

Item 5: Update on the Access to Registers Project

To Note:

Background

1. A need for a strong element of public and patient involvement was identified in an ongoing health regulators' joint project: '*Making the register more usable*'.
2. Those leading the project noted that the PPI Group had identified the usability of Registers as one of four core policy areas in its agreed work plan. To ensure coherence and consistency in planning and the allocation of resources, it was agreed that the PPI Group be asked to suggest a method by which public and patient views could be obtained.
3. The PPI Group agreed on an approach and set up a sub-group to manage the project. In conjunction with an outside research agency, the public UK wide were consulted on their views of how registers could be made more accessible.
4. The research was conducted during the summer of 2006 and the results have been received as at the end of August 2006.
5. At the last meeting of the PPI Group on the 12 October 2006, the final report produced by Opinion Leader Research (OLR) on *Making Registers More Usable*, and the recommendations of the PPI Group's Registers Working Group (Annex A) were considered and agreed subject to the following:
 - a. That it is made clear that the provision of information to patients about what happens when something goes wrong (and other issues) is a responsibility shared by a number of organisations including, for example, NHS organisations at local levels (PCTs) and the Healthcare Commission. The health regulators are just one cog in the wheel. The regulators may wish to liaise with NHS organisations and others to establish how they ensure that patients and the public have access to relevant and up to date information where, and when, they need it.
 - b. It was suggested that a FAQs (frequently asked questions) section could be shared among the regulatory bodies that explains common regulatory/registration terminology.
 - c. It was suggested that implementation, or otherwise, of the report's recommendations be measured to enable the PPI Group to tell the people who were consulted how their contribution has made things better.

Update

6. On November 22 2006, a meeting was held with the Registers Working Group to report the findings of the research along with the recommendations from the PPI Group. The Group commended the quality of the research and wished to thank the PPI Group for its contribution to the project.

7. The recommendations (Annex A) were agreed by the group. It was agreed that the Registers Working Group will meet again in mid January, to confirm these actions. Following this meeting an agreed set of actions will be reported to the Chief Executives forum.
8. It was noted that certain areas of action were beyond the specific remit of the Registers Working Group, (refer to Annex A). It was agreed that these would be highlighted and referred to the Chief Executives to confirm how to take these forward.
9. It was also agreed that the specific aspects of the research should be undertaken again in approximately 5 years.
10. The project was also highlighted in a presentation to CHRE on the 11 January 2006, as an example of the health and social care regulators working together, which was well received.

ANNEX A

Recommendations:

Recommendations derived from the research	Short ¹	Action to be taken by the regulators	Beyond remit of RWG – Refer to CE for action
1. Awareness of regulators and registers			
Raise awareness of regulators 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 available	Short and Medium	Agreed: To support the ongoing distribution of the joint regulators leaflet.	No
Professionals to display their registration numbers either by displaying their registration certificates in their practice or on ID badges, notepaper, prescriptions, appointment cards	Medium/Long	Agreed: To encourage wider use of personal identifier number/ PIN numbers by registrants. It was noted that to require compulsory use would require amendments in legislation. This action can be reviewed in the future to determine the impact of active encouragement. For some members it was recognised that use of the identifier / PIN number may not be possible in conjunction with current systems. Agreed: Group to consider the harmonization of terminology, the use of the term 'reference number' was suggested.	Yes
2. Trust in regulators			
Communicate the processes involved in regulation clearly and ensuring transparency	Short and Medium	Better communication via the website and other means explaining in plain language the processes	YES

¹ Short term - 6 months; Medium term - 6-24 months, Long term - 24 + months

	<p>involved, reasoning and outcomes of the complaints system.</p> <p>Explain the necessary timescales involved in cases being heard.</p> <p>Agreed: to take forward steps to ensure greater transparency. It was noted that this is supported by the distribution of the joint leaflet.</p>		
YES	<p>Regulators to communicate the level of lay involvement more effectively to overcome misperceptions that regulators are run by the profession it regulates.</p> <p>Possible link with the recommendations on governance by Foster and Donaldson reports may need to be explored.</p> <p>Possible consultation with the public on current level of lay involvement</p> <p>Agreed: To await the outcomes of the DH consultations on medical and non-medical regulation. To review appropriate action at that stage.</p>	Medium	<p>Explore / research whether current level of lay involvement is sufficient for the public</p>
YES	<p>Registers Working Group to consider how accountability can be made more apparent.</p>		<p>The public need to know who the regulators are accountable to</p>

