



# Reviewing Professional Regulatory Frameworks for Healthcare Professionals

LegCo Panel on Health Services Subcommittee on Health Protection Scheme

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JC School of Public Health and Primary Care  
The Chinese University of Hong Kong

1

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## Agreed Objectives



1. Review **experiences outside Hong Kong**.
2. Review current **local regulatory and supervisory frameworks** for upholding professional standards and quality assurance in Hong Kong.
3. Conduct **analysis of the similarities and differences** in the regulatory and supervisory frameworks elsewhere and of the existing mechanisms for healthcare professional development in Hong Kong. This will enable us to **identify areas that require attention** and to **highlight emerging challenges** for fostering healthcare professional development for future investigation and discussion.
4. Once we have agreed the content of our analysis with FHB, we will be involved in a series of meetings to present and discuss findings of the study at meetings organized locally.

2

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# Study Areas

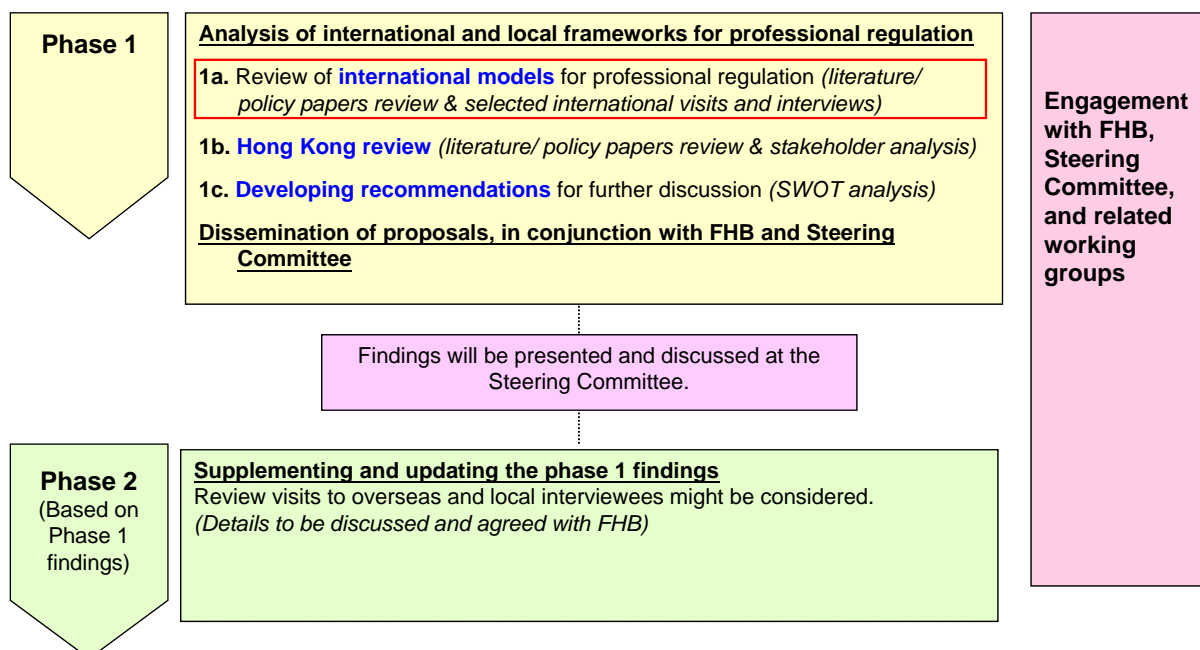
1. Current **legislation, regulatory and supervisory structures** governing qualifications and conducts of the healthcare professionals
2. Regulation of **undergraduate training**
3. Professional **registration and licensing** processes
4. **Accreditation systems** for medical education and training
5. Existing mechanisms for setting and upholding **professional standards** and maintaining **continuing competence**
6. Enforcement mechanisms for detecting and dealing with professional **misconduct** and **poor performance**
7. Regulation for **overseas graduates**



