REGISTERS** **Objective: To find out what information people would be looking for from a register of health and social care professionals** ▪ **Split participants into threes. Give each pair a scenario to discuss for 5 minutes. Ask them to write down their answers to the questions on the scenario** ▪ Ask each pair to explain their scenario and feedback to the group. Explore reasons for answers and differences between scenarios. ▪ Would you have consulted the register if you were him/her? What else might you have done? ▪ What information do you think a register would actually give and why? ▪ What information do you ideally want from the register? Why? **Fitness to practise** ▪ What does the phrase 'fitness to practise' imply to them in the context of health and social care and why? ▪ What information do you think the public would like on specific subjects such as fitness to practise? **Introduce briefing note 3** ▪ What information on Fitness to Practise should/shouldn't be in the public domain? ▫ Prompt with items in the flow diagram – allegations, hearings pending, warnings/cautions, conditions, suspensions, any past removals from registers (i.e. been re-stated)? ▫ Allegations are sometimes published because the subsequent hearings are in public. Should allegations be in the public domain if a professional hasn't been proved guilty? ▪ What information should be at the most accessible level, what should be lower level? Or should it all be at one level? ▪ Where do you think the balance should lie between public interest and the professional's privacy ▫ Probe: If you were a practitioner how would you feel about having some information in the public domain e.g. home address and personal safety issues? Qualifications etc and competition?

3.10-3.30pm **(20 mins)**	**HANDS ON PRACTICAL SESSION** **Objective: To assess whether the information they would currently obtain would meet their needs and expectations** Groups would be held in facilities with web access to enable online surfing. Paper copies would be available and participants would be given a script to use when phoning the regulator). Ask people to work in pairs and carry out 1 task using 1 register. They will be provided with online, paper and telephone formats. Ask them to use the internet, phone or book or all 3 to find the information. Give each pair a clear folder with: ▪ 1 tasks from the task sheet (rotate across workshops) ▪ Telephone call script ▪ A notes grid ▪ Give 2 different pairs in the group a mobile phone. Ask them to complete the phone tasks first and then pass on the phone to another group before continuing with the other formats (online, paper)

3.30-3.50pm (20 mins)	**Discussion about their experiences of using the various registers**
	Each pair to summarise their notes (moderator to collect notes afterwards)
	▪ Did the registers meet/not meet your expectations of registers? Why?
	  ▫ Probe: More positive or more negative? Why?
	▪ What are the main strengths and weaknesses of the registers examined and why?
	▪ Is it clear what information they do and do not include?
	▪ Would people act on the information they found out from the register? Why?
	  ▫ Probe: is the information reliable, up-to-date?
	▪ Is there any information missing? What else do you think you want to know (e.g. address as well as name, etc)?
	▪ How useful are ID numbers on the registers?
	  ▫ Would they be prepared to ask a professional for their ID number?
	  ▫ Should professionals have to wear badges showing their ID numbers or have them on the appointment cards/letterhead?
	Give out briefing note 4 and tick-box exercise. Ask them to tick which pieces of information are 'essential', 'nice to know' and 'shouldn't be on registers'.
	Remember to collect sheets afterwards
	▪ Which information shouldn't be on the registers? Why? Does it change in different circumstances?
	▪ How did they answer for any issues not covered earlier– e.g. photos, home address, date of birth?
	▪ Would their answers have been different earlier (i.e. before using the registers)? Why?
	▪ What do some of these terms mean to people?
	  ▫ E.g. Specialist, higher/advanced level of practice, practising/non-practising?

3.50-3.55pm **(5 mins)**	**FORMAT** **Objective: To determine how they would prefer to gain access to the information they are looking for (e.g. in terms of format)** **Objective: To review existing formats and the assumptions made about each** ▪ How does format (e.g. online / paper based/ over the phone) influence your expectations of the information on the register? ▫ Probe - Is online information seen as more accurate and up to date, or does the book form carry more weight? ▪ Which format (website, paper, phone) do you prefer and why? ▫ Prompts: accessibility, functionality, navigability, presentation, comprehension, clarity ▪ How could the effectiveness of each format be improved and why? ▪ What would such improvements achieve and why?
3.55-4.00pm **(5 mins)**	**IMPROVEMENTS** ▪ What are the three most important things for regulators to do to make the registers more usable and why? [Flipchart] ▫ How much difference would it make to registers if these actions were taken (e.g. in terms of usability) and why? ▫ What would this mean for professionals if this information was available? Does thinking from the professional's viewpoint change their views? ▪ And what is the single most important thing to do now? [Prioritise on flipchart] ▪ How important do you think it is to have health and social care regulators (e.g. to set standards, register professionals, and make sure they are 'fit to practise'). Is this different from how you felt at the beginning? Why?

