

# Health professional regulators' registers

Maximising their contribution to public protection and patient safety

February 2010

## About CHRE

The Council for Healthcare Regulatory Excellence promotes the health and well-being of patients and the public in the regulation of health professionals. We scrutinise and oversee the work of the nine regulatory bodies<sup>1</sup> that set standards for training and conduct of health professionals.

We share good practice and knowledge with the regulatory bodies, conduct research and introduce new ideas about regulation to the sector. We monitor policy in the UK and Europe and advise the four UK government health departments on issues relating to the regulation of health professionals. We are an independent body accountable to the UK Parliament.

## Our aims

CHRE aims to promote the health, safety and well-being of patients and other members of the public and to be a strong, independent voice for patients in the regulation of health professionals throughout the UK.

## Our values and principles

Our values and principles act as a framework for our decision making. They are at the heart of who we are and how we would like to be seen by our stakeholders.

### *Our values are:*

- Patient and public centred
- Independent
- Fair
- Transparent
- Proportionate
- Outcome focused

### *Our principles are:*

- Proportionality
- Accountability
- Consistency
- Targeting
- Transparency
- Agility

## Right-touch regulation

Right-touch regulation is based on a careful assessment of risk, which is targeted and proportionate, which provides a framework in which professionalism can flourish and organisational excellence can be achieved. Excellence is the consistent performance of good practice combined with continuous improvement.

---

<sup>1</sup> General Chiropractic Council (GCC), General Dental Council (GDC), General Medical Council (GMC), General Optical Council (GOC), General Osteopathic Council (GOsC), Health Professions Council (HPC), Nursing and Midwifery Council (NMC), Pharmaceutical Society of Northern Ireland (PSNI), Royal Pharmaceutical Society of Great Britain (RPSGB)

# Contents

|  |           |
|--|-----------|
| <b>1. Executive Summary</b> .....  | <b>1</b>  |
| <b>2. Introduction</b> .....   | <b>3</b>  |
| <b>3. Background</b> .....   | <b>5</b>  |
| <b>4. Our approach</b> .....   | <b>8</b>  |
| <b>5. Patient and public views of registers</b> .....  | <b>10</b> |
| Accessing the online register .....  | 11        |
| Searching the online registers .....   | 11        |
| <b>6. The presentation and content of registers</b> .....  | <b>13</b> |
| The information available when searching the register .....  | 13        |
| Understanding the terminology .....  | 15        |
| Fitness to practise information .....  | 16        |
| Addresses and practice details .....   | 18        |
| Non-practising registers .....   | 18        |
| <b>7. Enhancing the role of registers and the information they hold</b> .....  | <b>20</b> |
| A single portal .....  | 20        |
| Providing registration information in workplaces .....   | 20        |
| ID numbers at the point of care.....   | 21        |
| Access to other regulatory functions .....   | 21        |
| Revalidation .....   | 21        |
| Choosing health professionals.....   | 22        |
| <b>8. Discussion and recommendations</b> .....   | <b>23</b> |
| <b>9. Annex 1: Search criteria and data fields provided by regulators in website searches for health professionals</b> ..... | <b>26</b> |
| <b>10. Appendix 1: Online research study methodology and sample</b> .....  | <b>29</b> |
| <b>11. Appendix 2: Acknowledgements</b> .....  | <b>30</b> |

# 1. Executive Summary

- 1.1 Health professional regulators hold registers of practitioners who are entitled to practice within a given profession. As well as being a statutory duty, the registers are a valuable tool for public protection, enabling members of the public and employers to identify professionals who are qualified and fit to practise. For members of the public who are looking for a health professional, registers can also play a useful role in providing additional information to inform their choice.
- 1.2 Our 2007/08 performance review highlighted variation in the level of detail provided by the regulators' online registers and the way the information is presented to the public. In particular, there was variation in what current and past fitness to practise outcomes they made available, and how that information could be accessed.
- 1.3 We have consulted widely with the public, stakeholders and the regulators, and commissioned an online research study to gauge public perceptions of registers and to test their usability. This research confirmed our understanding that if a member of the public is going to the trouble of checking a regulator's register, this should be straightforward and the information should be useful. The recommendations made below for online registers should be complimented with other effective enquiry routes for members of the public, such as by post and telephone. Regulators should also encourage their registrants to make wider use of registration numbers in correspondence and practice environments.
- 1.4 Only some of the regulators provide access through their online registers to information about health professionals currently prevented from practising because of fitness to practise sanctions. The absence of this information can be confusing for members of the public searching for a health professional. **We recommend that regulators should provide information about all current fitness to practise sanctions on the online register.** We believe that existing legislation should not be a barrier to introducing this as there is discretion for many of the regulators, either through Council, Committees or the Registrar to make information available if it is in the public interest.
- 1.5 There is a public protection issue when individuals who have been struck off the register continue to provide services to the public under a different, unregulated title. Such instances indicate that fitness to practise sanctions remain relevant long after the panel has issued its determination. **We recommend that regulators should publish information about health professionals who have been struck off on their online register for at least 5 years.**
- 1.6 The benefits and disadvantages of making fitness to practise sanctions that are no longer in force available to the public are finely balanced. We accept that the purpose of the fitness to practise process is not to punish a health professional, and that a professional with an expired sanction has been judged to be fit to practise. However, in line with the principle of regulators operating transparently, we have given more weight to the rights of patients than those of professionals. Information that is already available should be made as accessible as possible. **We recommend that regulators who do not currently publish fitness to practise histories should begin to take a proportionate approach to making this information available against a register entry.**

- 1.7 Based on the feedback we have received, for online registers to be credible, useful and accessible, **we recommend that they should have the following features:**
- Clear signposting from the regulator’s homepage to the register search page
  - Search functionality that supports some flexibility, such as the ‘sounds like ‘ option on the GMC register
  - A comprehensive listing that reflects all current sanctions including suspensions and those who have been struck off
  - Links to information about previous fitness to practise sanctions
  - Ease of navigation to greater levels of detail where available, such as direct links to fitness to practise determinations
  - Provide an indication of location of practice to help to identify an individual professional
  - Provide a glossary to aid understanding of the terms used in registers
  - The absence of material that could compromise the credibility of the data, such as advertising.