3

# Study Design

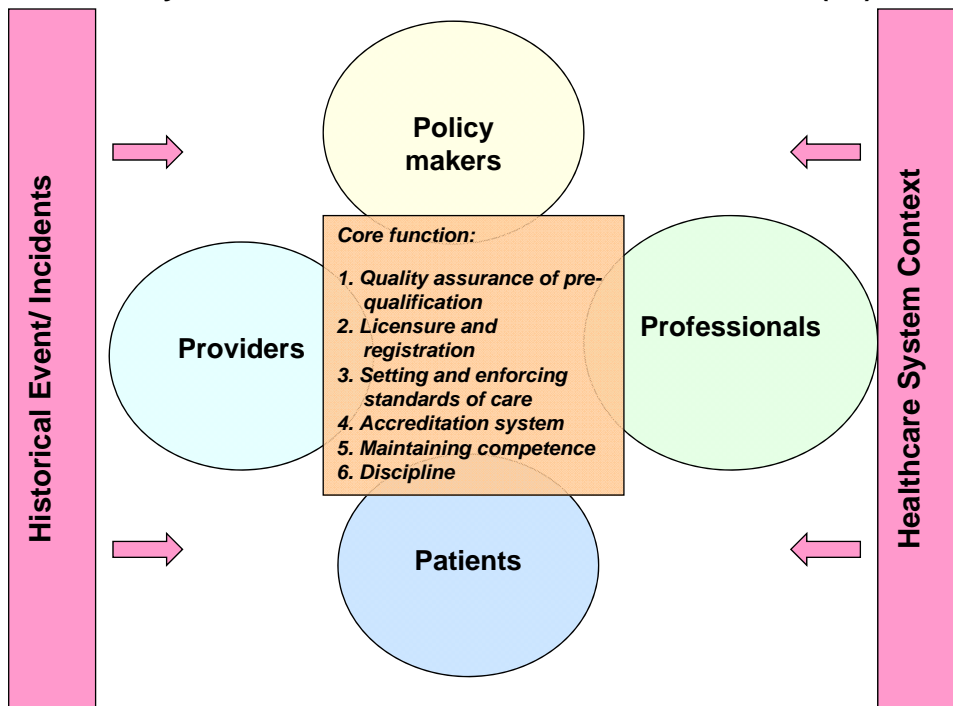
## A 2-year study



4

# Analytical Framework

Analytical framework for analysis of regulation of healthcare professionals:  
Policymaker, Providers, Professionals and Patients (4P)



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## Review of International Models for Professional Regulation

## Data Collection Method

- **Desktop search**
  - Relevant policy papers, review papers and authoritative monographs
  - Information provided by the regulatory/ professional bodies and other relevant organizations and governmental bodies on the internet
- **Selected international visits and interviews**



7

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## International Literature Review

- Main purposes of **professional regulation**
  - Ensure that **minimally acceptable standards of care** are being provided
  - Provide **accountability** and reassure patients and payers that medical professionals are deserving trust; and
  - Improve quality of care by providing **guidance about best practice and fostering improvements in performance** through measurement and feedback

Sutherland and Leatherman (2006)

8

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# International Literature Review

Key themes	
Categorization of Instruments for Professional Regulation	<i>Self-regulatory arrangements</i> vary considerably in terms of the degree of governmental oversight. Healthcare professional regulation is moving from the premise of self-regulation to one of regulation <i>in partnership between professions and the public</i> (“co-regulation”).
Regulatory bodies	Regulatory bodies are now becoming more <i>accountable</i> to the public, government and legislation; <i>lay involvement</i> is much increased, and <i>adjudication</i> is often an independent function.
Quality improvement	Regulation of healthcare professionals is central to attempts at <i>quality improvement</i> in healthcare. <i>Certification and recertification</i> , one of the common regulatory tools used in US, is proved to be effective in improving the performance of the healthcare professionals.
Professionalism	Professionalism and regulation are <i>complementary</i> to each other in ensuring patient safety and quality of care, not a sanction against medical error.

9

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# International Literature Review

## A range of mechanisms for regulating the healthcare professions in US.

Mechanisms	Definition
Licensure	The <i>granting of legal permits to practise</i> to individuals who demonstrate appropriate levels of knowledge, skill and competence to <i>assure minimum acceptable levels of competence</i> .
Registration	The <i>compilation of a list of individuals who have satisfied an authority that they are qualified to practise</i> . A medical register is maintained, either by state governmental departments or professional organizations. Different registers have varying admission requirements.
Certification	An <i>acknowledgement of a pre-determined level of achievement or performance</i> , generally <i>recognising achievements exceeding those set as minimum acceptable standards</i> (such as those set for licensing purposes).
Revalidation and recertification	<i>Processes that require individual practitioners to maintain/collect appropriate evidence to attest to the standards of their practice and to demonstrate their continuing competence</i> . The use of these interventions is increasing as it is acknowledged that the validity of certificates and qualifications erodes over time and that skills, knowledge and competence require periodic reaffirmation.
Credentialing	<i>The systematic collection, review and verification of a practitioner's professional qualifications</i> . Often includes <i>using patient data to attest to the clinical competence of an individual in a particular activity</i> (e.g. specific surgical procedures). Most widely used in the US, individuals are often credentialed by their affiliated hospital(s) or clinic(s), health plans or payers.
Privileging	The <i>granting of permission to perform specific professional activities</i> under the country of an organisation's (usually a hospital's) authority.