2 mins!	▪ V short thanks and close (OLR) ▫ OLR will compile a report summarising findings from all workshops (participants will be sent a summary) ▫ All views/suggestions will be considered by the regulators ▫ But any response from the regulators will take time ▫ Won't be consistent across all regulators – they will have individual responses to the suggestions put forward ▪ Incentives and signing sheet

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Register users' depths (45-60mins)

(5 mins)	**INTRODUCTION** ▪ Introduce OLR ▪ Purpose of research o Provide recommendations on how information from health and social care registers can be made more accessible and meaningful o To find out what information the public would like from health and social care registers ▪ Confidentiality ▪ Open and honest ▪ No right or wrong answers ▪ Permission to tape

(5 mins)	**AWARENESS AND UNDERSTANDING OF REGULATION** **Objective: To explore awareness, views and experience of the regulation of health and social care professionals in the UK** ▪ Who regulates health and social care professionals? Which health and social care regulators can you name? ▫ Prompt: do they know who regulates chiropractors, doctors, nurses and midwives, dentists, physiotherapists, social care workers, etc? ▪ What do you know about the specific regulators? (E.g. General Medical Council, Health Professions Council, General Dental Council, General Chiropractic Council, General Optical Council, General Osteopathic Council, General Social Care Council, Nursing and Midwifery Council, The Royal Pharmaceutical Society of Great Britain, The Pharmaceutical Society of Northern Ireland) ▪ What do they do? Why do you think this? Prompt: ▫ Maintain a register? ▫ Investigate allegations of malpractice/complaints? ▫ Strike off professionals who are not fit to practise? ▪ In what circumstances might someone want to contact a health or social care regulator? Have you any experience of health or social care regulators? What experiences and why? ▪ How important do you think it is to have health and social care regulators (e.g. to set standards, register professionals, and make sure they are 'fit to practise') and why?

(10 mins)	**KNOWLEDGE AND USE OF HEALTH OR SOCIAL CARE REGISTERS** **Objective: To find out what people know and assume about what a register of health or social care professionals is and does** **Objective: To find out what might prompt people to check to see if a health or social care professional is registered with the regulator** ▪ In what circumstances have you used a health or social care register and why? (Give them time to tell their stories) ▪ How did you find out about it? ▫ Did you contact the regulators direct or were you advised through an intermediary? ▪ How did you access it e.g. format? ▪ What do you think a register does / does not do and why? ▪ What does it mean if someone is on the register and why? ▫ What does this enable them to do / not do? ▫ Who can / cannot be on the register? ▪ In what circumstances might other people use a health or social care register? ▫ Prompt if necessary with: ▫ To find out information regarding whether a professional is registered? ▫ To find out their qualifications/training? ▫ To see if there have been complaints made? ▫ To locate a health or social care professional (or pharmacy)? ▫ To identify and access the services of an advanced or specialised health or social care professional?

(25 mins)	**INFORMATION ON REGISTERS** **Objective: To find out what information people are looking for from a register of health and social care professionals** **Objective: To assess whether the information they would currently obtain would meet their needs and expectations** **Objective: To explore how they could/would use the information currently available** ▪ What information were you looking for from the register? Why? ▪ When using them, did the registers meet/not meet your expectations? Why? ▪ What are the main strengths and weaknesses of the registers? ▪ Is it clear what information they do and do not include? ▪ Did you act on the information you found out from the register? Why? ▫ Probe: is the information reliable, up-to-date? ▪ Is there any information missing? What else did you want to know (e.g. address as well as name, etc)? ▪ How useful are ID numbers on the registers? ▪ Was any terminology confusing/helpful? **Fitness to Practise** ▪ What does the phrase 'fitness to practise' imply to you in the context of health and social care and why? ▪ What information on fitness to practise should/shouldn't be in the public domain? ▫ Prompts: allegations, hearings pending, warnings/cautions, conditions, suspensions, any past removals from registers (i.e. been re-stated)? ▫ Allegations are sometimes published because the subsequent hearings are in public. Should allegations be in the public domain if a professional hasn't been proved guilty? ▪ What information should be at the most accessible level, what should be lower level? Or should it all be at one level? ▪ Where do you think the balance should lie between public interest and the professional's privacy ▫ Probe: If you were a practitioner how would you feel about having some information in the public domain e.g. home address and personal safety issues? Qualifications etc and competition? **Go through the tick box exercise and ask them which pieces of information**

