

Promoting professionalism, reforming regulation

Protecting the public

1. Do you agree that the PSA should take on the role of advising the UK governments on which groups of healthcare professionals should be regulated?

Agree

2. What are your views on the criteria suggested by the PSA to assess the appropriate level of regulatory oversight required of various professional groups? Please provide below:

It would be beneficial for a single organisation to undertake this role as they will be aware of the whole scope of professional regulation.

Similar roles should be regulated in similar ways e.g. sonographers should be regulated in the same way as radiographers performing sonography and vice versa. Access to role expansion e.g. prescribing rights should be handled in the same way across all the professions. There should also be parity of regulation for all of those performing invasive procedures on patients.

Having a single overarching organisation should ensure consistency and enable placement within the most appropriate regulatory framework. However if PSA does this, it needs to be better known and longer term if there are fewer regulators, the need for an overarching body may be less compelling especially on cost grounds.

The criteria are reasonable as they stand but do not necessarily address the situation where one professional group takes on work formerly done by another. For example, until recently it was almost exclusively clinical radiologists who interpreted and reported upon radiological examinations, and who performed interventional radiological procedures, but now non-doctors and some non-radiologist doctors are also performing some of this work.

Radiographers and other healthcare groups do this in an under-regulated manner which is locally defined, with no national standards or examinations and is thus inconsistent. The criteria must take account of this because this transfer of responsibility has happened, and will continue to happen, and patient care could be put at risk due to this lack of national standards of regulation.

Each profession should draw up their specific professional standards but the level of regulation oversight should same for all otherwise there is no role for

3. Do you agree that the current statutorily regulated professions should be subject to a reassessment to determine the most appropriate level of statutory oversight? Which groups should be reassessed as a priority? Why?

Agree

Which groups should be reassessed as a priority?:

As outlined above, a number of professions are developing advanced clinical practice and undertaking roles traditionally undertaken by doctors. These roles should be subject to equivalent regulation. There are a number of newly developed associate practitioner roles, undertaking aspects of practice traditionally undertaken by doctors and who therefore require equivalent regulation.

There is a case for reassessing the groups where significant transfer of responsibility has happened. This has already been recognised by Health Education England (HEE) which is working with the RCR and the Society and College of Radiographers to explore how

consistent training of radiographers in image reporting can be introduced in an effort to ensure the public is protected and standards are reached and maintained uniformly. There are other groups of non-doctors who are undertaking radiological reporting and procedures, including sonographers, physiotherapists and some medical physicists (the latter in nuclear medicine study reporting). Embedding this as a regulatory requirement will be challenging with the different basis of regulation that currently applies through the GMC and HCPC.

Further comments:

4. What are your views on the use of prohibition orders as an alternative to statutory regulation for some groups of professionals?

Not Answered

Further comments:

It is unclear how effective prohibition orders will be they may also be seen as a negative approach to regulation, which should be positive and forward looking where possible. They may facilitate identifying the boundaries of practice and ensure that additional, assured training and assessment is undertaken before an individual can undertake an extended role. This could include HCPC registration for radiographers who, if they comply with the regulatory requirements may then be regulated by a different regulatory body for the extended practice of reporting images.

5. Do you agree that there should be fewer regulatory bodies?

Agree

6. What do you think would be the advantages and disadvantages of having fewer professional regulators?

Advantages:

- Costs would be reduced
- Duplication would be minimised
- Consistency should be improved
- It should be easier to address blurring of professional boundaries
- A smaller number of regulators, if the appropriate powers were given, should be able to take on the regulation of emerging professional groups
- Standards and education could be more easily disseminated in a uniform manner.

Disadvantages:

- May be confusing for patients and the public
- Fewer larger regulators could be impersonal
- Regulation might descend to the “lowest common denominator” level
- There may be reduced ability to understand the complexities of practice across a wide range of professional groups, practice settings and healthcare delivery

Further comments:

The case for this appears to be compelling because of the:

- (a) small numbers of practitioners that some bodies regulate which can make achieving modern regulation at a reasonable cost very difficult
- (b) blurring of boundaries of practice as discussed above in this response

7. Do you have views on how the regulators could be configured if they are reduced in number?

Please provide below:

It is difficult to suggest a configuration which would ensure future proofing. Any future regulators should have the flexibility to develop their schemes of regulation but not so as to undermine confidence in how a regulator discharges its duties and uses its powers.