Extract from Chapter 3: Professional Regulation (p.57-58) of "Regulation and Quality Improvement" (Sutherland & Leatherman, 2006)

10

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# International Models

- **Jurisdictions:** Different healthcare systems including *UK (starting point), Australia, Singapore, Malaysia, US, Canada, Mainland China, Taiwan, New Zealand, Germany and Finland (one of the Nordic countries)*
- **Professionals:** *Doctors, Nurses, Dentists, Chinese Medicine Practitioners, Pharmacists, Other Health Professionals*

11

# International Visits and Interviews

Jurisdictions	Organisations/ Persons
<b>UK</b>	Council for Healthcare Regulatory Excellence, General Medical Council, Academy of Medical Royal Colleges, Royal College of Nursing, General Dental Council, Health Profession Council, National Voice, Picker Institute of Europe, Former Chief Medical Officer
<b>Australia</b>	Australia Health Practitioner Regulation Agency, Medical Board
<b>Canada</b>	College of Registered Nurses in British Columbia
<b>Singapore</b>	Singapore Medical Council, Nursing Board, Allied Health Board, Dental Council, Pharmacy Council, Former Director of Medical Services of MOH, Director of Manpower Standards & Development Division of MOH
<b>Malaysia</b>	Medical Council, Dental Council, Nursing Board/ Midwives Board, Pharmacy Board, Board of Medical Assistant, Medical Practise Division and Medical Development Division of MOH, The Division of Allied Health Services of MOH
<b>Taiwan</b>	Former Deputy Minister of Department of Health

12

## Context

- Regulation of professions is a **“hot topic” for many jurisdictions** for a variety of reasons – political, financial, legal, professional, quality-often tied in with health care reform.
- There is also a **growing network** amongst those involved in reviewing and changing regulatory processes.
- Thus it is a **rapidly changing terrain**.

13

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## Key Messages

1. Reform of regulation is to **protect patients and improve quality of care**
2. **Legislative change** is needed to reform structures
3. **Policy and organization for overarching common principles of governance** is emerging
4. Moving towards **self regulation in partnership**
5. **Lay representation** is becoming the norm
6. **Relationships with governments** and regulation of standards by **healthcare system and institutional regulators** (providers) vary
7. **Compulsory CPD** is the norm
8. Emerging emphasis is on **detecting and dealing with poor performance and improving quality of care**
9. Greater **separation of roles** is occurring
10. **Overseas graduates** are admitted in different ways

14

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## 1. Reform of Regulation is to Protect Patients and Improve Quality of Care

- Many jurisdictions are **undergoing regulatory reforms**.
- This is often a **continuing evolutionary process** affected by
  - a) Changing public expectations in respect of participation in healthcare practice and governance
  - b) An increasing public desire for increased transparency
  - c) Greater accountability
- Often **triggered by scandals and political interests**.
- The main aim of regulation is **to protect patients, ensure patient safety and improve quality of care**.

15

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## Examples of Reform

Jurisdiction	Reform
UK	<b>Law Commission Consultation Paper</b> (2012) to <b>modernise and simplify the current complex arrangements</b> for professional regulation and <b>remove the inconsistencies</b> in the over-arching legal provisions, meaning that all professionals are subject to the <b>same framework</b> .
Australia	A <b>single national scheme for accreditation and registration</b> in 2010 to <b>set out a common set of principles</b>
Malaysia	<b>Amendment of Medical Act</b> for <b>compulsory specialist registration</b> and <b>new laws</b> to <b>regulate CMPs and allied health professions</b>
Singapore	The <b>Allied Health Professions Act</b> passed in 2011 which <b>established a Allied Health Professions Council</b>

16

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## 2. Legislative Change is needed to Reform Structures

- Legislative change plays an important part in reforming the regulatory frameworks such as creating *umbrella legislation*, ensuring *nationally consistent legislation*, introducing *a single act* to cover several professions .