## 2. Introduction

- 2.1 Health professional regulatory bodies have a duty to protect the public. One way in which they do this is to hold information about the professionals they regulate in a register. It notes any action taken against a practitioner that limits how they are allowed to practise. Some of this information is made publicly available. Registers contribute to public protection by:
- Assuring the public that professionals are regulated and are required to meet certain standards
  - Helping the public and employers to identify registered professionals from those practising illegally
  - Informing the public of any limits imposed on the way a registered professional is allowed to practise
  - Providing information about special areas of practice that a professional may be qualified to work in.
- 2.2 However, the level of detail provided by the regulators' registers and the way it is presented to the public currently varies across the different regulators. This was noted in CHRE's performance review of the regulators in 2007/08, particularly in relation to fitness to practise outcomes. We commented:
- An issue for consideration by CHRE and the regulators ... is the content of the registers, particularly in relation to current and past fitness to practise outcomes. Regulators vary in what fitness to practise information they put on their registers and disclose to enquirers. ...there should be greater commonality in how these sanctions are reflected on their registers.<sup>2</sup>*
- 2.3 Following the performance review we began a project to find out how to maximise the contribution registers can make to public protection and safety. We focused on the following areas:
- How information relating to fitness to practise can best be displayed
  - Whether professionals who have been suspended or removed from the register should remain visible on the register
  - Whether the language used on registers is consistent and easily understood by the public
  - Whether the register could be a useful tool for choosing health professionals, as well as for checking their credentials
  - Any other ways information on registers can be used to enhance public protection.
- 2.4 This report describes the background and context to the issues, the different approaches we used to explore these areas, our findings and conclusions.

---

2 CHRE, 2008. *Performance review of health professions regulators 2007/08 Helping regulation to improve*. Available at: [http://www.chre.org.uk/img/pics/library/080827\\_Final\\_FULL\\_version\\_for\\_website\\_1.pdf](http://www.chre.org.uk/img/pics/library/080827_Final_FULL_version_for_website_1.pdf) [Accessed 31 July 2009]

2.5 The word 'register' can be interpreted in different ways. Throughout this report we use the term to refer to the registration information publicly available from the regulatory bodies rather than any other meaning, for example, a list of practising health professionals who are entitled to practise. We have adopted this approach based on the question that arose from the performance review around the variation in information made available to the public as part of the regulators' registers. For the purposes of our research we directed respondents to the registration information available through regulators' websites. Regulators provide further information to employers and the NHS on a regular basis or on request. The accessibility and content of this information is not under examination in this project. Neither are we considering the information that regulatory bodies may be required by law to collect about registrants, but not publish, such as proof of identity.

## 3. Background

3.1 Although there are some similarities, the regulators' online registers do not use or display the same information about health professionals. In our Performance Review we highlighted the differences in the provision of fitness to practise information and particularly in listing registrants who have been suspended from the register or struck off.<sup>3</sup> The table below shows what each regulator provides when searching the online registers about current suspensions and registrants who have been struck off. Annex 1 provides more information about the data provided by regulators when searching their online registers.

3.2

|              | Register lists those suspended?        | Register lists those struck off? |
|--------------|--|----------------------------------|
| <b>GCC</b>   | Yes                                    | Yes                              |
| <b>GDC</b>   | Yes                                    | No                               |
| <b>GMC</b>   | Yes                                    | Yes                              |
| <b>GOC</b>   | No                                     | No                               |
| <b>GOsC</b>  | Yes                                    | No                               |
| <b>HPC</b>   | No                                     | No                               |
| <b>NMC</b>   | No                                     | No                               |
| <b>PSNI</b>  | Suspension not available as a sanction | No                               |
| <b>RPSGB</b> | Yes <sup>4</sup>                       | No                               |

3.3 Each regulator operates under a different legal framework and this plays a part in influencing the range of information made available when searching for an individual health professional. The information that regulators are required to collect about their registrants at the point of registration is outlined in their governing legislation and legal rules. As outlined in paragraph 2.6 this is not the focus of our research. For some professions, further information can be added to their register entry when they acquire specialist qualifications or extra skills. Legal rules govern what regulators are required to publish about any sanctions that have been applied to individual health professionals when their practise has been found to fall below the expected standard, although it is not stipulated where this information should be made available.

3.4 Existing research has highlighted the views of patients and the public about health professional regulators' registers:<sup>5 6 7</sup>

3 Throughout this report the term 'struck off' covers terms such as erasure and removal, when a registrant is prevented from practising because of their fitness to practise.

4 Individuals who have been suspended remain listed on the RPSGB register. However, their suspension is not displayed, only an icon indicating 'further information' is available about that registrant. The details of this 'further information', which could refer to other fitness to practise sanctions only become available when the icon is clicked.



- The public are reassured by the existence of registers. However there is generally low awareness of the health professional register, and of the regulatory bodies themselves.
- Members of the public might use a regulatory body's register to find an appropriately qualified and regulated professional in their area, or to check if a known professional is on the register – particularly where the professional is self-employed or works from less established premises.
- People have said they would like to see the following information on the regulators' registers:
  - The professional's name
  - An identification/registration number – which signifies authenticity
  - Basic qualifications – to show the person is correctly qualified
  - Location – so they are able to identify a specific professional where there are a number of professionals on the register with the same name.
  - They would like further information, such as details of qualifications, specialities and training, to help them choose a professional. However, they are reluctant for any information on these subjects to be put on the register where the regulatory body does not assure its quality.
  - Unique identification numbers are valued by the public, who would like them to be displayed more prominently by professionals. They are seen as a stamp of authenticity as well as a means to differentiate between professionals with the same name.
  - To deliver registers that are patient-centred, language needs to be public-friendly. Where there is no alternative to using specialist terms, there needs to be an easily accessible explanation of their meaning. If terminology is not clearly explained the public may misinterpret the information available to them, which could have negative effects. The complexity of terms may reinforce opinions that registers are 'not for them', but primarily for other parties such as employers.
  - Members of the public want to be able to see information about a professional's fitness to practise history. As a principle, if it is in the public interest that a professional receives a sanction, the public have a right to know about it. There may be exceptions where it is appropriate not to make public certain details of sanctions, for example where they relate specifically to a professional's health or are not directed in such a way that they would change the nature of the professional's interactions with patients.
  - Links to full fitness to practise decisions could enhance trust in regulation by demonstrating that decisions are taken in public, rather than behind closed doors.