The most straightforward would be to have regulators for medical professionals, nursing and midwifery and allied health and care professionals. However this would lead to a very large regulator for this group which may make it difficult to progress change and may not be nuanced enough to ensure high quality regulation.

Which section of the consultation would you like to go to next?

Options for sections of consultation to move to next:

Efficient regulation

Responsive regulation

8. Do you agree that all regulatory bodies should be given a full range of powers for resolving fitness to practise cases?

Agree

9. What are your views on the role of mediation in the fitness to practise process?

Please provide below:

Mediation may be a useful intermediary step to resolve cases where the evidence falls short of full fitness to practise hearing. It could also ensure that those who make complaints have an opportunity for their case to be heard whilst retaining within the profession a practitioner who otherwise might be suspended or erased (provided there is a safeguard regarding danger to the public or patients).

10. Do you agree that the PSA's standards should place less emphasis on the fitness to practise performance?

Agree

11. Do you agree that the PSA should retain its powers to appeal regulators' fitness to practise decisions to the relevant court, where it is considered the original decision is not adequate to protect the public?

Agree

Further comments:

This has always appeared to be a one-sided power. If the PSA is to remain and retain a review function it should be cast more widely.

12. Do you think the regulators have a role in supporting professionalism and if so how can regulators better support registrants to meet and retain professional standards?

Agree

Further comments:

Fitness to practise rarely only reflects competence. It often relates to communication and team-working and other aspects of professionalism.

The established and recognised role of medical royal colleges in supporting professionalism should be considered in the regulation of the medical professionals.

This does not mean that the colleges should formally become part of any future regulator, the different purposes and remits of the colleges and the current regulator is clear and should be maintained. The two can be, and should be, complementary; the colleges are an intelligent and insightful contributor to professionalism in their specialties.

Efficient regulation

13. Do you agree that the regulators should work more closely together? Why?

Agree

Further comments:

All those who work in health and care should be providing high quality care based on similar professional standards. There is much overlap between the various regulatory bodies and the current and future delivery of healthcare will utilise extended roles where previous regulatory sanctions may not be applicable.

Extended scope of practise requires extended scope of regulatory powers.

14. Do you think the areas suggested below are the right ones to encourage joint working? How would those contribute to improve patient protection? Are there any other areas where joint working would be beneficial?

Agree

How would those contribute to improve patient protection?:

A single site to access data on all healthcare personnel would improve patient access as they may currently have to trawl through numerous registries. Common standards, communication, education and training within and across professions can only be beneficial.

Are there any other areas where joint working would be beneficial?:

As new care models and extended scope of practice become more common, shared data, standards and modes of regulation will provide assurance those professionals can be registered as being trained to appropriate standards, within quality assured programmes with identifiable competences which are subject to revalidation.

15. Do you agree that data sharing between healthcare regulators including systems regulators could help identify potential harm earlier?

Agree

Further comments:

There must be adequate governance structures in place to ensure that incidents are tracked, themes are sought, and action is undertaken, if trends are identified.

This may reflect inadequate resources to support ideal patient outcomes rather than failure of individuals, so mechanisms should be in place to address this.

As an example, the medical royal colleges have entered into suitably managed and anonymised data sharing on training and trainees in the medical specialities with the GMC, to identify longer term trends and the root causes of issues that have arisen. Soon after the publication of the second Francis report on the North Staffordshire findings the RCR introduced arrangements so that it could – if needed – refer matters to the appropriate regulator <https://www.rcr.ac.uk/posts/handling-serious-patient-safety-concerns-statement-fellows-and-members>. This is a way in which all the relevant bodies can work productively together without infringing their roles and remits.

16. Do you agree that the regulatory bodies should be given greater flexibility to set their own operating procedures?

Agree

Further comments:

Within defined parameters/outcome requirements.

17. Do you agree that the regulatory bodies should be more accountable to the Scottish Parliament, the National Assembly for Wales and the Northern Irish Assembly, in addition to the UK Parliament?

