



A Review of the Regulatory Frameworks for Healthcare Professionals

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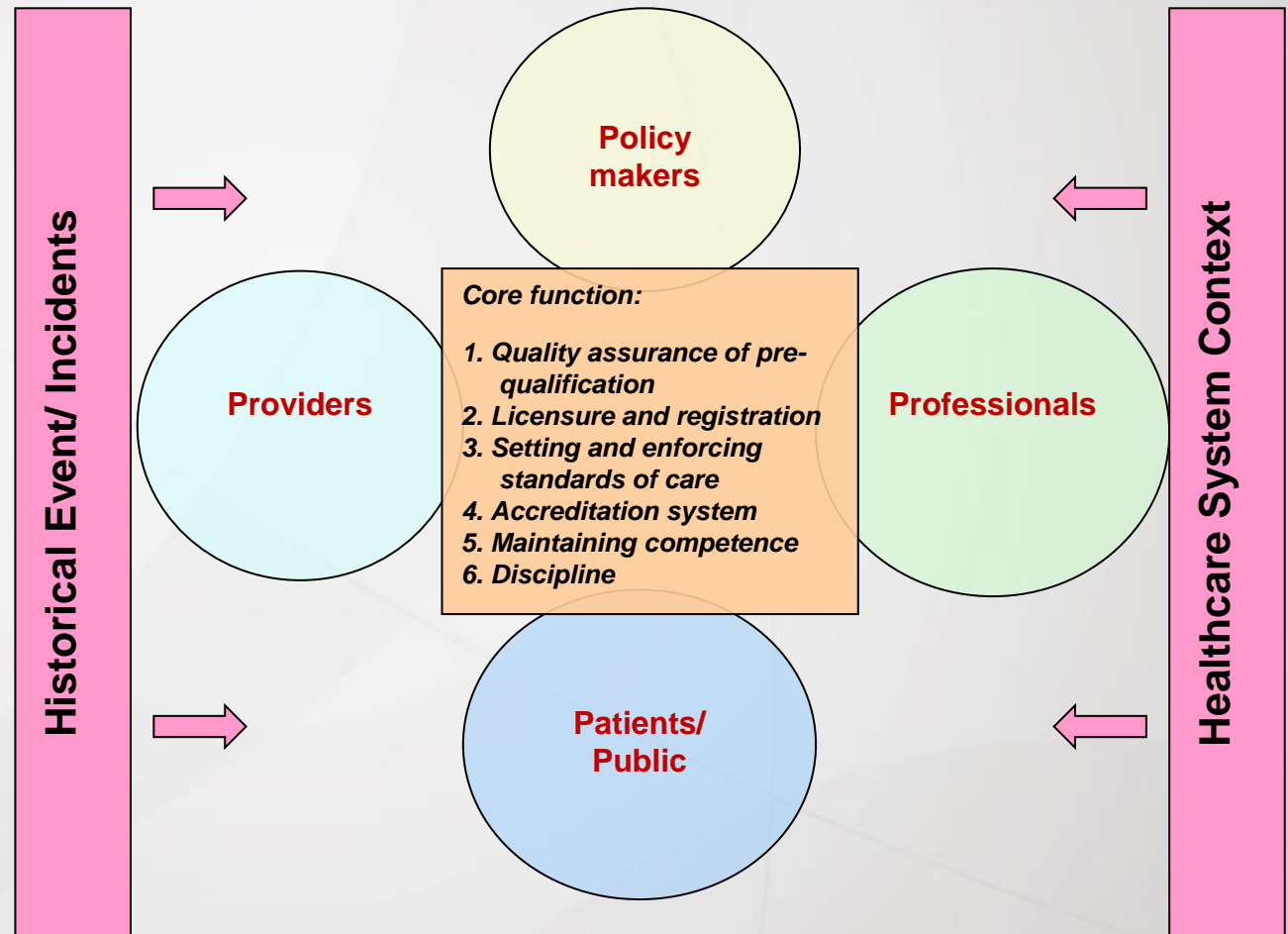
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Study of Regulatory Frameworks for Healthcare Professionals – Commissioned study by the Hong Kong Government

Different healthcare systems including **UK**, **US**, **Canada**, **Australia**, **New Zealand**, **Singapore**, **Malaysia**, **Mainland China**, **Taiwan**, **Germany**, **Finland**, **Hong Kong**

Analytical framework:

Policymaker, Providers, Professionals and Patients (4Ps)



Results: 10 Key Messages

1. **Reform of regulation** is to protect patients and improve quality of care 
2. **Legislative change** is needed to reform structures 
3. **Umbrella organizations** for overarching **common principles** of governance are emerging
4. Moving towards **self regulation in partnership**
5. **Lay representation** is becoming the norm 
6. **Relationships between professional regulators and others with regulatory responsibility** in the healthcare system are variable
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 

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:**
 - a) Changing public expectations in respect of participation in healthcare practice and governance
 - b) An increasing public desire for transparency
 - c) Greater accountability
- Often **triggered by scandals** and **political /professional interests**
- The main aim of regulation is increasingly seen as **to protect patients, ensure patient safety and improve quality of care.**



2. 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)

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 healthcare professional regulation.



Structure of Regulatory Bodies

Jurisdiction	Composition (Members)			
	LAY (%)	Professions / Ex-officio (%)	Total number	Remark
UK (GMC)	50%	50%	12	• Appointed profession members
Australia (MBA)	33%	67%	12	• Appointed profession members
New Zealand (MCNZ)	33%	67%	12	• With elected and appointed profession members
Canada (CPS of British Columbia)	33%	67%	15	• All are elected profession members
US (NY State Board)	8%**	92%	24	• Appointed profession members ** Bring in providers and insurers as regulators
Singapore (SMC)	0%*	100% (with ex-officio)	24	• Director of Medical Services is the Registrar • With elected and appointed profession members * Strong government oversight
Malaysia (MMC)	0%*	100% (with ex-officio)	33	• Director General is the ex-officio President • With elected and appointed profession members * Strong government oversight
Hong Kong (MCHK)	14%	84%	28	• With elected and appointed profession members

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

7. Compulsory Continuous Professional Development (CPD) is the Norm.

- There is an increasing trend of **compulsory CPD** for all healthcare professionals to maintain professional competence.



Jurisdiction	CPD Requirements for doctors(Mandatory)
UK	✓
Australia	✓
Singapore	✓
Malaysia	✗
US (varies by state)	✓
Canada	✓
Mainland China	✓
Taiwan	✓
New Zealand	✓
Hong Kong	Mandatory for specialist only

10. Overseas Graduates are Admitted in Different Ways.

- There are *different criteria* for employing overseas trained doctors.
- Most jurisdictions have *a recognized list of qualified overseas institutions* for overseas trained doctors.
- They will still need *some form of professional assessment* before working in healthcare systems although do not require qualifying or licensing examinations or internships, but *require a period of supervised training*.
- *Different pathways* for International Medical Graduates in *Australia*:
 - Competent Authority Pathway
 - Specialist Pathway
 - Standard Pathway

Conclusion

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

Overall there is a trend moving towards regulation in partnership, with increasing involvement of the public.

Thank You!

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