---

5 OLR, 2006. Joint UK Health and Social Care Regulators PPI Group: *Making registers more usable*

6 Electoral Reform Services, 2008. *Stakeholder opinion of the General Dental Council*

7 GfK, 2006. *Annual tracking Survey: A research report for the General Medical Council*

- The public would prefer that all suspended professionals appear on the register, with the requirement that their suspension be clearly marked, as this provides assurance and transparency. Where a professional's registration status has changed for another reason, for example administrative reasons or retirement during a registration cycle, it should be made clear that the person is not entitled to practise. However, this should be shown in a different way from where a professional has been suspended or struck off.
- It is important that professionals' human rights are fully upheld when considering the information that should be available on registers. Focus group participants who were asked about these issues agreed that information about professionals' home addresses, health or any unfounded allegations against them should remain confidential and not appear on the register.

## 4. Our approach

4.1 We used the information outlined in Section 3 to produce a discussion paper.<sup>8</sup> We invited feedback on the discussion paper from a range of stakeholders, and received responses from 40 organisations and individuals. These included the regulators, patients and members of the public, individual health professionals, Royal Colleges and professional bodies.

4.2 Respondents were asked to comment within two broad themes:

### *Current presentation and content of the register*

- What information about health professionals should be made available by regulatory bodies through registers?
- How can we ensure that the language used on registers, such as registration status, is both consistent and understood by the public?
- How much information on a professional's fitness to practise history should be made available to the public?
- What further information could be on registers today to make them more patient-centred? Should there be addresses and contact details for practices?
- Should there be separate registers for non-practising or unlicensed professionals or should they all be shown on one register with those practising clearly marked?

### *Enhancing the role of registers and the information they hold*

- Could there be a single portal from which the public can access registration information on professionals from all the health professions?
- Is there any other information that could be provided to the public in professionals' workplaces that would offer assurance, such as leaflets, ID cards or registration certificates?
- Should professionals' ID numbers be made visible to patients and the public at the point of care? If so, how can this be achieved?
- Could registers make other regulatory processes, such as raising concerns about health professionals, more accessible to the public?
- How will revalidation affect the presentation of information on registers? Should 'last revalidated' dates be on the register alongside an explanation of what this means about a professional?

We sought feedback on these issues at meetings with the public and at a good practice seminar with the regulators.

4.3 To gain further insight into the public's perception of current online registers, we commissioned an online research study from Synovate, a research company. The research involved asking about people's awareness and perceptions of registers.

---

<sup>8</sup> CHRE, 2009. Registers: a discussion paper. Available at: [http://www.chre.org.uk/\\_img/pics/library/090821\\_CHRE\\_Discussion\\_Paper\\_-\\_Registers.pdf](http://www.chre.org.uk/_img/pics/library/090821_CHRE_Discussion_Paper_-_Registers.pdf)

They were asked to use and review the regulators' registers online and provide feedback on how easy they were to find, use and understand.<sup>9</sup>

- 4.4 The following sections summarise the results of the views, thoughts and opinions we have heard during this project. First we present the findings from our work with patients and the public. This is followed by the wider stakeholder feedback we received about the two themes in our discussion paper.

---

<sup>9</sup> Appendix 1 gives details of the online research study.

## 5. Patient and public views of registers

5.1 Awareness of registers and their purpose is low among patients and the public. Many of the participants in the online research study had never heard of health professionals registers and most had never had cause to use one. Their understanding of what registers are and aim to do was therefore limited. Some misconceptions about registers included:

- They store patient records and medical histories
- They contain details on NHS employees only
- They provide general information and advice about health issues.

*'I suppose they are for keeping medical records online and accessible to health professionals who might need to look at your medical history.'*

*'My understanding is that every health professional employed by the NHS is on the register and any notable work or specialist field is listed.'*

*- Participants in online research study*

5.2 After using the registers online, most participants in the research study considered the main purpose of the registers was to validate the credentials of a particular health professional. They were seen as a simple checking tool which would be used to check a professional they had identified was legitimate. Some participants saw potential in using the registers to search for a professional in their area, but many felt that the information on registers alone would not be sufficient to help them choose one professional instead of another, as it did not give a sense of who would offer the best service.

*'It gives you peace of mind knowing that they are registered and being able to see the qualifications they have obtained.'*

*'A registry may be useful to check out somebody you have an appointment to see, but it doesn't seem the best way to just pick out a name at random from an online registry.'*

*- Participants in online research study*

5.3 Expectations of registers varied among those at our meetings with the public. Some people only wanted basic information about a health professional and any current fitness to practise issues. Others wanted to see information on the quality and performance of the professional or the organisation in which they work. The issue of confidence was raised in the meetings. Participants suggested that there was a risk of low public confidence in the registers, because people may not be convinced that the regulators took appropriate action against health professionals who performed poorly. However, those involved in the online study felt that the registers seemed credible, because they were found within the official website of an established organisation. One participant suggested that the word 'licensed' might carry more weight than 'registered'.

### Accessing the online register

- 5.4 Those who responded to our discussion paper highlighted that it could take several clicks to reach the search facility from regulators' home pages, and in nearly every case, some participants in the online study had difficulty locating the register within the regulators' websites. The ease of navigating to the register from the regulators' home pages, and the overall layout and appearance of their websites had an impact on participants' views of the registers. Registers which had limited search functions and information were sometimes popular if they were clearly signposted from the homepage and the overall appearance of the site was simple and uncluttered. Conversely, some registers which offered more functionality or information than others were criticised because they were initially difficult to find.
- 5.5 Overall, the online study showed that accessibility is just as important as functionality. Functionality alone is not enough to encourage people to use and return to the registers. Where registers are not clearly signposted, users will become frustrated and may give up their search. According to participants in the online study, the ideal homepage would:
- Be uncluttered and easy on the eye
  - Be divided into separate sections for members of the public and professionals
  - Include a brightly coloured 'Search the register' tab linking straight to the search page
  - Define the role of the regulator in question, to reassure users that they are on a credible site.