(5 mins)	**FORMAT** **Objective: To determine how they would prefer to gain access to the information they are looking for (e.g. in terms of format)** **Objective: To review existing formats and the assumptions made about each** ▪ Which format did you use to gain access to the registers (website, paper, phone)? Which would you have preferred and why? ▫ Prompts: accessibility, functionality, navigability, presentation, comprehension, clarity ▪ How would format (e.g. online / paper based/ over the phone) influence your expectations of the information on the register? ▫ Probe - Is online information seen as more accurate and up to date, or does the book form carry more weight? ▪ How could the effectiveness of each format be improved and why? ▪ What would such improvements achieve and why?
(10 mins)	**IMPROVEMENTS** ▪ What are the three most important things for regulators to do to make the registers more usable and why? ▫ How much difference would it make to registers if these actions were taken (e.g. in terms of usability) and why? ▫ What would this mean for professionals if this information was available? Does thinking from the professional's viewpoint change their views? ▪ And what is the single most important thing to do now? ▪ How important do you think it is to have health and social care regulators (e.g. to set standards, register professionals, and make sure they are 'fit to practise'). Is this different from how you felt at the beginning? Why?

2 mins	▪ V short thanks and close (OLR) ▫ OLR will compile a report summarising findings from all workshops (participants will be sent a summary) ▫ All views/suggestions will be considered by the regulators ▫ But any response from the regulators will take time ▫ Won't be consistent across all regulators – they will have individual responses to the suggestions put forward

C: Briefing notes

Briefing Note 1

Who are the health and social care regulators?

There are 13 organisations known as the health and social care regulators. They each monitor one or more of the health and social-care professions by regulating individual professionals across the UK and making sure they meet certain standards. They are:

- General Chiropractic Council: Chiropractors
- General Dental Council: Dentists, dental therapists, dental hygienists. From 2006 – dental nurses, dental technicians and orthodontic therapists
- General Medical Council: Doctors
- Nursing and Midwifery Council: Nurses, midwives and specialist community public health nurses
- General Optical Council: Opticians
- General Osteopathic Council: Osteopaths
- The Royal Pharmaceutical Society: Pharmacists, pharmacy technicians (on the voluntary register) and pharmacy premises
- Pharmaceutical Society of Northern Ireland: Pharmacists and pharmacy premises in Northern Ireland
- General Social Care Council: Social care workforce in England
- Care Council Wales: Social care workforce in Wales
- Northern Ireland Social Care Council: Social care workforce in Northern Ireland
- Scottish Social Care Council: Social care workforce in Scotland
- Health Professions Council: Arts therapists, biomedical scientists, chiropodists, podiatrists, clinical scientists, dieticians, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, prosthetists and orthotists, radiographers, speech and language therapists

N.B. There are also organisations such as the Healthcare Commission and Monitor that regulate the health service (e.g. monitor NHS performance and quality etc). These will not be discussed today.

What do regulators do?

The regulators make sure that health and social-care professionals working in the UK have the skills and knowledge they need to practise. They set the standards for their courses and training.

Each regulator keeps a register of the individuals who can practice in their profession.

Regulators set the standards of behaviour that members of each profession must keep to.

The regulator will investigate and take appropriate action if a patient is concerned about the standard of treatment or care they have received. If the situation is serious enough, they can remove a person's right to practise.

Briefing note 2

What are health and social care registers?

A register contains details of health and social care professionals who have met the minimum standard to practise safely in the UK and who have agreed to practise within specific codes of conduct and ethics.

The registers were set up to protect the public so that whenever you see a health or social care professional, you can be sure they meet certain standards.

Who is registered?

Everyone practising in the profession must register with the relevant regulator. If someone is not registered, then they are breaking the law and they can be prosecuted. Registers are made up of only those professionals who have demonstrated that they have met the minimum standards.

The registers are open to the public. You can check to see if a professional is registered by going online, by phone or by post.

