

METHODOLOGY PAPER

HEALTHCARE & B2B RESEARCH · CREDENTIAL VALIDATION

Beyond the *Registry*

A Methodology for Validating Credentials No Database Can Confirm

Verifying a U.S. physician is the solved case: match the NPI and move on. But most research experts sit in no authoritative registry at all — nurses, pharmacists, payers, allied-health professionals, and the B2B decision-makers a study depends on. This is the methodology for establishing credential confidence when there is nothing to look up: built from converging evidence, calibrated honestly, and applied in proportion to the decision at stake.

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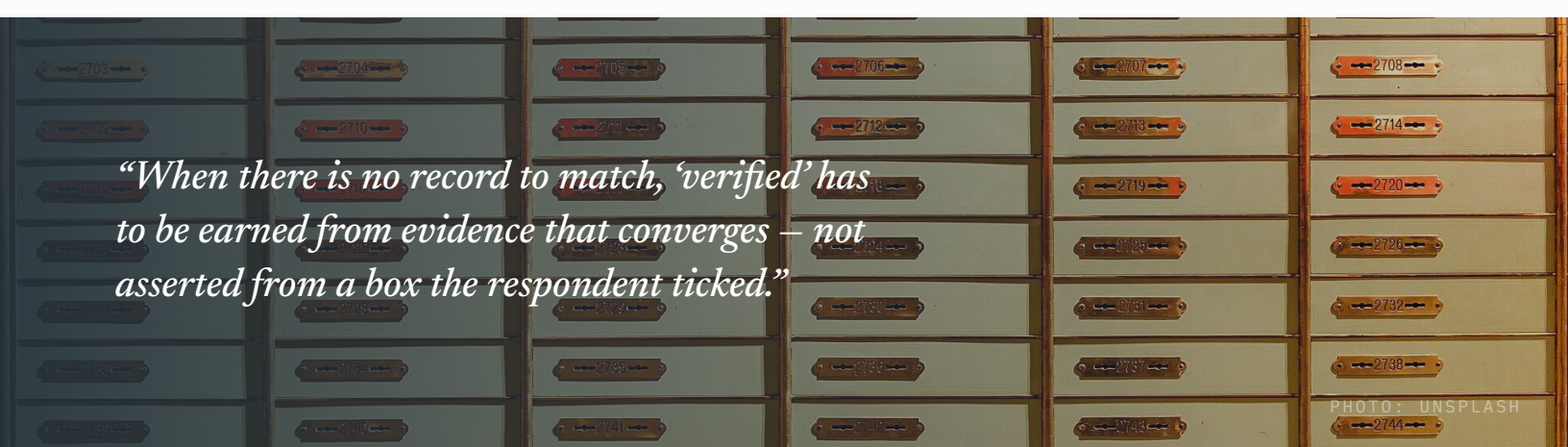
Methodology Papers

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“When there is no record to match, ‘verified’ has to be earned from evidence that converges — not asserted from a box the respondent ticked.”

PHOTO: UNSPLASH

ABSTRACT

Credential verification has a comfortable model: take a respondent's claimed profession, match it against an authoritative register, and accept the credential if the record agrees. For U.S. physicians and most licensed doctors that model works — it is the discipline of Paper No. 132. The trouble is that the register is the **exception**, not the rule. The nurse, the pharmacist, the hospital administrator, the payer medical director, and almost every **B2B decision-maker** a study needs sit in no central, queryable register at all.

This paper is about validating credentials when there is nothing to look up. It places an audience on a **registry-availability spectrum**; replaces the lookup with **corroboration** across four independent evidence streams; shows each stream's **blind spot**, and why none suffices alone; reframes "verified" as a **calibrated confidence level** rather than a binary stamp; and argues for **proportionate** validation that matches the decision at stake without driving legitimate respondents away. It is the companion to the registry case of No. 132, the executive-authority case of No. 133, and the post-field QC of No. 142.

