

Right Touch Reform – Part 2

by Rebecca Durcan
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As noted in the last issue of *Grey Areas*, the UK is currently undertaking a significant and comprehensive review of the regulation of the health and social work professions. The oversight body, the Professional Standards Authority (PSA), has released a lengthy report in support of that review. The PSA report, entitled “Right Touch Reform” outlines the current regulatory model and makes some suggestions for direction for reform. The PSA still intends to make actual submissions to the review.

A few highlights from the report include the following:

Public Register

This section of the report discusses how the public register for a profession can facilitate protection of the public. In fact the PSA describes a regulator’s public register as “a critical part of their role to protect the public” in four ways:

- Assuring the public that practitioners are qualified and regulated;
- Helping the public (and thus the regulator) to identify illegal practitioners;
- Informing the public of any restrictions on a practitioner’s practice; and
- Providing information about a practitioner’s qualifications to engage in special areas of practice.

The PSA noted that the public had low awareness of the public registers and their purposes and more work was needed to promote them.

Not unrelated to the last point, the PSA suggested that there may be value in developing multi-professional registers that the public can use to locate information about any registered practitioner. It pointed to some examples in the US and Australia. In fact, the PSA relied on the concept of a single register as one of the reasons why it supports a single regulator for all health and care professions. To the extent that this is not yet possible, there should be greater uniformity amongst regulators as to what information is on the register (e.g., how long conditions, undertakings, warnings and suspensions are shown).

The PSA also lauded the “sounds like” search function that some regulators employed. It facilitated the location of practitioners even when the searcher did not have the correct spelling of their name. The PSA recommended all regulators implement this software.

Surprising to us was the PSA objection to the addition of “annotations” to the register, by which they mean information other than the core regulation status and history of the practitioner. Annotations would include such information as the additional training and certification obtained by the practitioner and whether the practitioner was entitled to supervise students or apprentices.

The PSA has a number of concerns about expanding the public register to non-essential items including over-reliance (e.g., by employers) on the register as reflecting the complete qualifications, experience and skills of the practitioner, the use of the register by

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practitioners for career enhancement and a means for the regulator to charge additional fees. In addition, some of the additional information may be misleading to the public (e.g., such including non-practising members of the profession, like those who have retired). To the PSA information should only be contained on the register where a potential harm to the public is identified and the posting of the information on the register is the most appropriate way to address the risk.

The PSA position could be seen as not adequately addressing two significant concerns. First, regulators are quickly becoming irrelevant as the public uses other (often internet-based) tools to inform their choice of practitioners. Portraying the public register as the one-stop location to obtain the relevant and reliable information about practitioners may be essential to the survival of regulators. One recent article indicated that Washington State is considering replacing the regulation of lower-risk occupations with a website where the public can post reviews about practitioners:

<http://www.professionallicensingreport.org/is-the-internet-making-occupational-regulation-obsolete/>.

A second concern is that it is difficult to persuade practitioners to accept the posting of their regulation status and history on public register, especially as the protecting of personal privacy gains acceptance. Where the public register can contain positive information about practitioners, more practitioners may support the concept.

The PSA does, however, support the public register including information about practitioners who were removed from the profession (with clear explanations) so that the public can become aware of

this history should the individual continue practising. Practitioners who have been erased from the register for wrongdoing should remain on the public register for at least five years. Similarly, where non-practitioners are the subject of prohibition / restraining orders for illegal practice, their identities should be placed on the register with adequate explanation.

Education and Training

It appears that in the UK professional regulators often have a significant role in setting the outcomes for education (i.e., identifying the competencies required by graduates to become registered), setting standards for schools and assessing the performance of the school. In Canada many regulators are only involved in the first of these functions and the government or other entities usually perform the last two.

The PSA noted that the role of regulators in education and training programs varies from profession to profession and there appears to be some overlap and duplication of functions with other bodies. The PSA noted the burden that this can place upon schools and suggested the streamlining of their scrutiny. The PSA suggested that the scrutiny of schools focus on risk-profiling the school's performance through various sources so that oversight functions can be targeted. For example, schools whose graduates had more challenges in post-graduate education or upon registration might receive greater scrutiny.

The PSA recommended that students, clients of graduates and members of the public have greater involvement in every aspect of education and training from program design and development to their accreditation and other scrutiny.

The PSA also recommended that scrutiny by regulators focus on competencies related to public protection. Schools should be given greater flexibility in achieving those goals.

The PSA recommended that every aspect of the assurance, including processes, criteria and procedures be made publicly available and that all reports and decision making be public. The PSA stated:

A clear and transparent quality assurance process, and ensuring that reports and results from visits are clearly and prominently available are important elements in ensuring confidence in the system of quality assurance used by the regulators. This includes confidence from:

- the public, that risks are being controlled and that those joining the register are safe and fit to practise
- from registrants, that the education and training they receive will make them competent to join the register
- and from education providers that the requirements they must meet are justified and proportionate.

The PSA noted that for some professions (e.g., nurses and general practitioner MDs), shortages of practitioners was putting pressure on regulators. While regulators should resist lowering standards, they should consider allowing more flexible ways for educators to achieve those standards including experiential learning (e.g., apprenticeship training).

The PSA advocated for an increased focus on multi-professional and inter-professional training for two reasons. First this would help instill shared understanding and values amongst various professions. A common culture throughout the health care system, especially related to openness, transparency and candour, could reduce the risk of the repetition of some of the tragedies experienced in the UK health care system (e.g., Mid Staffordshire).

Second, joint training would foster the respect and skills necessary to make the inter-professional provision of services that now exist more accepted and effective:

There is evidence to suggest that inter-professional education may have a beneficial effect in relation to improving collaborative practice and ensuring a consistent approach to patient care and safety.

One can hardly wait for the PSA to make actual submissions in the ongoing review. The report can be found at: www.professionalstandards.org.uk.