### Searching the online registers

- 5.6 The online study showed that all the registers are successful in their core function – allowing users to verify if a health professional is or is not registered. However the way the registers were presented and their search functions varied.
- 5.7 Many of the registers' search functions only respond to exact spellings of registrant names, which can lead to users being unable to find the person they are looking for, even though they are registered. Several of the online study participants reported examples of this occurring when they searched the registers, and it is likely that this was because they mistyped the name into the search field. As well as the usability implications, it was felt this could lead people to question the credibility of a register, if it did not seem to contain a professional they know to be reputable.
- 5.8 Participants in the online study were asked to describe what an 'ideal register' would look like and how they could search it. Broadly speaking, they said that an ideal register would provide many ways to search and we identified 'essential' and 'nice-to-have' search criteria:
- Essential criteria: these are based on what participants see as necessary for checking that a professional is registered.
  - Nice-to-have search criteria: these include additional search criteria which would enable the registers to act as a tool for finding an appropriate local health professional, rather than simply as a double check on their registration.

| Essential criteria  | Nice-to-have criteria  |
|---|--|
| <ul style="list-style-type: none"> <li>• Registration number</li> <li>• Surname</li> <li>• Sounds like' box or softer search filtering (to accommodate spelling mistakes).</li> </ul> | <ul style="list-style-type: none"> <li>• First name</li> <li>• Search by area/postcode.</li> </ul> |

### Examples of good practice

On the GMC and GDC registers, a 'sounds like' box enables users to search for a professional even if they don't know the exact spelling of their name.

The GCC offers a variety of search options, including searching by one or more of surname, registration number, town/city, county, and a within a defined radius of a full postcode.

## 6. The presentation and content of registers

### The information available when searching the register

- 6.1 At our meetings with the public, people felt that the information held on registers should be presented so that the most important information comes first. It was suggested that registers could be developed so that those visiting the register would be asked for their reason for checking the register and being directed appropriately.

There was general agreement that the following information should be available:

- The professional's name (maiden/married/practising and known as)
- The professional's qualification, areas of expertise or specialist practice
- Date of registration and revalidation
- An ID number
- Dual registration details (if any)
- Place/location of work
- Photographic identification
- Current fitness to practise sanctions.

There was also agreement that:

- All the information available on the register should be authenticated and traceable
- The registers should be kept up to date to ensure they maintain their credibility.

- 6.2 Views on the information that should be available on the register varied. Some suggested that a professional's employment history could be available so that the public could make an informed decision about whether to self-refer or be treated by that person. Others suggested that the register should include whether the professional was a member of any professional organisations. There was discussion around whether Independent Safeguarding Authority/Disclosure Scotland<sup>10</sup> checks should be available on the registers. Some felt that this information would be reassuring to the public, but others noted that this information is only valid to the date that the check was completed and therefore may lead to assumptions and unclear information for the public.
- 6.3 Having reviewed the registers, participants in the online study were asked to describe the information that an ideal register would contain. As with the search criteria discussed above, their responses have been divided into 'essential' and 'nice-to-have' information:

---

<sup>10</sup> The Independent Safeguarding Authority and Disclosure Scotland are organisations established to vet all individuals who want to work or volunteer with vulnerable people. The ISA fulfils this role across England, Wales and Northern Ireland.



Essential information:

- Full name
- Registration number
- Fitness to practise details (including brief explanation for any disciplinary actions)
- Formal qualifications
- Address of practice (so that users can be sure they are checking the right professional if several registrants share the same name).

Nice-to-have information:

- Areas of specialism (where applicable)
- Practice opening hours
- Telephone numbers
- Last updated date
- Google maps function
- Registration expiry date.

- 6.4 The regulators' responses to the discussion paper showed that they generally felt the information they currently provide is appropriate as a minimum requirement. Some regulators suggested further information that could be included, such as the primary location by postcode and whether the professional is registered with another regulator. The GOsC went furthest in stating what should be included, such as specialist qualifications<sup>11</sup>, contact details and clinic details.
- 6.5 A discussion group held by the GOC suggested that photographs of professionals, their country of qualification, languages spoken and employment history could be included on the register. However, participants in that group made the point that some of these suggestions would have right to privacy considerations.
- 6.6 Three regulators noted that any information related to professionals' qualifications and education would have to be verified by the regulator or be made part of their standards of registration for all professionals.

*'The registers should hold enough information to enable the public to identify a professional and to provide reassurance about a professional's fitness to practise status whilst respecting issues relating to fairness, privacy, data protection, and equality and diversity.'*

- General Dental Council

---

11 Specialist qualifications should be included where these are recognised/accredited in the profession or where these are recognised/accredited by the regulator.

- 6.7 The GMC pointed out that previous research they had undertaken has shown that ‘more information on the registers is not necessarily better or useful. ... It may be that signposting enquirers to other data sources ... is a better solution depending on the nature of the issue that they are seeking to address.’
- 6.8 Responses from other stakeholders to the discussion paper indicated a general consensus that information relating to professionals’ home addresses should not be included on registers, but practice addresses could be included where appropriate. There was also agreement that that information relating to a registrant’s health should not breach their right to confidentiality.
- 6.9 Further points raised by stakeholders included the following:
- Address and contact information should not be shown due to the mobility of staff, and it would require constant monitoring and updating
  - Anecdotal examples were given of disgruntled patients using the register to locate work and home addresses in order to harass health professionals
  - Education qualifications did not need to be on the register, as checking them should be the role of the regulator and not the public
  - The register is one of the very few sources of information for patients about those treating them, and should be used to provide the fullest information possible in order to provide informed consent to treatment.

### Understanding the terminology

- 6.10 Previous research has shown that patients and the public can find the language used on the regulators’ registers difficult to understand. A lack of explanation about the terms used can mean that details on the register are open to misinterpretation. This was supported by a workshop run by the RPSGB, which showed that members of the public found the language unclear.

*‘The registers should display the same categories of information, use terminology that is consistent across the board wherever possible and provide a clear, straightforward, factual explanation of the terms used.’*

*- Health Service Ombudsman*

- 6.11 There was general support for standardised wording to be used across the registers. Regulators made reference to CHRE’s work on harmonising the sanctions available to regulators, which includes proposals to make the wording used to describe sanctions consistent.<sup>12</sup> They suggested that this work could be extended to include the language used in registers. One stakeholder suggested that there was no need for complete uniformity across the registers, however, as it was likely that people would be checking only one profession at a time.
- 6.12 One regulator suggested that as well as making the terms used on registers clear, there should be an explanation of the purpose of the register itself. Two regulators suggested the possibility of working towards the Plain English Society’s crystal mark. This was echoed by some of the stakeholders who responded to the

---

12 CHRE, 2008. Harmonising sanctions: CHRE position. Available at: [http://www.chre.org.uk/\\_img/pics/library/0809\\_harmonising\\_sanctions\\_chre\\_view\\_FINAL\\_3.pdf](http://www.chre.org.uk/_img/pics/library/0809_harmonising_sanctions_chre_view_FINAL_3.pdf)

discussion paper, although one health professional stated that while the language needed to be appropriate for the public, it should maintain the status of the register as a professional document. Several regulators suggested that differences in legislation could be a possible barrier to making the wording used on registers consistent. In such cases, a glossary of terms was suggested.