CONTENTS

01	The registry is the exception	Why "match the record" usually can't apply
02	The registry-availability spectrum	From the NPI to no register at all
03	Corroboration over lookup	Four independent evidence streams
04	Each stream and its blind spot	Why no single check suffices
05	Confidence, not certainty	Proportionate, honest validation
06	Triangulating one credential	The convergence test, applied

WHO THIS IS FOR

Healthcare and B2B insights leads commissioning hard-to-verify audiences; **agency, pharma, and B2B researchers** designing screeners for non-physician and professional sample; and **procurement and data-quality leaders** evaluating what a provider's "verified" actually means. No prior sampling expertise is assumed; practitioners can skip to Section 03.

01 THE PREMISE

For most experts, there is no record to match.

A credible physician sample rests on a primary-source match — an NPI entry, a medical-council listing — and Paper No. 132 sets out how that is done. But the physician is the easy case. The nurse, the pharmacist, the hospital administrator, the payer medical director, and the enterprise IT buyer — the audiences research most often needs — sit in no authoritative, queryable register. For them, "verified" cannot mean "matched," and treating it as though it does is how an unqualified respondent quietly becomes a data point.

Three reasons the registry runs out

First, **most professions are not centrally registered** — or are registered only locally, by state or country, with uneven public access and coarse specialty detail. Second, **B2B identity is not a credential a body issues**: it is a role, a level of decision authority, and a set of firmographics, none of which any register holds. Third, **even where a register exists, a match proves the credential exists — not that this respondent holds it**; a real licence number can be borrowed, bought, or typed by someone it does not belong to.

No. 132 lives at the top of its own evidence ladder, where a primary source is available. This paper begins precisely where that rung is missing — and asks what "verified" can responsibly mean when no one can be looked up.

THE REFRAMING

When there is no record to match, verification stops being a **lookup** and becomes a question of **converging evidence and calibrated confidence**. The job is not to find the one authoritative source — there isn't one — but to assemble enough independent evidence that the claim is hard to have faked, and to be honest about how much confidence that buys.

02 THE SPECTRUM

Locate the audience before you promise "verified."

Not every audience is equally checkable, and the right method depends on where it sits. The spectrum below runs from audiences a primary source can confirm to those no register touches at all. The further right, the less a lookup can do — and the more credential confidence has to be assembled from other evidence.

SEGMENT A Fully registered A national primary source exists and is queryable; a direct match is possible. This is No. 132's territory. FOR EXAMPLE U.S. physicians (NPI / NPPES); licensed doctors on the GMC or EU medical-council registers	SEGMENT B Partially / locally registered A register exists but varies by jurisdiction, access differs, and specialty granularity is limited. FOR EXAMPLE Nurses, pharmacists, dentists — listed somewhere, but not uniformly checkable across markets	SEGMENT C Self-attested / employer-conferred The "credential" is a role an employer grants; no external body lists it, so there is nothing to query. FOR EXAMPLE Allied health, payer & medical-affairs roles, hospital administrators	SEGMENT D Role-only – no register Identity is seniority, function, decision authority, and firmographics — a role, not an issued credential. FOR EXAMPLE B2B decision-makers: IT, finance, procurement, operations buyers
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PRIMARY-SOURCE LOOKUP AVAILABLE  NO REGISTER — CORROBORATE

BUYER'S QUESTION

Ask a provider to **place your audience on this spectrum** before anyone says "verified." A credible answer names the segment — and, for Segments B–D, describes what it corroborates instead of a lookup, rather than implying a registry match that does not exist.

03 THE METHOD

Corroboration replaces the lookup.

Where no register settles a claim, confidence comes from **convergence** — several independent kinds of evidence that are each fallible on their own but hard to fake all at once. Peer-reviewed work on fraud in internet research reaches the same conclusion: there is no single sufficient safeguard, so layered, corroborating checks are required rather than any one test.¹

Four independent evidence streams

- ◆ **Documentary** — a verifiable artefact: a licence or registration number, a professional ID, an employer email domain that can be checked against something.
- ◆ **Knowledge-based** — questions only a true practitioner answers fluently: terminology, workflow, the sequence of a real decision.
- ◆ **Behavioural / digital** — device, geo, duplication, response patterns, and consistency with stored profile history.
- ◆ **Third-party / employer** — confirmation from outside the respondent: employer verification, a professional reference, list provenance.