17

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## Umbrella Legislation

To ensure consistency in the regulation of professions

Jurisdiction	Umbrella legislation		Ordinance
	For ALL professions	For SOME professions	
Australia	✓		Health Practitioner Regulation National Act (2010)
New Zealand	✓		Health Practitioners Competence Assurance Act (2003)
Canada (6 provinces/ territories)	✓		Health Professions Act/ Regulated Health professions Act (from 1991 to 2010)
Finland	✓		Health Care Professionals Act (1994)
UK		✓	Health Professions Order (2001)
Singapore		✓	Allied Health Professions Act (2011)

18

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## Proposed A Single Act of Parliament (UK)

Law Commission Consultation Paper (2012) proposes

**Provisional Proposal 2-1: All the existing governing legislation should be repealed and a single Act of Parliament introduced which would provide the legal framework for all the professional regulators.**

**Provisional Proposal 2-2: The new legal framework should impose consistency across the regulators where it is necessary in order to establish the same core functions, guarantee certain minimum procedural requirements and establish certain core requirements in the public interest. But otherwise the regulators should be given greater autonomy in the exercise of their statutory responsibilities and to adopt their own approach to regulation in the light of their circumstances and resources.**



19

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### 3. Policy and Organization for Overarching Common Principles of Governance is Emerging

- Ways to enhance ***common principles of regulation and oversight of regulatory bodies*** are emerging.

20

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## Umbrella Organisations/ Bodies

- ***Umbrella organisations/ bodies*** are being created to ***bring commonality to values and processes between professions***, following the same procedures for registration, administration of the governing body, and complaints resolution and professional discipline processes.

Jurisdiction	Overarching body
UK	Professional Standards Authority for Health and Social Care ( <i>previously known as Council for Healthcare Regulatory Excellence</i> )
Australia	The Australian Health Practitioner Regulation Agency

21

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## 4. Moving towards Self Regulation in Partnership

- There has been a significant shift ***away from the concept of the right to self regulation***, with more ***openness, accountability, and engagement*** of lay representatives.
- Healthcare professional regulation is moving from the premise of self-regulation of the profession to protect its own interests ***to one of regulation in partnership between professions and the public to protect the public's health.***

22

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## Degrees of Self Regulation

- Government sanctioned self regulation: Canada, Germany
- “Co-regulation” (partnership with government, public, community): UK, Australia, New Zealand
- Strong government oversight: Singapore, Malaysia, Mainland China, Taiwan, Finland

*\* US bring in providers and insurers as regulators*

23

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## 5. Lay Representation is becoming the Norm

- There is a general global trend **to increase involvement of lay people on Boards, review panels, inquiries** – influencing and brokering healthcare professional regulation.

24

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## Structure of Regulatory Bodies (Doctors)

Jurisdiction	Composition (Members)			
	LAY (%)	Professions / Ex-officio (%)	Total number	Remark
<b>UK (GMC)</b>	50%	50%	24	<ul style="list-style-type: none"> <li>Appointed profession members</li> <li>Reduced to 12 members on 1 Jan 13</li> </ul>
<b>Australia (MBA)</b>	33%	67%	12	<ul style="list-style-type: none"> <li>Appointed profession members</li> </ul>
<b>Singapore (SMC)</b>	0%*	100% (with ex-officio)	24	<ul style="list-style-type: none"> <li>Director of Medical Services is the Registrar</li> <li>With elected and appointed profession members</li> </ul> <p><b>* Strong government oversight</b></p>
<b>Malaysia (MMC)</b>	0%*	100% (with ex-officio)	33	<ul style="list-style-type: none"> <li>Director General is the ex-officio President</li> <li>With elected and appointed profession members</li> </ul> <p><b>* Strong government oversight</b></p>
<b>US (NY State Board)</b>	8%**	92%	24	<ul style="list-style-type: none"> <li>Appointed profession members</li> </ul> <p><b>** Bring in providers and insurers as regulators</b></p>
<b>Canada (CPS of British Columbia)</b>	33%	67%	15	<ul style="list-style-type: none"> <li>All are elected profession members</li> </ul>
<b>New Zealand (MCNZ)</b>	33%	67%	12	<ul style="list-style-type: none"> <li>With elected and appointed profession members</li> </ul>
<b>Hong Kong (MCHK)</b>	14%	84%	28	<ul style="list-style-type: none"> <li>With elected and appointed profession members</li> </ul>