### Examples of good practice

Each entry on the GDC's online register has a clickable link 'What does this mean?' which leads to a page that provides descriptions of terms relating to registrant status, such as 'registered with conditions.'

The GMC website includes several registration status options – 'not registered', 'deceased', 'relinquished registration' and 'administrative reasons' with a glossary to explain different terms.

The GCC was praised by one respondent to the discussion paper for their clarity in describing a professional's status: 'has chosen not to practise at the current time – not entitled to treat patients unless status changes to "registered – practising."'

### Fitness to practise information

- 6.13 There was general agreement from those at our meetings with the public and participants in the online study that registers should provide fitness to practise information in their search results on health professionals. It was felt that current fitness to practise sanctions should be available on the register. This would include any interim orders that may be in force. However, unfounded allegations should not be recorded on the register, a view shared by the stakeholders who responded to our discussion paper. Some stakeholders felt that once a warning was no longer current, any reference to it should be removed from the register, and that it would be unfair to publish interim orders that had been revoked because there was no finding of impairment or sanction. This was supported by feedback from workshops held by the GOC, which showed that people generally felt that the inclusion of information relating to current investigation status would infringe the rights of registrants.
- 6.14 There was general agreement with our statement that 'if it is in the public's interest for a professional to receive a sanction, it is in their interest to know about it'. However, opinion at our meetings with the public varied regarding the information that should be made available about a registrant's fitness to practise history, with the following range of views expressed:
- The approach to be taken on a registrant's fitness to practise history should be the same as that used for spent convictions. Some convictions are spent and removed and others remain visible on a criminal record. Stakeholders noted this issue and suggested that if they were not already in existence, guidelines should be produced on how long previous sanctions should remain on the register

- A registrant's fitness to practise history is irrelevant unless it impacts on their current ability to do their job
- All fitness to practise information should be available from an archive
- A sliding scale approach should be taken to fitness to practise history based on severity of the misconduct or lack of competence and the time limits for each sanction.

6.15 Participants in the online research study said that, in the case of suspension, they would like to know why a professional had been suspended as well as the fact of the suspension itself. They considered some reasons for suspension to be more serious than others, so they might continue to visit the health professional if the nature of their suspension did not give them cause for concern.

*'If they have been suspended/removed from the register ... then all information should be available to view. If a health professional puts themselves out there amongst the public then the public have a right to know, same applies for any warnings or conditions placed on them. We have a right to know what they are doing wrong.'*

*- Participants in online research study*

6.16 A short summary of the cause of suspension was considered sufficient for most participants, along with the duration of the suspension. However, a small number of participants felt that detailing the exact nature of suspensions would be inappropriate, feeling that professionals should have the right for this information to remain confidential.

*'I do not think that giving information about reasons for suspension or removal would be appropriate. I do, however, think that any warning or conditions should be made public knowledge. I do not feel that health professionals should have to disclose all convictions, especially if it has nothing to do with their work.'*

*- Participants in online research study*

6.17 In the case of removal from the register, participants in the research study felt it was important that registers retain information on professionals who had been removed. On some registers, they felt unsure how to interpret the absence of a health professional, because it was unclear if it indicated that they had been struck off or had never been registered.

6.18 The regulators' responses to the discussion paper reflected their different policies on the publication of sanctions, and how long fitness to practise information remains in the public domain (information about registrant's health is not published). The GOsC, for example, removes references to past fitness to practise sanctions from the register as 'they are no longer applicable'. The RPSGB provides historical information on the *Protecting the Public* pages of its website, but does not link it to the registrant's entry. The GDC<sup>13</sup> treats requests for fitness to practise histories (sanctions which are no longer current) under the Freedom of Information Act.

---

13 The GDC is beginning a project to determine whether the public should be able to access fitness to practise history via the online register.

- 6.19 The GMC's current policy is that all sanctions on registration, including interim sanctions and undertakings, remain on the register indefinitely and are accessible to the public. Warnings have a lifespan of five years and are published, but the Council has not taken a decision on whether they should remain on the register after this time has elapsed. The GMC are currently reviewing their publication and disclosure policy in relation to fitness to practise information and expect to complete this by the end of March 2010.

### **Addresses and practice details**

- 6.20 Patients and members of the public were generally keen to see practice details listed on the registers, either as a way of cross-checking that they were looking at the right professional's record, or for practical purposes. Workshops held by the GOC showed continued public interest in publishing address information, but people also acknowledged the administrative challenge keeping details such as phone numbers and email addresses up to date would pose, and the increased risk of professionals receiving unwanted emails.
- 6.21 Differences arose between the regulators' views on this topic, largely because of differences in the nature of the professions they regulate. For those where there is a commercial interest and patients have the right to choose, it is in most people's interest to publish contact details (for example the GCC and GOsC). In others, for instance nurses, it was argued that there is less value in providing the information and it could be used with malicious intent.
- 6.22 For those regulators that register professionals and premises (for example the RPSGB), the different registers would require different solutions, with location information available about premises, but not about registrants.
- 6.23 In their feedback to the discussion paper, the Independent Healthcare Advisory Services was concerned that extending registers to include additional information that would assist the public in choosing a professional could have a negative effect on the reliability and quality of the information. It raised the concern that including address information would increase the risk of the information becoming out of date, reducing public confidence in registers.

### **Non-practising registers**

- 6.24 At our meetings with the public there was some variation in views about whether non-practising, unlicensed or retired professionals should be listed on the registers. Some felt that it was unnecessary and potentially confusing to include this information, whilst others believed that the registers should be a full record of all professionals. Overall, however, this was felt to be a particularly timely area for further consideration given the possible need to approach retired or unregistered health professionals to ask them to return to work in the event of a flu pandemic.
- 6.25 Four of the regulators were against the idea of publishing separate registers for non-practising or unlicensed registrants, on the basis that it would be confusing to the public or was not the original purpose of the register. Two regulators supported the idea of being able to recall quickly the skills of professionals recently retired or on a career break. The PSNI cited the recent emergency planning for swine flu as an example of when this might be useful.

6.26 The GDC reported that it was implementing a change in the way information about non-practising professionals was displayed. It will indicate where a registrant has been removed from the register or is no longer registered, with the following displayed in the registration field:

- 'Erased – following fitness to practise hearing'
- 'No longer registered – [date it came into effect]'.