Briefing note 3

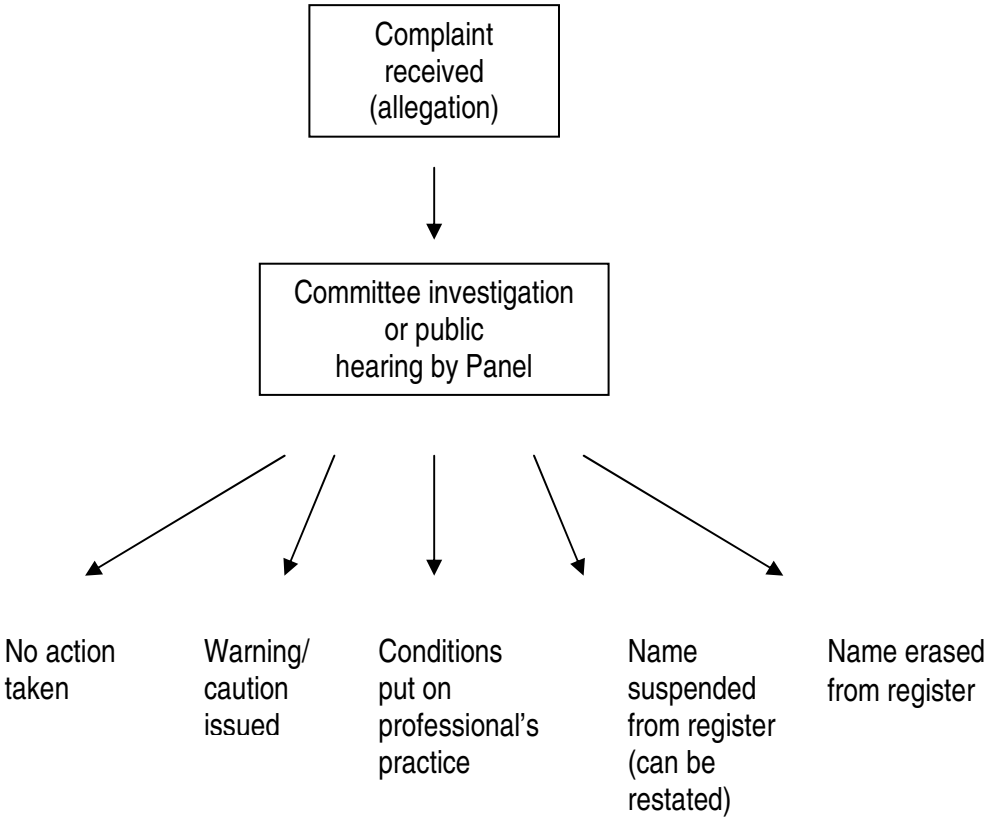
Regulators can take action if a professional's fitness to practise is impaired. Generally, this may be for a number of reasons:

- Misconduct
- Lack of competence, deficient performance or professional negligence
- A criminal conviction or caution
- Physical or mental ill-health

If a health and social care regulator finds that a professional's fitness to practise is impaired they may be struck off/removed from the register. Some regulators also issue warnings to a professional where fitness to practise is not impaired but there has been a significant departure from the principles set out by the regulatory body.

Some registers include the fitness to practise status of an individual, others do not.

Fitness to practice process in brief



Briefing note 4

Currently different registers contain different information.

The information that some, but not all, registers contain is:

Professional name
Last name if different
Gender
Practice information
Town
County
Postcode
Country
Telephone number
Fax number
E-mail address
Web address
1st or primary qualification
Other qualifications
Place of training
Specialisations
Number of registration
Registration history
Information regarding Continuing Professional Development
Fitness to practice history
Fitness to practice current status
Allegations
Disciplinary proceedings
Judgements
Date of registration

The following information is NOT available on any registers:

Date of birth

Nationality

Ethnicity

Disability

Home address

NHS/ private practice

Photograph

Information relating to other registers

D: Scenarios

Bob

- Bob is 45 and is a manager
- Bob has just moved to London
- He had a great dentist where he used to live but now that he has moved he is looking for a new dentist
- He wants to consult the Dental register

- How might he access the register?
- What information would he need from the register?
- What other information might he want (but not necessarily need)?

OPINION LEADER RESEARCH

All characters, stories and pictures are fictional. Any resemblance to people alive or dead is purely coincidental

Edna

- Edna is 75 and retired
- She has a doctor called Dr. Smith in Leeds
- She has seen on the news that a Dr. Smith has been arrested for malpractice
- She had some concerns whilst he was treating her but she had put them aside at the time
- She wants to find out whether it is the same Dr. Smith
- She wants to consult the Medical register

- How might she access the register?
- What information would she need from the register?
- What other information might she want (but not necessarily need)?

