

Document Forgery in Healthcare: The Integral Role of Primary Source Verification as a Solution

A White Paper by the DataFlow Group



In association with



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Disclaimer

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Foreword

As a leading international provider of specialised background screening and immigration compliance solutions, we fully recognize the instrumental role of Primary Source Verification in safeguarding the interests of both individuals and organisations, especially within vital sectors such as healthcare.

This white paper - a proud collaboration developed by the DataFlow Group in association with the NHS Providers - aims at providing you with relevant information on Primary Source Verification, with particular emphasis on healthcare in the United Kingdom. The publication serves as a key resource for protecting healthcare organisations, staff and patients from the serious consequences of credential fraud, and as such we are confident that you will find it to be highly insightful, informative and practical.

Douglas Nairne

A handwritten signature in black ink that reads "D Nairne". The signature is stylized and written in a cursive-like font.

**Chief Executive Officer
The DataFlow Group**

A Comprehensive Overview - The Situation and the Challenges

To begin with, let us briefly revisit the definition of 'document forgery'. Generally, the crime of document forgery refers to the creation of a fake document, the changing of an existing document or the inking of a signature without authorization. For an organisation, the ramifications of forgery, more often than not, include potential financial losses, regulatory implications, reputational damage and, most importantly, internal risks - regardless of the industries or sectors in which the establishment operates.

In today's shifting global business landscape, the appeal of overseas job opportunities and the ongoing shortage in professionals to meet enhanced investments in infrastructure and social services has created a lucrative market for unqualified individuals to embellish or even blatantly forge their academic or professional documents, taking advantage of the prevalent need to bridge the gap between supply and demand.

In countries like the United Kingdom (UK) that rely on importing labour to support future growth and development, this trend is creating an increasingly acute problem. A 2015 investigation carried out by The Guardian on foreign labour found that recruitment saw doctors from at least 27 countries hired in 32 of the 160 hospital trusts in England.¹ This being said, if we consider the current global rate of document forgery - which stands at 2.32%² as of April 2016 - it seems highly likely that there could be a significant number of unqualified healthcare professionals currently practicing in the UK.

Detecting fraudulent applicants is not an easy task. With workers from outside the UK, the challenge is magnified by language barriers, unfamiliar regulatory regimes, international boundaries and the sheer scale of the work required to ensure professional integrity when dealing with high volumes of applicants. Diploma mills - unaccredited universities and colleges that sell unrecognized and effectively worthless degrees - have also adapted to heightened awareness of their activities by creating their own accrediting bodies as a veneer of legitimacy and by taking advantage of lax law enforcement in their home countries to try and circumvent screening programmes.

Further complicating efforts to screen employees, governments and regulators have traditionally relied on a system of notarization and Apostilles - a seal applied to a certified document to signify its legal authenticity for international use - to ensure documents presented by migrant workers are genuine. This approach is flawed in the sense that a notarization only attests that a copy of a document such as a diploma is a true likeness of the original. It does not guarantee, for example, that the diploma itself is real, the person whose name is on the diploma attended the school or that the institution granting the diploma is recognised by a competent authority.

