

 Council on Licensure,
Enforcement and Regulation



2012 Annual Educational Conference - September 6-8
San Francisco, California

**Public Members
Influence on
Regulation**

Presenters: Ginny Hanrahan CEO
Stephen McMahon, Public Member

Health & Social Care Professionals
Council at CORU, Ireland

Promoting Regulatory Excellence

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Republic of Ireland




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Ireland - A Few Facts

Population

- 4.6m - 89% Irish - British, Polish and Lithuanian
- Highest birth rate in Europe (2.1 per woman)
- Life Expectancy 79.2 years (76.8 m/ 81.6 f)
- Member of European Union
- Currency - Euro



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Ireland - A Few Facts

Economic Situation

- Technology & Pharmaceutical Industry
- Agriculture/food and drink
- Impact of global recession hit September 2008
- The economy contracted by -1.7% in 2008, -7.1% in 2009 and -1% in 2010
- Unemployment 14.9%





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World Competitiveness Ranking

- **1st** ranked destination by value* of Investment projects
* a combination of productivity, value-added, knowledge intensity and occupational profile composition
- **1st** in the world for corporate taxes
- **1st** for business legislation for foreign investors
- **1st** for the availability of skilled labour
- **2nd** in the world for consumer price inflation

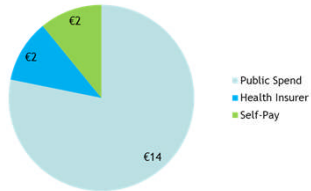
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Healthcare Funding in 2011

Exchequer Accounts for Nearly 80% of National Healthcare Spend

National Healthcare Spend (€ bn 2011) by Primary Punder



Public Spend
Health Insurer
Self-Pay

Note: €2 bn equates to approximately 15% of Spend in 2011.

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Future Healthcare Demand

Demand growth forecast across the Healthcare System

Acute Public Healthcare (Strong Growth)	<ul style="list-style-type: none">• Population Ageing (A)• Fail in Insured (F)• Post-Acute Service Deficits (P)• Move to Day Settings (M)
Long-Stay Residential (Strong Growth)	<ul style="list-style-type: none">• Population Ageing (A)• Societal Factors (S)• Undeveloped Home Supports (U)• Funding Issues (F)
Residential Disability (Modest Growth)	<ul style="list-style-type: none">• Increased Birth Rates (I)• Community-based Care (C)

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Future Healthcare Demand

Demand growth forecast across the Healthcare System

Childcare Services (Growth)	<ul style="list-style-type: none">• High Birth Rate (H)
Mental Health (Growth)	<ul style="list-style-type: none">• Historic Under-Investment (H)• Higher Incidence of Diagnosis (H)• Political Inertia (P)
Primary Healthcare (Strong Growth)	<ul style="list-style-type: none">• Population Ageing (A)• Incidence of Chronic Disease (I)• Increased Birth Rates (I)• Displacement from Acute (D)

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Regulation & Governance Player in Economic Recession

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Downside of “light touch” regulation

“Mechanisms of self-regulation and market discipline - such as corporate governance, internal risk management, private audits, and discipline by creditors - failed to prevent the build-up of risk”

Ajai Chopra Deputy Director, European Dept, IMF
15 October 2011
Strengthening the Financial Stability Framework of the EU
Address to the 2011 Dublin Economic Workshop - Kenmare Conference

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PUBLIC INFLUENCE

Change and Reform in our Health Care systems should not be preceded by preventable funerals and injury to Patients

Medicrime International Conference Moscow Oct 2011 Stephen McMahon

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Patients Needs

- Be treated with dignity
- Have equitable access to services and medications and innovation
- Have quality and safety proactive management Programs
- Have access to meaningful information
- Informed Consent
- Have Robust grievance procedures

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To trust the System




Image Consumer Health Powerhouse

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Regulation of Health and Social Care Professionals

Historically - self regulating

“product of a bargain struck between the medical profession and the State
....assumption that medical expertise was beyond the ability of unqualified people to understand or evaluate”

J Warring "modernising medical regulation - where are we now?" (2010)
Journal of Health Organisation and Management 6,540