When someone has been removed from the GDC's register, the information will be displayed for five years. When someone is no longer registered for other reasons, this will be displayed for one year.

## 7. Enhancing the role of registers and the information they hold

### A single portal

- 7.1 The idea of a single site with access to all registers was popular with participants in the online research study, who said they would struggle to remember how many registers there were and which specific professions they covered. They said a single site would avoid confusion about where to go to begin a search.
- 7.2 Stakeholders welcomed the idea of a single portal, although they felt it should be accompanied by an awareness-raising exercise and must not add a further level of complexity.
- 7.3 Most of the regulators acknowledged the potential of a single portal providing links to all the registers, though some wondered if it might add to confusion about registers. From a practical perspective, regulators asked who would host, maintain and fund a single portal. They did not support the idea of a 'super-register' which combined the information from each register, and it was assumed that there would be too many logistical and technical issues to overcome for a single access register to be created.

### Providing registration information in workplaces

- 7.4 Two of the regulators – the PSNI and RPSGB – require their registrants who are in charge of pharmacies ('responsible pharmacists') to display their registration certificates (or name and registration number) at their places of work. Some other regulators agreed this would be a good idea. However others (for example the GCC) expressed concern about how this could be enforced.
- 7.5 As part of the GOC's consultation on registers, initial feedback indicated a preference amongst registrants for electronic tools to promote their registration, for example a GOC-registered website logo, and web links from registrants' sites to the register to enable patients to check practitioners' credentials for themselves.
- 7.6 The HPC currently 'encourages' certificates to be displayed. They have a logo ('HPCheck.org – be sure I'm registered') for registrants to download and use. The GDC is currently working on a project to produce patient information materials to distribute to dental practices, which will focus on expectations of care and how to complain.
- 7.7 The GMC have published guidance for their registrants on using registered names and reference numbers. This includes using names and numbers on practice leaflets and stationary, in letters and on reports, and when circumstances allow, displaying registered names and reference numbers in practice environments.
- 7.8 Other stakeholders said that a public display of registration information (or information on how people can access the register) would be welcomed, but there were concerns about the cost implication of this.

### **ID numbers at the point of care**

- 7.9 Most of the regulators, often on the basis of their own consultations with the public, believed that ID numbers should be made visible at the point of care. This would make it easier to identify a registered professional and provide assurance, both in the workplace or for home visits. It would be useful when searching the online register when two professionals have the same name.
- 7.10 The NMC provides a PIN card to its registrants, which is the size of a credit card and includes name, registration PIN number and expiry date of registration; however these are not currently used at the point of care. The card is accompanied by a 'statement of entry', which includes additional information such as qualifications and fitness to practise details. However the NMC noted that some nurses and midwives have reservations about displaying PIN numbers due to the risk of misuse, such as identity theft.
- 7.11 One of the comments made by a stakeholder was that it may cause confusion or undermine public confidence if healthcare assistants and students did not have registration numbers.

### **Access to other regulatory functions**

- 7.12 The regulators agreed that there was a need to make their processes accessible to the public, and some thought that the idea of making it easier to use the register to make complaints was worth exploring. However, most regulators expressed some concern that the register should not be 'overloaded' with functions, as this may detract from its core function. Promoting processes such as complaints could be done on other parts of the website. Equally, there was concern that it could increase the likelihood of vexatious complaining, or might imply a greater than actual level of risk.

### **Revalidation**

- 7.13 Revalidation, where health professionals demonstrate to their regulator that they are up to date and fit to practise, is still in its early stages. This made it difficult for a number of regulators to comment on its implications. Of those who did, some were in favour of including information such as last or next revalidated date, given that the revalidation process is designed to provide reassurance and transparency. However some expressed concern about introducing more terminology and a risk that this would add to public confusion.
- 7.14 This was supported by other stakeholder feedback, which showed a general consensus that including 'last revalidated' dates on the register may lead members of the public to believe that those professionals who are revalidated more recently are somehow more fit to practise. If such information was to be included, it would need to be made clear that revalidation is a continuous and ongoing process.
- 7.15 In November 2009, the GMC introduced a 'licence to practise' as part of their work towards the implementation of revalidation. Their register, the List of Registered Medical Practitioners, has been modified to reflect which doctors hold a licence as well as being registered. Further work is being planned alongside the development of revalidation and issues of privacy, accuracy, reliability will be considered as part of the work to develop the register.



## Choosing health professionals

- 7.16 Participants in the online research study considered the registers to be of practical use in choosing professionals. Having visited the registers during the study some said they would use them again in the future to provide an additional level of security. However others would continue to rely on recommendations when looking for a health professional.

*'I would especially use it if I was looking for a private specialist instead of an NHS specialist, to find out more information before agreeing to any procedures.'*

*'I really don't think I would use a register to search for a health professional. I guess word of mouth and GP recommendations are good enough for me.'*

*- Participants in online research study*

- 7.17 When considering the idea of a single portal to direct people to the different regulators' registers, some participants suggested that this could provide feedback from patients and professionals to assist them when making a choice. One stakeholder who responded to the discussion paper held the opposite view, stating that the register should not be a tool for choosing professionals. The reason for this was that it was impossible for the register to display all the information that would allow someone to make an informed choice, but would give the illusion of doing so.

## 8. Discussion and recommendations

- 8.1 Registers are a tool for public protection as well as a statutory duty that regulators must fulfil as they enable the public and employers to distinguish between qualified and unqualified practitioners. For people who are referring themselves to health professionals the register can play an important supporting role in providing information about the registration and fitness to practise of individual health professionals. The GMC called their registration database a 'unique national resource' that enables them to provide 'a valuable public service'.
- 8.2 Exploring ways to develop the register for the purposes of public protection is at the heart of this project. We are very grateful for the wide range of responses we have received from different groups of stakeholders. We are encouraged that there is agreement between the public and the regulatory bodies on many issues. The responses we have received confirm our understanding that if a member of the public is going to the trouble of checking a regulator's register, this should be straightforward and the information provided should be useful. In this respect, the principle identified by the GDC in their response is a helpful guide:

*'The registers should hold enough information to enable the public to identify a professional and to provide reassurance about a professional's fitness to practise status whilst respecting issues relating to fairness, privacy, data protection, and equality and diversity.'*

