

## Responding to the Pandemic: Reflections by Regulators

by Rebecca Durcan  
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While the pandemic is not yet over, reflections on how regulators have responded to, and can learn from, their pandemic experience is already happening. Last month the UK oversight body, the Professional Standards Authority (PSA) released its preliminary report entitled: *LEARNING FROM COVID-19: A case-study review of the initial crisis response of 10 UK health and social care professional regulators in 2020*. The report can be found

at:  
<https://www.professionalstandards.org.uk/publication/detail/learning-from-covid-19-a-case-study-review>.

Many of the points made in the report will be familiar to Canadian regulators including the following:

- Regulators rapidly changed their registration rules to quickly re-register recently retired practitioners and offer some sort of limited registration to recent graduates who did not meet all of the requirements in order to ensure sufficient health care staffing needs.
- Education programs worked with regulators to facilitate acceptance of remote and alternative ways of training future practitioners.
- Remote investigations and virtual discipline hearings became common.
- Regulators had to issue guidance and standards of practice on short notice without the usual consultation process. Some of those standards provided assurance to practitioners if they were not always able to meet the usual

professional expectations and or comply with the usual safeguards for telepractice in the short term.

- Regulators learned to operate remotely and largely without paper documents.

However, there are a number of points made in the report that may be of interest to Canadian regulators as they conduct their own reflections.

Many regulators found that they were not able to involve clients and members of the public in their decision making as they had in the past. Consultation on proposed guidelines and standards of practice was often not feasible. This gap will need to be filled going forward regardless of the “we won’t be doing things the same way again” philosophy that has emerged.

There is a sense that on some issues the regulators and other stakeholders (e.g., public health authorities, health care institutions and employers) collaborated more closely than before. This was necessary and in many ways seen as positive. However, there is a risk of the regulators losing focus on their mandate and independence in order to make “the system work”.

There was also unique collaboration amongst regulators. For example, one of the case studies in the report discusses how pharmacies and social workers worked together in the “development of community pharmacies as ‘safe spaces’ for victims of domestic abuse, the prevalence of which rose markedly from the outset of the pandemic.”

In the past, the PSA had suggested that the mental health and welfare of practitioners was really the mandate of professional organizations, not regulators. The pandemic caused such strain on the welfare of

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practitioners in ways that jeopardized their ability to practice, that regulators took a much more active role in advocating for the wellness of practitioners. It is unclear at this time whether that will be seen as an ongoing role for regulators.

While there are no statistics, it appears from the discussion in the report and our own anecdotal information that some of the UK regulators permitted a longer backlog of discipline cases to develop than many Canadian regulators.

The report identifies that an entry-to-practise competency for practitioners should include skills for managing emergencies, including making ethical judgments. By way of illustration of the latter, the report mentions that some regulators issued statements that it was unprofessional for practitioners to comply with blanket “do not resuscitate” orders that appear to have been issued in some facilities.

The pandemic has re-emphasized the value in practitioners from multiple health professions receiving joint training in some areas, particularly those related to shared standards (e.g., informed consent) and professionalism. Similarly, it may be time for all health professions to have a single code of conduct.

The pandemic also had a significantly disproportionate effect on racialized individuals and communities. The report noted that some regulators are looking quite seriously at their ability to help address this issue. For example, the medical regulator is examining its role in affecting not only its own handling of complaints about racialized practitioners, but also addressing the causes of increased complaints about them. The regulator is developing initiatives to reduce these systemic causes (e.g., racialized practitioners not being part of the “in group”). The

medical regulator has also stated that “the pandemic has highlighted more than ever that a professionals [sic] individual health and well-being is central to their ability to deliver good care, and we must focus our attention on supporting the right environments to enable doctors to do so.”

The report has noted that the level of trust in health regulators by practitioners seems to have increased during the pandemic. This observation is consistent with the observation in Australia that practitioners reported a significant increase in their view that their regulatory body was doing all it could to protect the public and was trustworthy during the pandemic: (see the presentation of Paul Shinkfield and Alyssa King from Australian Health Practitioner Regulation Agency (AHPRA) on *Measuring strategic performance in regulation - Using data to demonstrate our value* put on by CLEAR at:

[http://clearweb.drivehq.com/CLEAR\\_RegAdmin\\_webinar\\_Data\\_Demonstrate\\_Value\\_March25\\_2021.mp4](http://clearweb.drivehq.com/CLEAR_RegAdmin_webinar_Data_Demonstrate_Value_March25_2021.mp4) and

[http://clearweb.drivehq.com/webinar\\_handouts/slides\\_CLEAR\\_webinar\\_Data\\_Demonstrate\\_Value\\_March2021.pdf](http://clearweb.drivehq.com/webinar_handouts/slides_CLEAR_webinar_Data_Demonstrate_Value_March2021.pdf)).

For those interested in more information about the report, Douglas Bilton, Assistant Director, Standards and Policy, UK Professional Standards Authority for Health and Social Care will be making a presentation for CLEAR on the topic on June 15, 2021. See: <https://www.clearhq.org/> for more details.