OPINION LEADER RESEARCH

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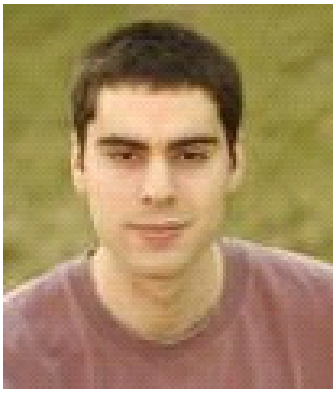
Moira & Nigel

- Moira and Nigel live in Southampton
- Moira has secondary progressive MS and does not work anymore
- She was assigned a social worker called Mrs. Blackmore
- Her husband Nigel has some concerns about Mrs. Blackmore and wants to find out more details about her
- He wants to consult the Social Care register

➢ How might he access the register?
➢ What information would he need from the register?
➢ What other information might he want (but not necessarily need)?

OPINION LEADER RESEARCH

Sanjay



- Sanjay is 22 and has just moved to Nottingham for University
- He is also a drummer in a band and he has recently noticed pains in his back
- His friend suggested that he see a chiropractor
- He wants to consult the Chiropractic register

➢ How might he access the register?
➢ What information would he need from the register?
➢ What other information might he want (but not necessarily need)?

OPINION LEADER RESEARCH

Deborah

- Deborah is 35
- She lives in Bristol by herself and works in a supermarket
- She is in the fourth month of her pregnancy
- As her pregnancy has progressed she has noticed pain in her neck and back caused by the weight gain
- Her friend suggested that she see an osteopath
- She wants to consult the osteopathy register

- How might she access the register?
- What information would she need from the register?
- What other information might she want (but not necessarily need)?

OPINION LEADER RESEARCH

Bill

- Bill is 31 and works in advertising
- He likes to run in his spare time
- When he was running one evening he tripped over a branch and sprained his ankle
- He has been seeing a physiotherapist called Ms. Lawson for the last month or so
- He is concerned because his ankle is not improving and is worried that his physiotherapist might not be properly trained
- He wants to consult the physiotherapists' register

- How might he access the register?
- What information would he need from the register?
- What other information might he want (but not necessarily need)?

OPINION LEADER RESEARCH

Fred

- Fred is unemployed
- He is a father of two
- His youngest child, George, is 5
- Fred is worried because George has a bad stammer
- George's teacher suggests that Fred should take George to see a speech and language therapist
- George's teacher suggests a woman called Ms. Barrymore
- He wants to consult the register to find Ms Barrymore

- How might he access the register?
- What information would he need from the register?
- What other information might he want (but not necessarily need)?

OPINION LEADER RESEARCH

Stella

- Stella is 38
- She is an accountant
- She has been prescribed some medication for her high blood pressure
- She goes into her local pharmacy to pick up her medicine but the pharmacist, Mr Blake, looks very old and doesn't seem to know what he is doing. She wonders if he should have retired
- She wants to know whether Mr Blake should still be practising, and more about his qualifications and his pharmacy
- She wants to consult the pharmaceutical register

- How might she access the register?
- What information would she need from the register?
- What other information might she want (but not necessarily need)?

OPINION LEADER RESEARCH

Kathy

- Kathy is 22 and has just started working at a computer company
- She is pregnant with her first child
- She has been referred to a midwife called Ms. Johnson
- She has seen on the news that a Ms. Johnson has been suspected of malpractice – she has been acting as midwife without the qualifications
- She wants to find out if it is the same Ms. Johnson
- She wants to consult the nursing and midwifery register

- How might she access the register?
- What information would she need from the register?
- What other information might she want (but not necessarily need)?

OPINION LEADER RESEARCH

Jenna

- Jenna is 26 and works in IT
- Her father is very ill and requires care from a nurse
- The last nurse was very good but retired recently
- They have been assigned a new nurse called Ms Jones
- The last time Jenna visited her father she had some concerns about the level of care he received from her
- Ms. Jones seemed to be doing things very differently to the last nurse
- Jenna wants to check the register to see whether Ms. Jones has the right qualifications

- How might she access the register?
- What information would she need from the register?
- What other information might she want (but not necessarily need)?

OPINION LEADER RESEARCH

Pete

- Pete is 42 and has a learning difficulty
- He went to have his eyes examined by an optician called Mr Stevens
- Mr Stevens was very rude and aggressive during the examination, he even pushed Pete against the wall at one stage
- Pete wants to make a complaint and wants to find out if other complaints or allegations of misconduct have been made against Mr Stevens
- He wants to consult the optical register

- How might he access the register?
- What information would he need from the register?
- What other information might he want (but not necessarily need)?