#There is no lay involvement in Mainland China and Taiwan. MOH is the centre of health professional regulation. 25

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## Structure of Regulatory Bodies (Nurses & Midwives)

Jurisdiction	Composition (Members)			
	LAY (%)	Professions / Ex-officio (%)	Total number	Remark
<b>UK (NMC)</b>	50%	50%	14	<ul style="list-style-type: none"> <li>Appointed profession members</li> </ul>
<b>Australia (NMBA)</b>	33%	67%	12	<ul style="list-style-type: none"> <li>Appointed profession members</li> </ul>
<b>Singapore (SNB)</b>	0%*	100% (with ex-officio)	17	<ul style="list-style-type: none"> <li>Appointed profession members</li> </ul> <p><b>* Strong government oversight</b></p>
<b>Malaysia</b> Nurses (MNB) Midwives (MMB)	0%*	100% (with ex-officio)	21 17	<ul style="list-style-type: none"> <li>Director General is the ex-officio President</li> <li>Appointed profession members</li> </ul> <p><b>* Strong government oversight</b></p>
<b>US (NY State)</b> Nurses Midwives	** 12% 8%	88% 92%	17 13	<ul style="list-style-type: none"> <li>Appointed profession members</li> </ul> <p><b>** Bring in providers and insurers as regulators</b></p>
<b>Canada (BC)</b> Nurses (CRNBC) Midwives (CMBC)	25% 33%	75% 67%	12 9	<ul style="list-style-type: none"> <li>All are elected profession members</li> </ul>
<b>New Zealand</b> Nurses (NCNZ) Midwives (MCNZ)	33% 13%	67% 87%	9 8	<p><i>Nurses:</i> With elected and appointed profession members <i>Midwives:</i> All are appointed members</p>
<b>Hong Kong</b> Nurses (HKNC) Midwives (HKMC)	20% 11%	(with ex-officio) 80% 89%	15 18	<p>Nurses: Currently all are appointed profession members Midwives: All are appointed members</p>

# There is no lay involvement in Mainland China and Taiwan. MOH is the centre of health professional regulation. 26

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## Structure of Regulatory Bodies (Dentists)

Jurisdiction	Composition (Members)			
	LAY (%)	Professions / Ex-officio (%)	Total number	Remark
UK (GDC)	50%	50%	24	• Appointed profession members
Australia (DBA)	33%	67%	12	• Appointed profession members
Singapore (SDC)	0%*	100% (with ex-officio)	11	• With elected and appointed profession members * <b>Strong government oversight</b>
Malaysia (MDC)	0%*	100% (with ex-officio)	24	• Director General is the ex-officio President • With elected and appointed profession members * <b>Strong government oversight</b>
US (NY State Board)	6%**	94%	18	• Appointed profession members ** <b>Bring in providers and insurers as regulators</b>
Canada (CDSBC)	33%	67%	18	• All are elected profession members
New Zealand (MDNZ)	30%	70%	10	• Appointed profession members
Hong Kong (MDHK)	8%	92% (with ex-officio)	12	• Appointed profession members

# There is no lay involvement in Mainland China and Taiwan. MOH is the centre of health professional regulation.

27

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### 6. Relationships with Governments and Regulation of Standards by Healthcare System and Institutional Regulators (Providers) Vary

- The **healthcare system and institutional regulators** play **supplementary roles** in health professional regulation.
- **The Government** plays a **relatively strong role in Asian jurisdictions** such as Singapore, Malaysia, Mainland China and Taiwan

28

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## Systems Regulators

- **Quality control bodies** (also called arms-length bodies )in UK DH include :
  - *Care Quality Commission*
  - *Monitor*
  - *National Institute for Health and Clinical Excellence*

29

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## Institutional Regulators

- Taking responsibility for provision of care by clinics/ hospitals and ensuring **provider regulation**
  - NHS and other employers in UK as responsible officers in revalidation
  - Private Hospital and Medical Clinics Act in Singapore
  - Providers and Insurers as regulators in US

30

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## 7. Compulsory CPD is the Norm

- There is an increasing trend of **compulsory CPD** for all the healthcare professionals to maintain professional competence, and **revalidation** as well as **recertification** is also developing in many jurisdictions.

\* Revalidation has started in UK in Dec 2012;  
Recertification is in place in US.

