

The role of professional bodies in regulation

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Yippee, another talk on regulation!



Regulation of UK healthcare

Comprises three main elements

- Regulation of the market in health care services
- Regulation of the quality and safety of care offered by healthcare providers
- Regulation of professions delivering healthcare

3 key events that shape regulation

- The Shipman enquiry (2000 – 2005)
 - Described the GMC as "an organisation designed to look after the interests of doctors, not patients"
- The Francis report 2013
 - Found "inadequately trained staff who were too few in number"
- The economic crash and resulting UK deficit
 - We need safe, affordable healthcare with regulation proportionate to risk

Regulation vs Registration

- Statutory regulation is where registrants are held to **account through an Act of Parliament**. It is **informed by professional standards** but is above individual professional standards. It is **non-negotiable**.
- Professional registration is a voluntary status that holds people to account for their professional practice and ethical standards and individuals are held **accountable by their professional peers**.

Regulatory Bodies

- Exist in the public interest for the protection of patients
- Have powers mandated by Parliament
- Govern professional activity of individuals
- Protect patient safety by guaranteeing that the professional title is a sufficient measure of technical and ethical competence through minimum **threshold standards**
- Standards interpreted by professional bodies in the context of their individual scope of practice

Professional Bodies

- Act in the interest of an individual profession
- Independent of government
- Determine their own **standards** of education and training **at all professional levels**
- Define the entry criteria and professional standards to a specific profession
- Define standards of best professional practice
- No legal or statutory powers

A case study - The HCPC

- Health and Care Professions Council
- Independent, UK-wide regulatory body for allied health professions and scientists
- Generic standards of education, training, competence and conduct
- Legally protected professional titles
- Professional body input
- Fitness to practice hearings
- Set conditions of practice, remove registrants from register – legally enforceable sanctions

A word of caution

- Regulators may be seen as a complaints resolution service
- Fitness to practice (FTP) investigations are costly and time consuming
- The role of the regulator can become one of reaction rather than prevention
- Regulation can become unwieldy
- Statutory regulation should be proportional to risk and it is debateable whether it is required for ALL health care staff groups

Be brave – we are the custodians of the profession

- Professional bodies are the mouthpiece of the profession
- Regulators and their standards are informed by the professional bodies
- A responsibility to develop individuals beyond the threshold of the profession defined by the regulator
- A responsibility to support individuals to maintain currency of knowledge and practice through CPD
- Can provide voluntary registration for non-regulated staff

Voluntary registration

Purpose is also to provide assurance but cannot provide the protection of regulated practice. It usually entails:

- A set of standards in respect of qualifications, skills and conduct
- An annual revalidation process
- A disciplinary process
- Non-legally enforceable sanctions

A case study - The Science Council

- Voluntary registration body for scientists

Three registers

- Chartered Scientist
 - Registered Scientist
 - Registered Science Technician
- Recognised across UK science sector
 - Generic standards of education, training, competence and conduct
 - Professional body representation
 - A transferable professional benchmark

Benefits for Biomedical Science

- Standardisation of competence training for non-regulated support workforce
- Establishment of support workers within a career framework
- Nationally recognised voluntary registers
- Professional ownership of the entire biomedical science workforce
- Establishment of a differential scale of professional standards

A word of caution

- Voluntary registration is not the same as statutory regulation and should not be seen as such
- It does not provide any guarantees or provide patient protection
- Registrants can be a self selecting section of a workforce
- Perceived lack of independence and transparency(?)
- Risk of confusion with regulated biomedical scientist roles

Future expectations of professional regulation

- Swifter resolution of complaints and greater public protection
- Revalidation and reregistration – moving beyond the threshold
- Enabling the expansion of professional knowledge in a protocol driven world
- Professionalism within a budget – regulation relative to risk; remediation rather than punishment

Challenges for employers

- Better understanding when to refer matters to the regulator rather than resolve locally
- Reassurance of public that professionals are not above punishment
- Does fault lie with the individual or with the organisation or both
- Regulators currently dealing with too many 'minor' issues
- Recognise the role of the professional bodies in helping resolve professional issues
- Improvement is an alternative to punishment

Challenges for professional bodies

- To be recognised as the setters of best standards of practice
- To not be seen as protectionist
- To not be seen as a union
- To support individuals professionals to demonstrate their continuing competence through CPD
- To support the regulation of professional groups where it is necessary for patient safety
- To maintain the differential between statutory regulated and self (voluntary) registered staff and the difference of their respective roles

Self-regulation stands in relation
to regulation the way
self-importance stands in relation
to importance.

Willem Buiter