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Regulation of Health and Social Care Professionals

Regulatory Failures: UK


- Bristol Royal Infirmary Inquiry
- Alder Hey Inquiry
- Shipman Inquiry



GMC “focussed too much on the interests of the doctors and not sufficiently on protection of the patients”

(Dame Janet Smith - Shipman Inquiry 5th document)

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Shipman Inquiry

“All health care professions must recognise the fact that they should view the actions and performance of fellow professions with independence of mind and professional objectivity” Dame Janet Smith

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Regulation of Health and Social Care Professionals

Regulatory Failures: Ireland

- Inquiry into Michael Neary (Our Lady of Lourdes Hospital, Drogheda)
- Obstetrician with unacceptable rate of peripartum hysterectomies



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Regulation of Health and Social Care Professionals

- Average number of peripartum hysterectomies (obstetrician with 35 year career) - 2 to 10
- Michael Neary (25 year career) - 130
- Ceased work in 1998 & struck off in 2003
- On initial complaint, professional body asked 3 other Obstetricians to review - approach was of “compassion and collegiality” (Judge Maureen Harding Clarke, 2005)

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Change in government policy

- Policy shift in 2005 to increase public confidence in health and social care professionals
- Legislation relating to regulators has changed - their Councils/Boards now have a majority of public / lay members

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Regulators involved

- CORU - Health and Social Care Professionals Council 2005
- Irish Medical Council - 2007
- Pharmaceutical Society of Ireland - 2007
- The Nursing and Midwifery Board - 2012
- Other regulators are being reformed

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Experience of CORU

- Council appointed 2007
- Social Workers Registration Board - appointed August 2010, register opened May 2011
- Radiographers Registration Board - appointed January 2012
- Occupational Therapists/Speech & Language Therapists/ Dietitians Registration Boards Q4 2012

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Composition of the Councils / Boards


- How are the Council/Board members appointed?
- Quality of Council/Board members?
- How is the public member defined?
- Clarity of roles of the Public/Lay Majority members?

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Questionnaire

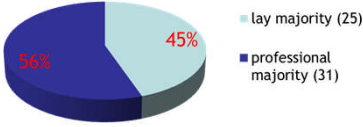
- What is the perception of the members of Council/Boards?
- Questionnaire - sent to 120
- Responses - 56 (47%)

Some respondents did not respond to all the questions



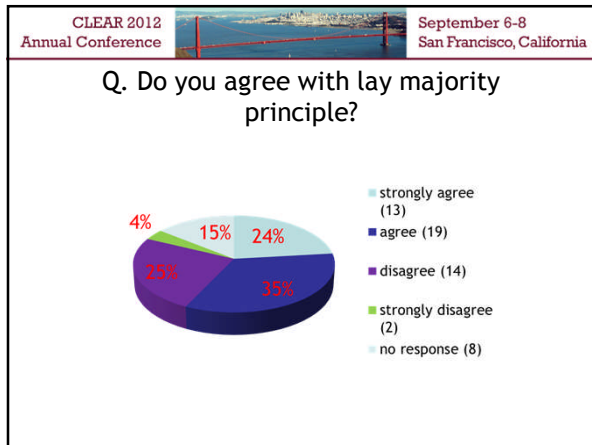
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Q. Are you a member of a Council/Board with a lay majority?



Category	Count	Percentage
lay majority	25	45%
professional majority	31	54%





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Some comments on lay majority principle

- “Have had experience of Board with a majority of professional members and have found it difficult”

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Some comments on lay majority principle

- “Often the lack of professional knowledge can be a hindrance to proceedings - a necessary evil”
- “Prior to working with lay members I was not convinced of their value on a board to regulate professionals but my experience has changed my views”

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Q. Has role of regulators as protectors of public safety been enhanced by change?