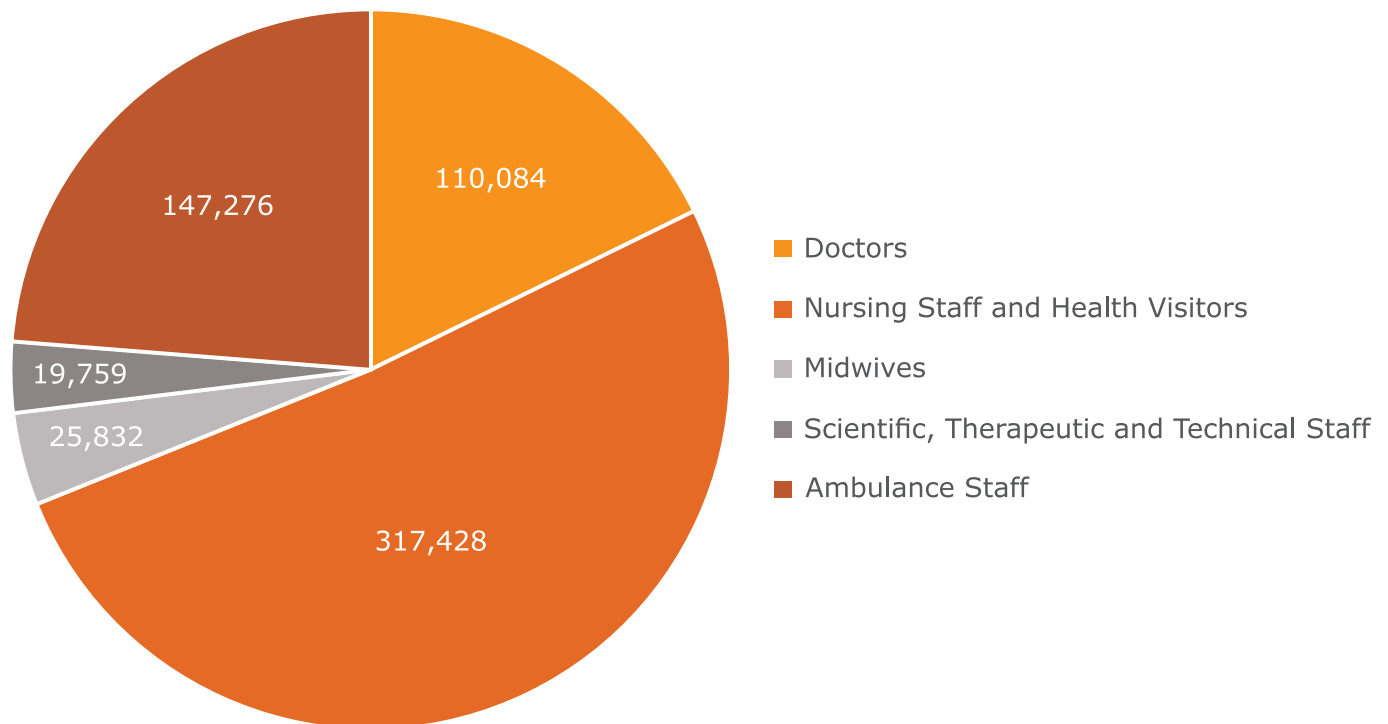
On the other hand, notarization can also be faked. Many of the counterfeit documents the DataFlow Group has uncovered are imprinted with official-looking stamps, attestations and endorsements. The Hague Conference on Private International Law - an international organization facilitating agreements on legal matters - expressed serious concerns about the potential abuse of notarisations, stating: "An official looking certificate may be issued to a copy of a diploma mill qualification, and then subsequently issued with an Apostille, without anyone having ever verified the signature on, let alone the contents of, the diploma. The addition of seals, certificates and Apostilles lends credibility to these documents in the eyes of those who are unaware of what is actually being certified."³

Getting Specific - Credential Forgery in the UK

With the healthcare sector in the UK and the world at large evolving at such a rapid pace, ensuring that medical professionals have the skillset, expertise and ethics they claim has become of paramount importance. This is especially true in critical sectors such as healthcare where the potential repercussions of malpractice could be fatal, and could also lead to lawsuits and loss of credibility for employers, regulators and governments alike.

As of September 2016, there were 209 clinical commissioning groups responsible for commissioning NHS services and 7,875 GP practices, as well as 853 for-profit and not-for-profit independent sector organisations delivering care to NHS patients.⁴ As of June 2016, the NHS provider sector comprised 238 trusts - 137 acute, 17 specialist, 18 community, 56 mental health and 10 ambulance.⁵ Across the provider sector and clinical commissioning groups, the NHS employed 110,084 doctors; 317,428 nursing staff and health visitors; 25,832 midwives; 147,276 scientific, therapeutic and technical staff; and 19,759 ambulance staff; bringing the overall number of professionally qualified clinical staff to 620,012** in total⁶ - as shown in the below chart:

Professionally Qualified Clinical Staff Employed by the NHS across the Provider Sector and Clinical Commissioning Groups - June 2016



** Headcount total does not equal the sum of components due to some staff working in more than one role

According to a report prepared and published in October 2015 by the General Medical Council (GMC) - the independent regulator of doctors that helps protect patients and improve medical education and practice across the UK - there were 230,000 licensed doctors in the UK in 2014. To this end, 157 doctors were erased or suspended from the medical register during the year, 119 of which were covered in the mentioned report analysis. Out of the 119 doctors, 21 - five UK qualified and 16 non UK qualified - were dismissed for 'dishonesty' with regards to giving false information to either attain or retain employment.⁷ Such findings, as minor as they may initially appear in terms of percentage, highlight the instrumental role of setting and implementing stringent verification and screening standards in order to help both healthcare organisations and patients avoid possible ramifications that could potentially be deadly.

In September 2012, the BBC News published a story about a health worker who had faked an illustrious medical career to secure work as an NHS nurse and doctor, only to end up being sentenced to jail for 15 months. The 50 year-old asylum seeker from Afghanistan worked as a practice nurse in Birmingham for seven years, as a locum GP and physician's assistant and was later found to have admitted two counts of fraud and one of obtaining a financial advantage by deception. The prosecutor told the court: "In simple terms, the CV is almost entirely a work of fiction or misleading claims."⁸

Nearly one year earlier, the BBC News also posted another article about a man who was jailed for falsely posing as a qualified doctor. An investigation by NHS Protect found that he had 'hijacked' a genuine GP's medical credentials to receive at least GBP 361,000 of NHS money in fraudulently obtained earnings. On his CV, he stated that he was awarded a Bachelor of Medicine and Bachelor of Surgery (MBBS) in 1991. However, university records show he attended another college and he dropped out after two years. He also claimed to hold a BSc - First-Class Honours - in Biochemistry and Chemistry from the University of Cambridge, dated 1987. Yet the university reported that it found no record that he studied there either.⁹

"Although some may assume that in the UK context the number of cases of document forgery is small, the reputational - not to mention patient safety - impact of clinical staff gaining employment on the basis of fraudulent qualifications or experience can be significant. Trust boards will therefore want to receive assurance that their trusts have in place and are following robust systems that take account of the latest developments in document forgery."

Debbie Herring

Director of Strategy & Organisational Development at Liverpool Heart and Chest Hospital / Chair of NHS Providers HR Directors Network / Vice Chair of NHS Employers Policy Board

For evident reasons, there is not much that can be done to eradicate forgery at the root. However, this being said, there fortunately are certain measures that can be implemented to significantly mitigate the issue, namely rigorous document verification - specifically Primary Source Verification (PSV) - to confirm that individuals, whether in healthcare or otherwise, are honest, qualified and competent.

Reliable Solutions - The Essential Role of PSV

To safeguard against employee fraud and malpractice, PSV was introduced as an ideal solution for helping organizations - particularly those within the healthcare sector - avoid risks, whether they be financial, reputational, regulatory or internal. As opposed to traditional verification procedures, PSV indicates the attainment of data directly from the issuing source. This guarantees optimal information integrity, hence ensuring that medical practitioners are professional, proficient and perform to their maximum capacities.

Given the integral role of optimum accuracy, integrity and transparency in this context, abiding by specific industry protocols and regulations is imperative. As such, all DataFlow Group PSV procedures are conducted in adherence with guidelines set by Joint Commission International (JCI) - the leading worldwide healthcare accreditation organisation - as well as with the American Institute of Certified Public Accountants (AICPA) Service Organization Controls (SOC) 1 and 2 compliance standards.¹⁰



Internally, DataFlow Group PSV procedures are implemented based on a multitier approach that is divided into sub-processes - each of which is undertaken by different associates operating from separate office locations - thus guaranteeing maximum accuracy and eliminating any bias or potential conflict of interest when verifying the authenticity of a document. Further complementing this approach, DataFlow Group associates are barred from accessing or using information from cases on which they are not actively deployed, and cannot identify the upstream or downstream associate for the case they are currently handling. A detailed breakdown of the mentioned DataFlow Group process flow is illustrated in the below diagram:



