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International Congress on Professional and Occupational Regulation



The regulatory continuum and the role of the regulator

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Promoting Regulatory Excellence

Outline

- Who regulates?
- The UK health regulatory continuum
- Is there an optimal model?

- Changing government policy on professional regulation in the UK

Who regulates?

The UK health regulatory matrix

Is there an optimal model?


Who are the professional regulators in health and social care?

- Nursing and Midwifery Council
- Health Professions Council
- General Medical Council
- General Pharmaceutical Council
- General Chiropractic Council
- General Dental Council
- General Optical Council
- General Osteopathic Council
- Pharmaceutical Society (Northern Ireland)
- Social Care Councils in the four UK countries

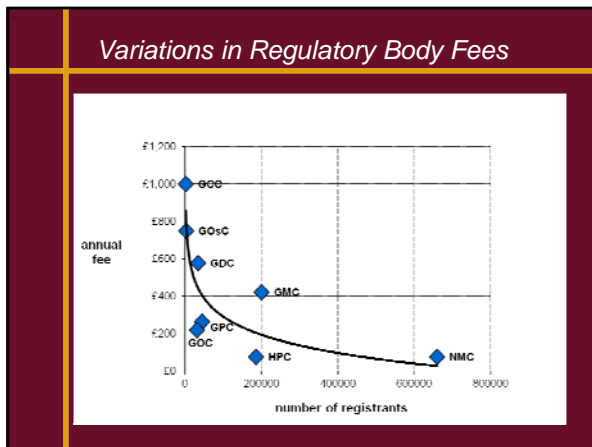
Changes in professional regulation in the UK 2001-2011

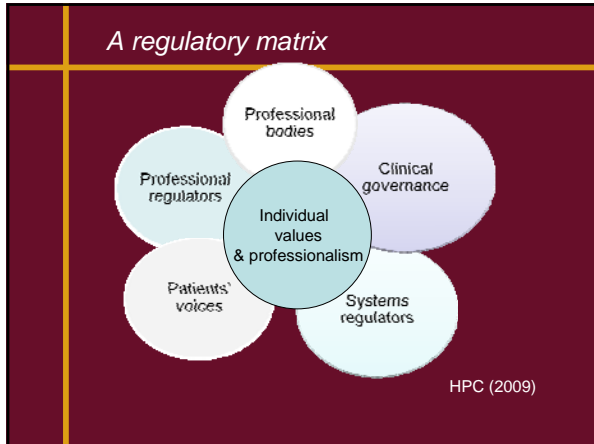
- Separation of professional body from regulator
- All members of Councils appointed not elected
- Increasing lay involvement in regulation
- Importance of patient voices
- Economies of scale

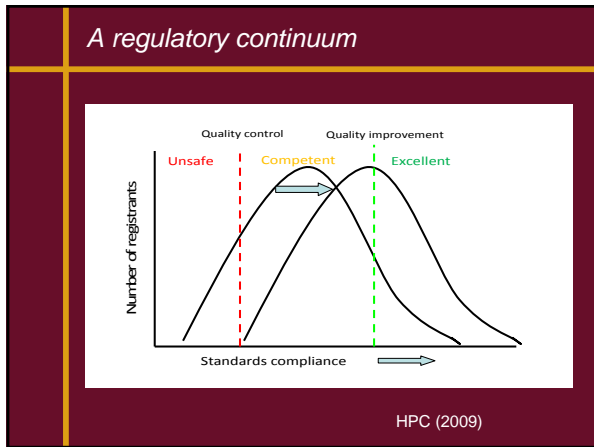
2001



2011







An optimum model of professional regulation

The Health Professions Council

- An independent statutory multi professional regulator of 15 professions
- Purpose: "to safeguard the health and well-being of persons using or needing the services of registrants" – Article 3(4)
- Separate role from professional bodies and trade unions
- Lay and professional Council

HPC Register 2011

215,000 registrants from 15 professions

Profession	Registrants (approx.)
Physiotherapists	48,000
Occupational therapists	18,000
Podiatrists	15,000
Dietitians	12,000
Paramedics	10,000
Health visitors	8,000
Speech and language therapists	7,000
Physiotherapists (UK)	6,000
Physiotherapists (NHS)	5,000
Speech and language therapists (UK)	4,000
Speech and language therapists (NHS)	3,000
Midwives	2,000
Paramedics (UK)	1,500
Paramedics (NHS)	1,000
Training and development	800
Health visitors (UK)	600

HPC: An integrated model

- **Generic and specific standards** for all professions
- Same **fitness to practise** process for all
- **Efficient business model**
 - Annual fee = £76 per year
- **Open and transparent**
- Focus on **building the evidence base of regulation**

HPC: Fitness to practise

- 'Modern' tribunal system
- Dependence on 'Partners'
- Case management system

- 314 cases concluded in 2010-11
- Mean time taken from receiving a complaint to concluding a hearing =15 months

HPC 2011

Changing government policy on professional regulation in the UK

Health and Social care reforms: key drivers

- Economic
- Choice agenda

Health and Social Care Bill

- Greater integration between **primary, secondary and social care**
- Transfer of commissioning powers to **family doctors (GPs)**
- Greater emphasis on **outcomes of care**
- Greater freedom for providers, more **social enterprise**, more **personalised budgets**

The changing landscape in health and social care regulation

- Creation of more **streamlined, risk based** regulatory systems
- **Simplifying and rationalising** the infrastructure
- Introduction of voluntary registers

Voluntary registers

- Professional registers
- Occupational registers
- Student registers

Department of Health (2011) Enabling Excellence: Autonomy and Accountability for Health and Social Care Staff

The challenge of voluntary registers

Regulatory bodies are asked to...

"consider the risks that voluntary registration might help to mitigate in the context of other existing systems for assuring the standards of workers in health and social care"

Paul Burstow,
Minister of State for Care Services
29 March 2011

Possible options

- ✓ No requirement to register
- ✓ Requirement to register as a condition of employment
- ✓ Requirement to register by systems regulators

New challenges, new territories

- ✓ Making regulation more efficient
- ✓ Creating voluntary registration for groups outside regulation

Conclusions

Good character is not given.
It is built by thought, choice, courage and determination

Mahatma Gandhi

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