Public Members Influence on Regulation

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Promoting Regulatory Excellence

Republic of Ireland

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
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%

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

Healthcare Funding in 2011
Exchequer Accounts for Nearly 80% of National Healthcare Spend
National Healthcare Spend (€bn 2011) by Primary Funder

Note: €2 bn equates to approximately 15% of spend in 2011.
Future Healthcare Demand
Demand growth forecast across the Healthcare System

Acute Public Healthcare (Strong Growth)
- Population Aging (4)
- Risk in Insurers (4)
- Post-Acute Service Deficits (4)
- Move to Inpatient Settings (4)

Long-Term Residential (Strong Growth)
- Population Aging (4)
- Societal Factors (4)
- Underserved Home Supports (4)
- Funding Issues (4)

Residential Disability (Resident Growth)
- Increased Birth Rates (4)
- Community-based Care (4)

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Future Healthcare Demand
Demand growth forecast across the Healthcare System

Children’s Services (Growth)
- High Birth Rate (a)

Mental Health (Growth)
- Historic Under-investment (a)
- Higher Incidence of Diagnosis (a)
- Psychiatric Issues (a)

Primary Healthcare (Strong Growth)
- Population Aging (a)
- Incidence of Chronic Disease (a)
- Increased Birth Rates (a)
- Displacement from Acute (a)

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Regulation & Governance Player in Economic Recession
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

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

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
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

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 December)
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

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

• 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)
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

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

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
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?

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

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

- Lay majority (25)
- Professional majority (31)
Q. Are you a lay or professional member of a Council/Board

- Lay member (19)
- Professional member (35)
- No response (2)

Q. Do you agree with lay majority principle?

- Strongly agree (13)
- Agree (19)
- Disagree (14)
- Strongly disagree (2)
- No response (8)

Some comments on lay majority principle

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

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

- Strongly agree (12)
- Agree (23)
- Disagree (12)
- Strongly disagree (0)
- No response (9)

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”
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”

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

- Bring perspective of service users: 35%
- Remove perception of self-regulating: 38%
- Help public perception of “fair regulation”: 39%
- Contribute to broader discussion: 38%
- Bring additional skills: 45%
- Bring different perspective: 52%
- Representative of patient: 39%

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

- Less access to expertise when dealing with competence of professional: 32%
- Greater need to explain workings of profession: 29%
- Lack of knowledge of profession: 27%
- Increased demands / costs of training: 18%
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”

- "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”

- “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”
Some general comments

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

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

Connect with Public!
Working together to help public connect with the System

Image Source www.journal.ie

CONCLUSIONS

Patient is at the centre of all decision making
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

Thank You - Questions?

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