Independence is the whole point

Convergence only means something if the streams can fail independently. Two checks that share a weakness — say, two that both trust a typed credential number — are really one check counted twice. The streams above are chosen because the evasion that defeats one does not defeat the others: a borrowed licence does not survive a competence conversation; coached fluency does not match the device and profile history; and none of it produces an employer who will vouch. The defensible method stacks evidence that fails in different ways.

PRINCIPLE

Treat the claimed credential as a **hypothesis** and each stream as a **test** of it. One passing test is suggestive; independent tests that all agree are what turn a claim into a credential you can defend — the subject of the next two sections.

04 THE STREAMS

Four streams, four blind spots — which is why you need all four.

Each evidence stream confirms something real and misses something real. Used alone, every one has a gap a motivated respondent can walk through; combined, the gaps stop lining up. Naming the blind spots is what keeps a method honest about what any single check can and cannot do.

STREAM 01 • DOCUMENTARY

A checkable artefact

Confirms: a credential exists and can be produced — a licence number, registration, or professional identifier that maps to something real.

BLIND SPOT

Possession is not identity. An artefact can be borrowed, bought, or belong to someone else; a real number proves the credential exists, not that this respondent holds it.

STREAM 02 • KNOWLEDGE-BASED

Practitioner competence

Confirms: the respondent reasons like someone who does the work — right terminology, plausible workflow, the caveats a practitioner raises unprompted.

BLIND SPOT

Fluency can be faked. Coaching, AI assistance, and pattern-matching can pass a casual read, and a capable adjacent professional may clear it without holding the specific credential.

STREAM 03 • BEHAVIOURAL / DIGITAL

One real person, once

Confirms: the session behaves like a single genuine respondent — consistent device, geography, timing, and profile history; not a duplicate or a bot.

BLIND SPOT

It says nothing about qualification. A real, attentive person with no claim to the profession passes cleanly; residential proxies and human-paced behaviour evade it.

STREAM 04 • THIRD-PARTY / EMPLOYER

An outside voucher

Confirms: someone other than the respondent stands behind the claim — employer verification, a professional reference, or trustworthy list provenance.

BLIND SPOT

Not available for every audience, and the strongest version is the most intrusive — it adds friction and time, and can reach into privacy the study has no need to touch.

05 THE BOUNDARY

Aim for calibrated confidence — not the illusion of certainty.

Without a register, validation produces confidence, not proof — and more validation is not always better. Past a point, verification adds friction, drives off legitimate respondents, and intrudes on privacy; the research literature treats that balance between data quality and participant burden as a genuine tradeoff to be managed, not maximised.² The discipline is matching validation depth to what the study is deciding, and stating the confidence actually reached.

Match depth to the decision

A broad attitudinal study and a study informing a regulatory or commercial decision do not warrant the same scrutiny. **Over-verifying** the first wastes the goodwill of busy professionals; **under-verifying** the second stakes a real decision on unconfirmed identity. Decide the confidence the study needs before fielding, and choose how many independent streams that requires.

The cost of over-validation

Intrusive checks and repeated proof requests raise drop-off among exactly the senior, scarce respondents a study most wants to keep — and can collect more personal data than the research needs. Proportionate, privacy-by-design verification keeps legitimate respondents in while still raising the cost of faking a credential.²

BUYER'S QUESTION

Ask: "**What confidence does this method give me for this audience — and where can't it reach?**" A credible provider answers with a level, and names the ceiling.

SAY THE CEILING OUT LOUD

The honest output of registry-less validation is a **stated confidence level**, not a silent "verified." Where the evidence cannot converge far enough for the decision at hand, the defensible move is to report that — and let the buyer choose — rather than to imply a certainty the method cannot deliver.

06 IN PRACTICE

Triangulating one credential.