			Agreed: To await the outcomes of the DH consultations on medical and non-medical regulation. To review appropriate action at that stage.	
3. Information on registers				
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	Medium/ Long	Enable search for practitioners by: location; private practice / NHS; qualifications Agreed: That this action needs to differentiate between those professions operating in mainly private settings, in which cases the location details are increasingly relevant. Agreed: to review how links can be made to other sources of information from the register home page. i.e. Dr Foster.	NO	
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	Medium/ Long	Where possible, regulators to agree on consistency. Possible link with recommendations by Foster and Donaldson on holding post registration qualifications on the register. Agreed: To await outcome of DH consultation and to also review the table of 'content of registers' compiled by the registers working group previously.	NO	
Fitness to Practise and personal information				
They support the idea of different information being available for different users (public versus		No clear action from the recommendation. Feasibility to be explored by the Registers Working	YES	

employers/regulators) so that employers have access to more information than the public		Group. Agreed: each regulator to seek to make available explanations of why certain information is available.	
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		No clear action from the recommendation. Feasibility to be explored by the Registers Working Group. Agreed: each regulator to seek to make available explanations of why certain information is available.	YES
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, <ul style="list-style-type: none"> • 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 	Medium	Explanations to be provided at the point of access to the relevant information. Agreed: Although individual explanations may be lengthy and in some cases unhelpful, it may be possible to provide a broad explanation of what the register and the details provided represent. In addition there may be outcomes from individual ongoing reviews such as the GMC's Specialist Register Review.	NO
Up to date information			
Registers should be kept up to date and show clearly when they were last updated (and what this means)	Short	Website to clearly state when the information was last updated. Agreed: To confirm that this is currently in place or will be added. Some organisations	NO

Implement revalidation and licensure to demonstrate that professionals are being checked regularly	Long	<p>have a reference to the register being updated daily.</p> <p>Awaiting results of Foster and Donaldson consultation.</p> <p>Agreed: To await the outcomes of the DH consultations on medical and non-medical regulation. To review appropriate action at that stage.</p>	YES
Ease of use/accessibility			
A central website address or phone number that directs users to the relevant register	Short	<p>Central hub (possibly hosted by CHRE) to direct enquirers to the appropriate website.</p> <p>Agreed: To harness existing information channels.</p> <p>Margaret Coat to discuss with other CE's the collective use of Yellow Pages.</p> <p>Link with the wider distribution of the joint leaflet.</p>	YES
The regulator's sites could have separate sections just for public (or separate phone numbers)	Short / Medium	<p>Regulators to ensure that locating information on websites and via the telephone is clear for the public.</p> <p>Agreed: Many regulators are in the process of updating and reviewing websites. It was agreed that this feedback would be included in such reviews, although it was not felt that separate sections for public and profession were helpful.</p>	YES

<p>Formats should be consistent where possible in:</p> <ul style="list-style-type: none"> • They types of information given • The level of detail provided 	<p>Medium</p>	<p>Registers working group to explore the feasibility of this recommendation and report to Chief Executives.</p> <p>Agreed: Registers working group to revisit earlier comparative analysis.</p>	<p>NO</p>
<p>Online format</p>			
<p>Registers should be easily accessible from the regulator home pages</p>	<p>Short</p>	<p>Search facility for the register to be made accessible from the home page on all sites</p> <p>Agreed: To ensure that this is in place, although it was noted that for most regulators this is already the case.</p>	<p>NO</p>
<p>The existing search function should be made more flexible</p>	<p>Short / Medium</p>	<p>Search function to allow user to search with multiple variables</p> <p>Agreed: To pursue where it is not already in place.</p>	<p>NO</p>
<p>Some of the information that the regulators hold that is not currently available to the public should be made available e.g. practise addresses, specialisms</p>	<p>Medium</p>	<p>Each regulator to agree policy on disclosure of information for registrants and come together to try and ensure consistency.</p> <p>Agreed: Await outcome of DH consultation and revisit comparative analysis.</p>	<p>YES</p>
<p>Regulators should hold more information on registrants than at present e.g. NHS/Private</p>	<p>Medium/ Long</p>	<p>Each regulator to agree what type of information should be collated in order to service the public.</p> <p>Agreed: Await outcome of DH consultation.</p>	<p>YES</p>
<p>Make the registers easier to use for disabled and older people e.g. larger type</p>	<p>Short</p>	<p>Ensure websites are W3C: World Wide Web Consortium compliant</p>	<p>YES- if any specific actions arise.</p>

			Agreed: To confirm compliance with the standard.	
Include an easy to use 'Help' or FAQs section in all registers	Short		Put together by each regulator and made available on the website. Agreed: To share existing FAQ's used.	NO
Paper format				
Continue phasing out paper versions whilst increasing accessibility of the other formats	Short		Stop all production of paper copies of the register and increase distribution of the PPI leaflet. Agreed: To seek reducing and stopping production of printed versions of registers. It was noted that a printed register is used by only a few organisations.	YES
Telephone format				
The telephone service could be improved particularly around: <ul style="list-style-type: none"> • Information available • Customer service (training staff) • Answering the phone, not putting the caller on hold for long periods • Removing automated routing 	Short		Registers Working Group to consider the recommendations of the research. Agreed: Each organisation to make use of individual reports issued.	NO