OPINION LEADER RESEARCH

E: Tick box exercise

Please complete the following grid by ticking which information you think is 'essential', 'nice to know' and which information shouldn't be on the registers.

	Essential	**Nice to know but not important**	**Shouldn't be on the registers**
Unique ID/registration number			
Town locater			
County locator			
Postcode locator			
Professional name			
Last name if different			
Gender			
Practice address			
Telephone number			
Fax address			
E-mail address			
Web address			
Basic health/social care qualification			
Other qualifications			
Place of training			
Specialist in a particular field			
Higher/advanced level of practice			
Registration history (if left/rejoined register)			
Level of experience (junior/senior)			
Practising/non-practising			
Information regarding Continuing Professional Development			
Allegations against the individual (unproven)			
Fitness to practise hearings due to take place			

Fitness to practise current status (e.g. suspensions, warnings, conditions etc)			
Fitness to practise history (e.g. past suspensions, warnings, conditions etc)			
When they first registered			
Expiry date of registration			
Date of birth/age			
Nationality			
Ethnicity			
Disability			
Home address			
Information about whether they are private/ NHS			
Photograph			
Membership of other registers			

E: Practical task scenarios

TASK SHEETS – ROTATE ACROSS WORKSHOPS

N.B. All these people have been picked at random.

General Chiropractic Council

Please use the register for the General Chiropractic Council to find a suitably qualified chiropracter in the NG2 area of Nottingham. Compare online, paper and telephone formats.

Telephone: 0845 6011796 website: www.gcc-uk.org

General Medical Council

Please use the register for the General Medical Council to find out about Dr Andrew Smith in Leeds. His reference number is 3338128. Find other Drs in the LS6 area if possible. Compare online and telephone formats.

Telephone: 0845 3578001 website: www.gmc-uk.org

Nursing and Midwifery Council

Please use the register for the Nursing and Midwifery Council to find midwife Ms Bernadette Johnson in County Durham. What is her ID number? Compare online and telephone formats.

Telephone: 020 73339333 website: www.nmc-uk.org

General Dental Council

Please use the register for the General Dental Council to find a suitably qualified dentist in the SW17 area of London. Compare online, paper and telephone formats.

Telephone: 020 78873800 website: www.gdc-uk.org

General Osteopathic Council

Please use the register for the General Osteopathic Council to find an osteopath in Bristol. One closest to the city centre would be ideal. Compare online, paper and telephone formats.

Telephone: 020 73576655 website: www.osteopathy.org.uk

General Optical Council

Please use the register for the General Optical Council to find Ian Brown in Stafford. He said he was a contact lens specialist but is he? Compare online, paper and telephone formats.

Telephone: 020 75803898 website: www.optical.org

General Social Care Council England

Please use the register for the General Social Care Council to find out about Ms Blackmore a social worker in Southampton. Compare online, paper and telephone formats.

Telephone: 020 73975100 website: www.gscc.org.uk

The Royal Pharmaceutical Society of Great Britain

Please use the register for The Royal Pharmaceutical Society of Great Britain to find out about David Blake in Hertford. Is he a practising or non-practising pharmacist? Compare online, paper and telephone formats.

Telephone: 020 77359141 website: www.rpsgb.org.uk

Health Professions Council

Please use the register for the Health Professions Council to find the registration number for Ms S Lawson (a physiotherapist in London). When is she registered until? Compare online and telephone formats.

Telephone: 020 75820866 website: www.hpc-uk.org

The Pharmaceutical Society of Norethern Ireland

Please use the register for The Pharmaceutical Society of Northern Ireland a pharmacist in Londonderry. Are they late-night pharmacists? There is only a telephone register.

Telephone: 028 90326927

Social Care Council: Northern Ireland

Please use the register for the Northern Ireland Social Care Council to find out about D. Clarke a female social worker in Belfast. Compare online, paper and telephone formats.

Telephone: 02890 417600 website: www.niscc.info

Social Care Council: Wales

Please use the register for the Care Council for Wales to find out about D. Clarke a female social worker in Cardiff. Compare online, paper and telephone formats.

Telephone: 0845 0700399 website: www.ccwales.org.uk

Social Care Council Scotland

Please use the register for the Scottish Social Services Council to find out about D. Clarke a female social worker in Greenock. Compare online, paper and telephone formats.

Telephone: 0845 6030891 website: www.sssc.uk.com