

Agenda Item 10

Enclosure 6

**Health and Care Professions Council
21 September 2016**

**Reforming health and care professional
regulation**

For discussion

**From Marc Seale, Chief Executive and
Registrar**

Council, 21 September 2016

Reforming health and care professional regulation

Executive summary and recommendations

Introduction

This paper provides a short update about developments relevant to possible reforms to the legislation of the nine UK health and care professional regulators.

Decision

This paper is for discussion; no decision is required.

Background information

Presentation given by Marc Seale, Chief Executive and Registrar at the Council meeting on 6 July 2016.

<http://www.hcpc-uk.org/assets/documents/100050A9Enc05-Reforminghealthandcareprofessionalregulation.pdf>

Resource implications

None

Financial implications

None

Appendices

None

Date of paper

9 September 2016

Reforming health and care professional regulation

1. Introduction

- 1.1 This paper provides an update about any developments relevant to possible reforms to the legislation of the nine UK health and care professional regulators.

2. 'Upstream measures' meeting – 6 July 2016

- 2.1 A Department of Health (UK) convened meeting of the regulators to discuss so-called 'upstream measures' took place on 6 July 2016. This is a reference to the ongoing debate about the role the regulators might be able to play in 'prevention', for example, activity which might help prevent fitness to practise problems later on. Michael Guthrie attended the meeting.
- 2.2 Discussion included examples of how professional and service regulators are trying to focus on prevention including through analysis of data and trying to bridge gaps between regulation of individuals and services. There was general consensus that whilst no express legislative powers or duties were needed to do this kind of work, overall legislative reform to give the regulators greater autonomy would allow them to streamline their procedures and to hopefully allocate greater resources to activities which are focused on prevention.

3. Four country events – July and August 2016

- 3.1 Since the last Council meeting, a series of five 'pre consultation events' have taken place. These events were delivered by the Department of Health in partnership with the Governments in Scotland, Wales and Northern Ireland. Members of the Executive and Council attended all of the events.
- 3.2 At each event, the Department of Health (UK) delivered three presentations based on three overlapping themes.
 - **Purpose of regulation.** This theme included issues such as whether regulators had a role in improvement; what changes might improve regulation; how professional regulators and system regulators could work better together; and how to decide which groups should be regulated.
 - **Agility.** This theme included issues such as how regulators might move away from a focus on poor practice to activities which prevented poor practice and promoted professionalism; what areas the regulators should be given greater autonomy in to help improve efficiency and responsiveness; and whether governance arrangements needed reform, such as through further reducing the size of councils and/or introducing unitary boards.

- **Cost-effectiveness.** This theme addressed some of the issues raised above but through the lens of cost-effectiveness – defined as ‘Producing optimum results without wasting time, effort or money.’ Possible ideas mooted included a single online register; common standards across the regulator; a single adjudicator of fitness to practise cases; and sharing back-office functions. This presentation also referenced the need for a framework for assessing who should be regulated – work is being undertaken currently by the PSA.¹

3.3 There was then small group discussion on tables with notes captured by the Department of Health. The following provides a very ‘top-level’ summary of some of the key points from the discussion.

- There was general consensus that there was a need for legislative reform to modernise the current system.
- There was general consensus that there should be greater autonomy for the regulators and that there were some aspects of current legislation which unnecessarily hampered change. However, there was also acknowledgement that in some areas such as fitness to practise prescription may be required to balance the rights of all of those involved.
- There was general consensus that why some professions were regulated and others were not was not immediately logical and work to develop a risk-based model may be useful.
- There was general consensus that it would be useful if regulators were freed to be able to put more resources into ‘prevention’ and less into dealing reactively with fitness to practise concerns.
- There was some discussion about the cost of regulation and how this might be controlled – particularly in relation to the General Dental Council’s fee rise to £890 per year for dentists.

3.4 At the meetings, the Department were clear that the intention was to consult in the autumn, but that this would be a decision for ministers. At the time of the meetings, we understand that a meeting between the UK Government minister with the regulation portfolio who had recently been appointed and officials had yet to take place.

¹ The PSA says on its website: ‘We are developing an approach to assessing the risk of particular occupations.’