Agree

Further comments:

The regulatory bodies should be accountable to the relevant authority of the country where healthcare personnel practise. However this should not compromise the flexibility and gains that these proposals seek to bring about.

18. Do you agree that the councils of the regulatory bodies should be changed so that they comprise of both non-executive and executive members?

Agree

Further comments:

Non-executive directors often provide a valuable sense check of the professional executive directors. However it would need careful thought: is the perceived lack of accountability more a consequence of current internal governance of the regulator? If so, that should be addressed. With Executive Directors on a regulator board, there would be no internal separation between the executive and non-executive and therefore no ability to challenge and oversee the executive. It also needs to be remembered that some executive members of regulators are also members of the profession(s) that they regulate, which might distort other balances which the proposal is seeking to address.

19. Do you think that the views of employers should be better reflected on the councils of the regulatory bodies, and how might this be achieved?

Agree

Further comments:

The regulatory bodies need to reflect the current and future requirements in terms of staffing levels and competence. Seeking and considering the input of employers should be a requirement for regulators, but should not extend to their having representation on the

regulator council or board. There are other stakeholders who could be in similar positions such as, in the case of doctors, the medical royal colleges.

20. Should each regulatory body be asked to set out proposals about how they will ensure they produce and sustain fit to practise and fit for purpose professionals?

Agree

Further comments:

There should be much in common between all of the current regulatory bodies. The regulators should also seek input from the appropriate professional associations such as the medical royal colleges in doing this.

21. Should potential savings generated through the reforms be passed back as fee reductions, be invested upstream to support professionalism, or both? Are there other areas where potential savings should be reinvested?

Both

Further comments:

Reforms should create savings that should not result in a fee increase for those professions that are remunerated less. Any savings could support professionalism for all members of the health and care professions. With more unified and uniform regulation and more consistent ways to regulate, this should, in broad terms, lead to similar cost burdens falling on each regulator. This could see fees change from where they are now: perhaps increased costs for activities such as revalidation where it does not currently exist and savings from fewer regulators. At the same time fees charged to registrants have to be affordable for the registrants.

Impact assessment and Equality analysis

22. How will the proposed changes affect the costs or benefits for your organisation or those you represent?- an increase- a decrease- stay the same. Please explain your answer and provide an estimate of impact if possible.

Not Answered

Please explain your answer and provide an estimate of impact if possible. :

Unsure

It is hard to assess if there would be any impact as regards cost. The RCR's members will hopefully see benefits in more streamlined, responsive fitness to practise procedures and improved support for professionalism.

Other benefits would be in improved relationships with other healthcare professionals if those who carry out similar work, and also carry similar responsibilities to the RCR's members, are subject to equivalent standards and processes of regulation as doctors. If there is an increase in costs there must be transparency in how the extra funds are spent.

23. How will the proposed changes contribute to improved public protection and patient safety (health benefits) and how could this be measured?

Please provide below:

By linking data across organisations, adverse trends may be identified earlier and harms mitigated. Sharing good practice/lessons learned across healthcare systems can only be beneficial.

The proposed changes could lead to wider public understanding of the way healthcare is delivered and that many more professional groups are involved in procedures and treatments than “doctors and nurses”. That these professional groups would be regulated under regimes which were demonstrably similar, and of similar rigour, should give the public greater confidence. It should also aid the integration of healthcare.

24. Do you think that any of the proposals would help achieve any of the following aims:- Eliminating discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010 and Section 75(1) and (2) of the Northern Ireland Act 1998?- Advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it?- Fostering good relations between persons who share a relevant protected characteristic and persons who do not share it? If yes, could the proposals be changed so that they are more effective? If not, please explain what effect you think the proposals will have and whether you think the proposals should be changed so that they would help achieve those aims?

Not Answered

If you agree, could the proposals be changed so that they are more effective?:

Unsure

Regulators should be achieving these requirements anyway; therefore this should not be a primary or central expectation of the changes proposed. There certainly should be a thorough impact assessment in equality and diversity terms to ensure that no detriment is introduced. A robust, fair system should mitigate against bullying, harassment or victimisation.