- 8.3 Through our research, we have established the following:
- Successful use of online registers relies on a combination of accessibility, search functionality and information provision if people's needs are to be met
  - Regulators and the information they hold have a relatively low public profile, but this should not be mistaken for an absence of public interest. There is considerable interest in the information that regulators can make available about individual health professionals
  - There is interest and desire among the public to see fitness to practise information available on the register
  - The language and terminology used in registers is not as clear and public-friendly as it could be, and a glossary of terms is helpful in this respect
  - The public are keen for details of practice location. We note the caution expressed by some regulators about making this an essential element and that it is more valuable for certain professions. However, information about location of practice makes registers more useful and helps the public to identify individual professionals when searching registers
  - There could be scope for widening the use of registers and the information they hold, but we must be cautious as any attempts to make registers 'one stop shops' about professions and practice could undermine their credibility and trustworthiness.
- 8.4 Some regulators have adopted a more comprehensive and public-centred approach than others to the scope and range of the information they make

immediately available on their registers. But not all regulators provide access through their online registers to information about health professionals who are currently prevented from practising because of fitness to practise sanctions. We believe that the greatest additional contribution to public protection and patient safety would be if all regulators provided information about current fitness to practise sanctions including those who are under interim orders, or who have been suspended or struck off via the register. Links should be provided from the register to further information about the findings and sanctions, wherever possible.<sup>14</sup>

**RECOMMENDATION - All regulators should provide information about current fitness to practise sanctions on the online register. This should include interim sanctions that are currently in place, and registrants who are suspended or struck off.**

8.5 Some regulators have indicated that, in their view, their legislation prevents the display within the register of all those with suspensions and striking off orders against them. And yet, there is discretion for many regulators, either through Council, Committees or the Registrar to make information available if it is in the public interest. Therefore they should not expect to have to rely on specific direction within legislation to ensure that relevant information about an individual's fitness to practise is made available to interested parties such as patients and the public.

8.6 There is a clear public protection issue when those individuals who have been struck off continue providing services to the public albeit under a different, unregulated title. For example, we are aware of professionals who have been struck off registers for misconduct who nonetheless are able to establish themselves and continue to provide services or training under a different job title. These instances indicate that fitness to practise sanctions remain relevant to patient safety and public protection long after the panel has issued its determination. In our work on harmonising sanctions we indicated that a minimum of five years should elapse before any registrant who had been struck off could reapply to join the register. Using this as a guide we believe that information about individuals who have been struck off should be available on online registers for a minimum of five years.

**RECOMMENDATION – All regulators should publish information about health professionals who have been struck off on their online register for at least five years.**

8.7 Previously CHRE has said that making information about any fitness to practise sanctions that are no longer in force, such as suspensions or conditions that have expired, should be available through searching the register. This is a finely balanced argument, and the feedback we received did not provide a consensus of opinion. We accept that the purpose of the fitness to practise process is not to punish a health professional, and that a professional with an expired sanction has been judged to be fit to practise. However, in line with the principle of regulators operating transparently, we have given more weight to the rights of patients' than those of professionals, as long as the human rights of registrants are not infringed. We believe it is an unnecessary distinction for regulators to hold information about health professionals' fitness to practise histories and not make this information available against a register entry.

---

<sup>14</sup> Details of health cases would not be provided publically.

**RECOMMENDATION – Regulators who do not currently publish fitness to practise histories should begin to take a proportionate approach to providing the public with this information.**

- 8.8 There are public protection arguments for retaining a list of non-practising registrants. The widest group who could be represented within a register would include all those who have ever been on the register – for example the GMC list non-practising doctors including those who are deceased and those who may have voluntarily removed themselves because of retirement.
- 8.9 A wider view of the feedback we have received gives a clear picture of the public's perspective of good practice in the provision of information about health professionals online. This should be used to continue to make improvements to the accessibility and usefulness of online registers.

**RECOMMENDATION - Regulators ought to maximise the contribution that registers can bring to public protection. For online registration searches this will mean websites that are credible, useful and accessible with the following features:**

- Clear signposting from regulators' homepages to the register search page
- Search functionality in online registers that supports some flexibility, for example the 'sounds like' option on the GMC register
- A comprehensive listing that reflects all current sanctions including suspensions, and includes those who have been struck off
- Links to information about previous fitness to practise sanctions
- Ease of navigation to greater levels of detail and information, where available, for example providing links to fitness to practise determinations without the need for extra searching
- Providing an indication of location of practice as a means of helping to identify an individual professional
- Providing a glossary of terms to aid understanding of the terms used in registers
- The absence of material that could be construed as compromising the credibility and trustworthiness of the data, such as advertising.

These opportunities to check the registration and fitness to practise information about individual registrants should be available through other enquiry routes, such as post and telephone.

- 8.10 While there was some support for a single portal, the efforts necessary to achieve credibility and usefulness would not be a proportionate use of resources, and more could be done to raise the profile of registration and professional regulation among the public before a single portal may begin to realise any added benefit. However, our research has clearly shown that other aspects of registers and registration information that should be developed further in the interests of public protection.

**RECOMMENDATION - Regulators should provide their registrants with guidance and encouragement for the wider use of registration numbers in correspondence and practice environments.**

- 8.11 In conclusion, regulators hold information about individual registrants that is valuable for public protection. We believe it is in the public interest that regulators make this information freely available in an accessible and patient-centred way.

## 9. Annex 1: Search criteria and data fields provided by regulators in website searches for health professionals

| Regulator  | Search options   | Results   |
|------------|--|---|
| <b>GCC</b> | <p>Any combination of :</p> <ul style="list-style-type: none"> <li>• Registration number</li> <li>• Surname</li> <li>• Town/City</li> <li>• County</li> </ul>  | <ul style="list-style-type: none"> <li>• Name</li> <li>• Registration number</li> <li>• Date of registration</li> <li>• Registration status (including those suspended or struck off)</li> <li>• Sex</li> <li>• Practice address(es)</li> <li>• Fitness to practise summary</li> </ul>  |
| <b>GDC</b> | <p>Three registers to choose from – dentists, dental care professionals, specialist lists</p> <ul style="list-style-type: none"> <li>• Forename (including sounds like option)</li> <li>• Surname (including sounds like option)</li> <li>• Town</li> <li>• Postcode</li> </ul> <p>When searching the dental care professional register, there is the option to select a job title. When searching the specialist lists, there is an option to select a specialty.</p> <p>Or, by registration number</p> | <ul style="list-style-type: none"> <li>• Name</li> <li>• Address</li> <li>• Registration number</li> <li>• Registration date</li> <li>• Qualifications</li> <li>• Titles</li> <li>• Specialties</li> <li>• Status – includes those with warnings, conditions, and suspended</li> <li>• Registrant type – dentist / dental care professional</li> </ul>  |
| <b>GMC</b> | <p>Any combination of</p> <ul style="list-style-type: none"> <li>• GMC Reference</li> <li>• Given name</li> <li>• Surname (with sounds like option)</li> <li>• GP register option</li> <li>• Gender</li> </ul>   | <ul style="list-style-type: none"> <li>• GMC Reference number</li> <li>• Given names</li> <li>• Surname</li> <li>• Gender</li> <li>• Registration status (including those no longer registered or not licensed to practise, and those with any fitness to practise sanction)</li> <li>• Year of qualification</li> </ul> <p>Link to further information about qualifications, GP or Specialist registration, and fitness to practise history since October 2005</p> |