Response	Count	Percentage
strongly agree	12	22%
agree	23	42%
disagree	12	22%
strongly disagree	0	0%
no response	9	16%

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Some comments on effect of change on public safety

- “I have seen no evidence to support this as yet”
- “Greater diversity of views”
- “Enforces transparency”

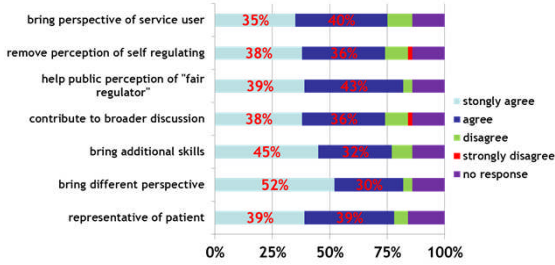
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Some comments on effect of change on public safety


- “I feel professionals demand a higher standard from their colleagues”
- “I think the profession has always had the protection of the public as its main function and focus”

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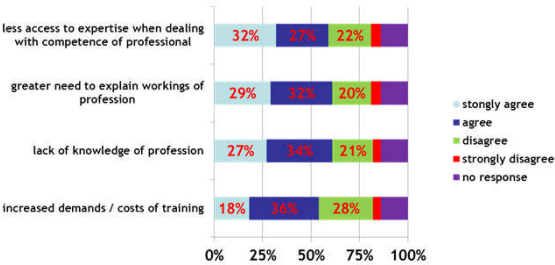
Q. What are the strengths of a majority of lay members?




Strength	Strongly Agree	Agree	Disagree	Strongly Disagree	No Response
bring perspective of service user	35%	40%	15%	10%	0%
remove perception of self regulating	38%	32%	15%	15%	0%
help public perception of "fair regulator"	39%	43%	10%	6%	0%
contribute to broader discussion	38%	32%	15%	15%	0%
bring additional skills	45%	33%	10%	12%	0%
bring different perspective	52%	33%	10%	5%	0%
representative of patient	39%	37%	15%	9%	0%

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Q. What are the weaknesses of a majority of lay members?




Weakness	Strongly Agree	Agree	Disagree	Strongly Disagree	No Response
less access to expertise when dealing with competence of professional	32%	37%	22%	7%	0%
greater need to explain workings of profession	29%	33%	20%	18%	0%
lack of knowledge of profession	27%	34%	21%	18%	0%
increased demands / costs of training	18%	36%	28%	18%	0%

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Some comments on Strengths and Weaknesses of Lay Majority on Council/Board

- “ It is useful for professional(s) to have to explain things in “layperson’s language” rather than using terms we may not realise aren’t in general use, or have slightly different meaning”
- “Expertise on competence is available outside Council members”

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Some comments on Strengths and Weaknesses of Lay Majority on Council/Board

- “As a professional myself, I do not see the need to explain the workings of my profession as a weakness, often engaging in such explanations or discussion increases awareness of ones role and may in fact highlight blind spots”
- “It is impossible for lay members to understand the complexities and the limitations of professionals”

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Some comments on Strengths and Weaknesses of Lay Majority on Council/Board


- “Intelligent lay members quickly come up to speed on the processes and expert witnesses provide additional specific information which can be further explained if necessary by the professional members”

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Some general comments

- “While a survey like this is welcome, wrong conclusions may be drawn from these concise questions”

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Some general comments

- I think lay members bring unique and positive perspectives to boards, however, they often do not understand the implications of complex clinical decisions that are presented at Fitness to Practise proceedings

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Connect with Public !

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Working together to help public connect with the System



Where and how to complain about your healthcare and your social care services

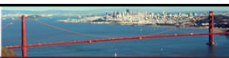


Image Source www.journal.ie

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Health Complaints.ie a Co-ordinated Multi Agency Approach




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CONCLUSIONS

★ Patient is at the centre of all decision making

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- ★ INFRASTRUCTURE IN PLACE
- ★ BRIDGES OF TRUST NEEDS TO BE EMBEDDED WITHIN THE REGULATORS
- ★ SIGNPOSTING AGENCIES WILL DRIVE PUBLIC EXPECTATIONS FOR ACCOUNTABILITY
- ★ EVALUATION MUST BE DYNAMIC

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Thank You - Questions?

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- Stephen - info@irishpatients.ie

 Ag Rialáil Gairmithe Sláinte agus Cúraim Shóisialaigh
Regulating Health + Social Care Professionals

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