Put it together for a single hard case: a **hospital pharmacist** in a market with no queryable register (Segment C). No one stream settles it. The credential is confirmed where independent streams converge — and the honest deliverable is the confidence that convergence earns, not a stamp.



No single stream verifies the pharmacist — a registration number could be borrowed, fluency coached, behaviour clean, a reference unavailable. **Their agreement is the verification.** Where the four converge, the credential is defensible and stated as such; where they cannot, the honest answer is to report the confidence ceiling and let the buyer decide — never to call it “verified” and hope.

WHERE THIS SERIES GOES DEEPER

No. 132	Credible Physician Sample. The registry case — Segment A, where a primary-source match is available.
No. 133 · 134	Executive authority & feasibility. Verifying B2B decision authority, and sizing how rare a verified audience is.
No. 142 · 137	Validation & QC. Confirming a complete is legitimate, and the eleven-point quality framework around it.

▲ CONCLUSION

"Verified" means corroborated to a stated confidence — not looked up.

For the physician, a registry makes verification a lookup; for everyone else — the partially-registered, the employer-credentialed, and the role-only B2B audience — it is a discipline of converging evidence. Locate the audience on the registry-availability spectrum; corroborate with independent streams rather than trusting any one; treat the result as a calibrated confidence level, not a binary stamp; and validate in proportion to the decision, stating plainly where confidence cannot reach. Do that, and a sample no database can confirm still rests on evidence instead of assertion — the rigour the ICC/ESOMAR Code, the EphMRA Code, and the ISO 20252 framework let buyers ask for in consistent terms.^{3,4}

§ REFERENCES

- [1] Teitcher, J. E. F., Bockting, W. O., Bauermeister, J. A., Hoefer, C. J., Miner, M. H., & Klitzman, R. L. **"Detecting, Preventing, and Responding to 'Fraudsters' in Internet Research: Ethics and Tradeoffs."** Journal of Law, Medicine & Ethics 43, no. 1 (2015): 116-133.
- [2] Roehl, J. M., & Harland, D. J. **"Imposter Participants: Overcoming Methodological Challenges Related to Balancing Participant Privacy with Data Quality When Using Online Recruitment and Data Collection."** The Qualitative Report 27, no. 11 (2022): 2469-2485.
- [3] ICC/ESOMAR. **International Code on Market, Opinion and Social Research and Data Analytics.** ICC & ESOMAR. (Conduct, transparency, and human oversight of automated processing.)
- [4] International Organization for Standardization. **ISO 20252:2019 — Market, opinion and social research, including insights and data analytics.** Geneva: ISO, 2019.

Peer-reviewed sources are cited for the principle that no single safeguard suffices against ineligible or fraudulent participation [1] and the verification-versus-privacy/burden tradeoff [2] — not for any rate. Registries and identifiers (NPI/NPPES, GMC, medical councils) are named as methods, not endorsed or quantified. This paper is figure-free; "research-grade confidence" is a qualitative threshold a study sets, not a published number. "Aligned to ISO 20252" denotes framework conformance, not certification; any turnaround is a modelled feasibility range, not a guarantee.

§ ABOUT

CatalystMR

CatalystMR is a global market-research panel and fieldwork partner specialising in **hard-to-reach healthcare, B2B, and niche audiences**. Where a primary-source register exists we verify against it; where it does not, we **corroborate identity across independent evidence streams** and report the confidence reached — replacing borderline respondents rather than silently deleting them.

Compliance posture: aligned to the ESOMAR Code and Guidelines, the EphMRA Code, and the ISO 20252 framework; certified under the EU-U.S., UK, and Swiss Data Privacy Frameworks, with personal data siloed from response data.

CREDENTIAL VALIDATION

NON-PHYSICIAN HCP

B2B IDENTITY

CORROBORATION

ESOMAR 37

ISO 20252

Tell us the audience you need verified and the decision riding on the data — we'll tell you the confidence we can reach, how we'd corroborate it, and where a registry simply can't help — with a modelled feasibility range, typically within 24 hours.

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