The DataFlow Group - Extensive Experience and Proven Success

Led by a mission to protect communities by ensuring that the professionals serving them are qualified and proficient, the DataFlow Group is continuously seeking to establish partnerships and forge alliances that enhance our offerings and expand our global outreach. Due to the critical nature of our work - and in line with our commitment to and shared vision with regulatory bodies worldwide - we also understand that promoting and complying with best industry practices and protocols is particularly crucial, not only to sustain quality standards across the board, but also to foster trust amongst the communities we assist - hence, our compliance with JCI guidelines and SOC standards.

Over the years, we have emerged as the leading international provider to solely focus on background screening and immigration compliance solutions. Leveraging extensive intellectual property expertise in our field, we have cultivated skills and processes that guarantee the highest levels of information integrity, as well as time and cost-efficient results for clients. Each year, we undertake hundreds of thousands of immigration compliance screening and verification service transactions for professionals on behalf of various government, quasigovernment, regulatory and large multinational organisations worldwide, helping them avoid the dire implications resulting from document fraud.

"Requirements for PSV have been a part of the JCI standards since our first edition was published in 2000. Twenty first century technology makes PSV more important than ever; credential fraud is a serious risk to patients and to the reputation of healthcare organisations around the world."

Paula Wilson

President and Chief Executive Officer
Joint Commission Resources / Joint Commission International

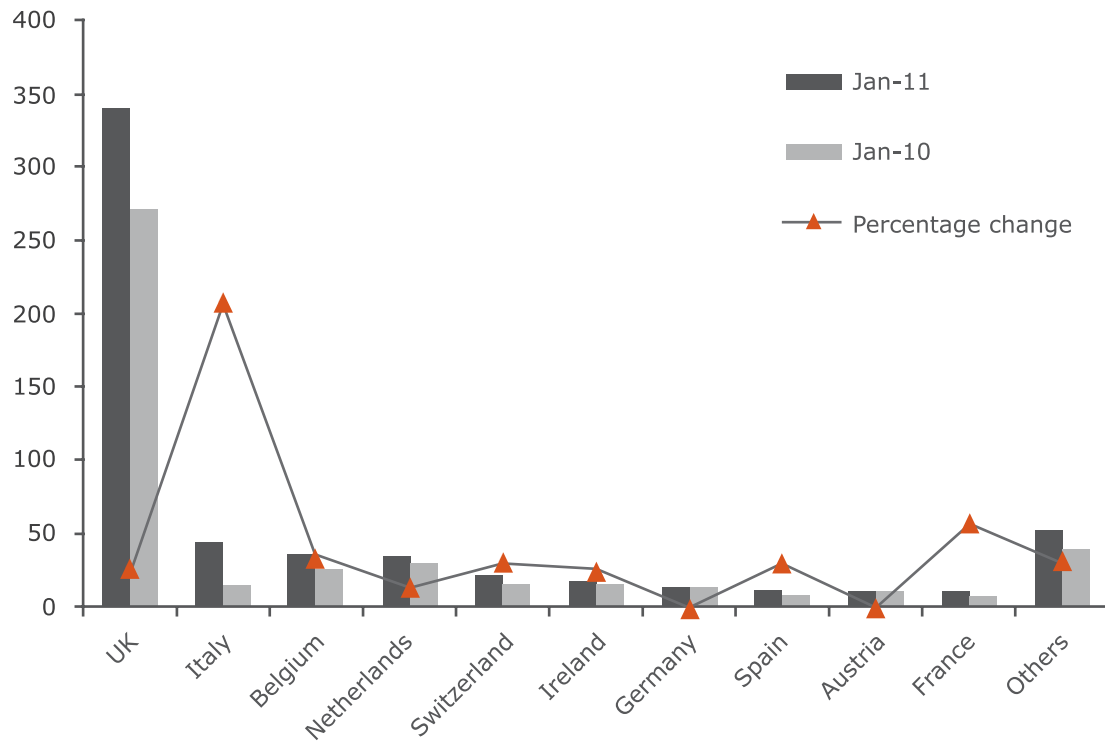
To put things into perspective, since 2013, the DataFlow Group has screened 375,000 doctors, nurses and allied healthcare professionals migrating to work in the Gulf Cooperation Council (GCC) region. More than 10,000 of those were found to have used fake or misrepresented academic credentials, professional licenses or work history in their visa or licensing applications. Nurses were the most likely to misrepresent their backgrounds, with 4.4% of applicants having a negative background screening result, followed by allied healthcare professionals such as a pharmacists and medical technologists, coming in at 3.8%.¹¹ The most commonly misrepresented information received from nurses and allied healthcare workers was employment history, particularly the tenure, position and type of institution stated in their work experience. Alternatively, physicians were more likely to have negative results related to false academic credentials.

