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

Variations in Regulatory Body Fees
A regulatory matrix

- Professional bodies
- Clinical governance
- Individual values & professionalism
- Preferred voices
- Systems regulation

HPC (2009)

A regulatory continuum

- Quality control
- Quality improvement
- Unsafe
- Competent
- Excellent

Number of registrants

Standards compliance

HPC (2009)

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

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

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**Changing government policy on professional regulation in the UK**

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**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

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*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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References