31

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### CPD Requirements

Jurisdiction	CPD Requirements (Mandatory)			Remarks
	Doctor	Nurses	Dentist	
UK	✓	✓	✓	Revalidation has started for doctors in Dec 2012
Australia	✓	✓	✓	
Singapore	✓	Mandatory for APNs only	✓	
Malaysia	×	✓	✓	CPD will make compulsory for doctors within the next few years
US (varies by state)	✓	✓	✓	Certification and Recertification in place
Canada	✓	✓	✓	
Mainland China	✓	✓	✓	
Taiwan	✓	✓	✓	
New Zealand	✓	✓	✓	
Hong Kong	Mandatory for specialist only	×	Mandatory for specialist only	

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## 8. Emerging Emphasis is on Detecting and Dealing with Poor Performance and Improving Quality of Care

- There is a trend towards *detecting and intervening early with poor performance for the improvement of quality of care.*

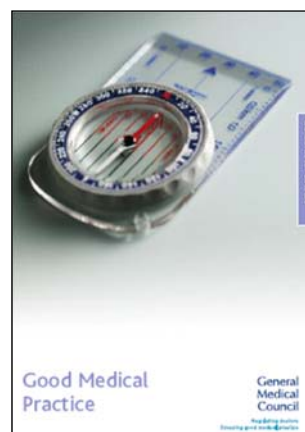
33

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## Sets of Standards

- *A set of standards* that determines good practice is a *starting point for assessing poor performance.*
- It gives *a threshold* against which poor practice can be assessed.

*“Good Medical Practice”*  
(UK) - Providing the basis on the principles and values on which good practice is founded.



34

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## 9. Greater Separation of Roles is Occurring

- To reduce the conflict of interests, the ***investigatory and disciplinary function in the regulators*** are increasingly being separated and organized independent of each other.
- Some jurisdictions have ***separate accrediting bodies*** to accredit educational providers and programs of study.

35

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## Investigatory and Disciplinary Function

- Australia & New Zealand: ***Independent body for receiving complaints***
- New Zealand has ***Health Practitioners Disciplinary Tribunal*** to hear and determine disciplinary action
- UK: ***Medical Practitioners Tribunal Service*** (MPTS) has been set up to provide hearing services that is fully independent in its decision making and separate from the investigatory role of the GMC.

36

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## 10. Overseas Graduates are Admitted in Different Ways

- There are *different criteria* for employing international health graduates worldwide.
- Most jurisdictions have *a recognized list of qualified overseas institutions* for overseas trained healthcare professionals.
- These graduates will still need *some form of professional assessment* before working in healthcare systems although some jurisdictions do not require qualifying or licensing examinations or internships, but *require a period of supervised training*.
- *Assessment of standards may be by the professions working with the regulators*, as in UK where the Academy/ Medical Royal Colleges in UK take a role in assessing the postgraduate qualifications of overseas graduates and making recommendations to the GMC.

37

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## Admission of Overseas-trained Doctors

- In more developed jurisdictions, this often relates to *shortages of particular types of healthcare professionals* e.g. specialists, nurses, etc., or *shortages in particular areas*.
- To *promote internationalism* and *promote experience sharing*

Dywili et al. (2012)

38

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## Criteria

- **List of registrable basic medical qualifications**
  - e.g. Singapore (155 institutions in 28 jurisdictions), Malaysia ( 374 institutions in 34 jurisdictions)
- **Different pathways for International Medical Graduates in Australia:**
  - Competent Authority Pathway,
  - Specialist Pathway,
  - Standard Pathway
- **Academy/ Medical Royal Colleges in UK assess postgraduate qualifications**

39

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## Implications for HK

40

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# Consideration for HK

## Questions

1. Does regulation **need reforming in HK**?
2. Do we need **new legislation**?
3. Should we **adopt common policies** for regulating healthcare professionals? Do we **need overarching umbrella body**?
4. Is there a need for **an enhanced role of government and/or lay representatives** in health professional self-regulation in Hong Kong?
5. Do we need **more lay representation** in the regulatory bodies?
6. What is the relationships with **government and health system regulators**?
7. Should **compulsory CPD** be introduced?
8. How do we **detect and intervene with poor performance** for the improvement of quality of care?
9. Do we need to **separate some roles** of regulatory bodies out e.g. adjudication, accreditation, etc.?
10. Do we need to change **the way we accept overseas-trained healthcare professionals**?

41

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# *Thank You!*

*We would like to thank all the international & local interviewees for providing us valuable information.*

42

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