Many of the applicants caught by the DataFlow Group's screening programmes - now run by four of the six GCC countries - acted with the assistance of criminal enterprises. A growing number of highly sophisticated overseas operators and diploma mills sell bogus degrees and fake work experience certificates to help unqualified applicants meet the global demand for healthcare professionals. These unaccredited universities and colleges sell effectively worthless diplomas, often without requiring students to attend classes. However, they are big business nonetheless. The Pakistan-based company, Aexact, employed 2,000 people, operated 370 websites and was accused of selling more than 200,000 fake degrees before being exposed last year. By some estimates, document fraud is a USD 1 billion industry built around providing false or embellished credentials to professionals.

Unqualified employees are a problem for all employers. In healthcare, where ethics, skill and experience hold higher significance, fraud has a greater impact on individuals and society at large. An unqualified healthcare professional can cost lives. Malpractice may also lead to lawsuits and loss of credibility for employers, regulators and governments. Document fraud affects all countries. The GCC - as is the UK - are especially at risk due to their reliance on imported labour.

Fortunately for most GCC member states, their healthcare regulators now use rigorous screening programs to identify fraudsters and prevent them from practicing. Following the lead, other professions such as engineering and accounting are also implementing similar screening plans as a best practice approach. GCC nations have adopted more stringent policies than many of their counterparts in Europe and North America, and today are global leaders in professional integrity screening. The majority of these countries no longer rely only on notarised documents for healthcare workers. They conduct PSV - which involves directly contacting the applicant's former school, professional licensing body or employer to verify that the information provided is accurate. They also screen applicants, institutions and employers against databases of known diploma mills, fraudsters and professionals guilty of malpractice.

The issue is deeply unsettling for the healthcare sector in particular, not only in the GCC region, but also in the UK and globally, especially given the alarming rise in diploma mills - unaccredited universities and colleges that sell effectively worthless degrees, often without any previous requirements from students. According to research concluded by Accredibase in 2011, Europe boasts the largest number of known diploma mills outside North America - a total of 603 - with the majority of these claims, namely an incredible 339 mills, being based in the UK, as shown in the below diagram:



Leveraging cutting-edge technologies and a global network of over 60,000 issuing authorities throughout more than 200 countries, we liaise with primary sources to verify the authenticity of documents submitted by professionals worldwide, processing hundreds of thousands of cases each year. To further complement our PSV processes, we have developed an exclusive, specialised medical risk dataset comprising over 330,000 negative profiles relating to medical professionals and healthcare establishments. Several years ago, we collaborated with a specific regulator to launch and implement a PSV program encompassing healthcare workers, ultimately bringing down the overall percentage of false documents from 16% to 4% within just one year.

In Conclusion - Moving Forward

The best way to ensure that both healthcare institutions and practitioners maintain excellent quality standards and serve their respective communities to the best of their abilities is by affirming and sustaining integrity, competence and professionalism across all levels of the value chain. This can only be done with such effectiveness by leveraging the most rigorous verification solution available to date - PSV - thus enhancing the overall level of care within the healthcare sector and ultimately protecting global communities.

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