

Development of the Medical Register to Record Doctors' Scope of Practice

Joint Statement from the Academy and the GMC

24 February 2017

The Academy of Medical Royal Colleges (the Academy) is working with the General Medical Council (GMC) to undertake exploratory work looking at enhancing the GMC's Medical Register by recording doctors' scope of practice.

Background

The Medical Register was first published in 1859. It was created to help patients and the public distinguish between qualified and unqualified doctors. Almost 160 years on, the Register is available online but the sort of information it contains has changed very little from the 19th century version. Yet healthcare and the nature of the medical practice that doctors undertake have changed beyond recognition. Very little of this is reflected in Medical Register. In particular, the Register says nothing about the type of work that doctors actually do - their scope of practice.

Linked to its recent public consultation on the development of the Register, the GMC is looking at how it can improve the utility and transparency of the Register by improving the range of information available about doctors' professional practice. It also wants to address the anomaly that means the Register currently contains no information about the practice of around 43,000 doctors who are engaged in some form of specialist practice but who are not on the GP or specialist registers or in specialist training.

Understanding scope of practice: exploratory work

In 2016 the GMC consulted on some options to improve the range of information on its registers. The result of that consultation showed that there is little support for significantly increasing the range of information available on the registers. The GMC's Council has taken note of that feedback and decided not to proceed with expansion of the register at the present time. In particular, the GMC has no intention (and never had such intention) of publishing any personal data which might jeopardise doctors' privacy and safety such as email details, home addresses or telephone numbers.

The GMC will, however, work to improve the functionality of the register with the information it already contains. It will also undertake exploratory work with the AoMRC to better understand some of the practical issues that would be involved in collecting and recording information about doctors' scope of professional practice, if the GMC decided to progress this. This includes devising a proportionate taxonomy of medical practice that would be meaningful for both patients and professionals, and examining how the information might be collected and maintained without imposing additional costs and burdens on hardworking doctors and the wider system.

As the guardians of medical practice in their different specialty fields, the Academy and the individual medical Royal Colleges are ideally placed to help lead this work.