| Regulator   | Search options  | Results  |
|-------------|---|--|
| <b>GOC</b>  | <p>Three registers to choose from – dispensing opticians, optometrists and students; optician’s practice in local area; registered businesses</p> <p>To search for an individual:</p> <ul style="list-style-type: none"> <li>• First name</li> <li>• Last name</li> <li>• GOC number</li> <li>• Gender</li> </ul> | <ul style="list-style-type: none"> <li>• Name</li> <li>• GOC number</li> <li>• Qualifications</li> <li>• Status (suspended and struck off registrants are not listed)</li> <li>• Location</li> <li>• Registration date</li> <li>• Practice addresses</li> <li>• Fitness to practice notices – link to PDF of decision</li> </ul>   |
| <b>GOSc</b> | <p>Search by postcode, or town or surname</p> <p>Or, by County or Country</p>   | <ul style="list-style-type: none"> <li>• Name</li> <li>• Fitness to practise sanctions (but not those struck off)</li> <li>• Practice details, including opening hours, home visits and disabled access</li> <li>• Link to further details</li> <li>• ID number</li> <li>• Practising status</li> <li>• Year of registration</li> <li>• Qualifications</li> <li>• Place of training</li> <li>• Email address</li> </ul>  |
| <b>HPC</b>  | <p>Step 1 – select a profession</p> <p>Step 2 – enter registration number or surname</p>  | <ul style="list-style-type: none"> <li>• Registration number</li> <li>• Name</li> <li>• Town</li> <li>• Status – but not those suspended or struck off</li> <li>• Registered from and to</li> </ul>  |
| <b>NMC</b>  | <p>Combination of</p> <ul style="list-style-type: none"> <li>• Personal Identification Number (PIN)</li> <li>• First name</li> <li>• Last name</li> </ul> <p>Search can use asterisks if not information about names is not complete</p>  | <ul style="list-style-type: none"> <li>• First names</li> <li>• Surname</li> <li>• Title</li> <li>• Location – region</li> <li>• Link to further details</li> <li>• Registration expiry date</li> <li>• Register entry – nurse, midwife</li> <li>• Start date</li> <li>• Recordable qualifications</li> <li>• Fitness to practise statement if cautioned or given conditions, or an interim suspension. Link provided to search for further details of conditions of practice orders.</li> </ul> |

| Regulator    | Search options  | Results  |
|--------------|---|--|
| <b>PSNI</b>  | Registration number or surname  | <ul style="list-style-type: none"> <li>• Title</li> <li>• Forename</li> <li>• Surname</li> <li>• Registration number</li> <li>• Date registered</li> <li>• Annotations – Independent / Supplementary Prescriber, Reciprocal Registrant, European Registrant</li> </ul>   |
| <b>RPSGB</b> | For pharmacist register<br>Registration number<br>Or<br>Surname<br>Forename | <ul style="list-style-type: none"> <li>• Registration number</li> <li>• Title</li> <li>• Surname</li> <li>• Forenames</li> <li>• Postal town</li> <li>• Registration date</li> <li>• Annotations - Fellow, Practising, Non Practising, Supplementary / Independent Prescriber</li> </ul> <p>If there is further information about fitness to practise a link is provided to the PDFs of the fitness to practise panel determination. No indication of the sanction is available on the results page.</p> |

## 10. Appendix 1: Online research study methodology and sample

Synovate devised an online methodology for this study. Two online panels conducted simultaneously over a five-day period:

- **Panel A** contained members of the public who had only used their GP, dentist, pharmacist or optician once or twice in the year prior to research.
- **Panel B** contained members of the public with ongoing health needs or direct experience of other regulated professionals (besides GPs, dentists, pharmacists and opticians).

Total of 54 participants from across the UK:

|                             |  |
|-----------------------------|--|
| <b>Location</b>             | England (22), Wales (10), Scotland (11), Northern Ireland (11) |
| <b>Gender</b>               | Male (28), Female (26)   |
| <b>Age</b>                  | 18-30 (12), 31-50 (18), 51-65 (13), 65+ (11)                   |
| <b>Socio-economic grade</b> | ABC1 (27), C2DE (27)   |
| <b>Ethnicity</b>            | White British (43), Non-White British (11)                     |



## 11. Appendix 2: Acknowledgements

We are grateful for the input from the following individuals and organisations, in addition to the health professional regulators:

Individual members of our public and professional stakeholder networks

Association for Rehabilitation of Communication and Oral Skills

Association of British Dispensing Opticians

Association of Optometrists

Board of Community Health Councils in Wales

British Chiropractic Association

College of Optometrists

Federation of Ophthalmic and Dispensing Opticians

Independent Healthcare Advisory Services

Medical Defence Union

Parliamentary and Health Service Ombudsman

Patient Concern

Patients Association

Regulation and Quality Improvement Authority

Royal College of Midwives

Royal College of Nursing

Royal College of Physicians

Royal College of Physicians and Surgeons of Glasgow

Royal College of Radiologists

Royal College of Speech and Language Therapists

**Council for Healthcare Regulatory Excellence**

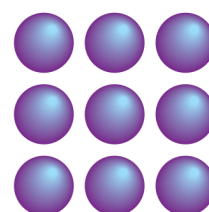
11 Strand  
London  
WC2N 5HR

Telephone: **020 7389 8030**

Fax: **020 7389 8040**

Email: **[info@chre.org.uk](mailto:info@chre.org.uk)**

Web: **[www.chre.org.uk](http://www.chre.org.uk)**



**council for  
healthcare  
regulatory  
excellence**