



A Review of Research into Health and Care Professional Regulation

Commissioned by:



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Introduction

The last ten years have seen unprecedented changes in the regulation of health and social care professions in the UK, with changes in culture, delivery, public attitudes, and societal and demographic factors all affecting regulators and regulated professions.

These changes, along with the publication of Right Touch Reform: A New Framework for Assessment of professions in 2017, have had a significant impact on professional regulation.

It is timely now to review the effect of this renewed focus as reflected in the scholarly literature on regulation over the past decade.

Our study methods comprised of interviews, a website review and a rapid evidence assessment.

bjectives

The key objectives of our research were:

1. **Source** research in the area of health and care professional regulation in English since 2011
2. **Evaluate** the research and draw out key learning points
3. **Identify** gaps in the research and areas that would benefit from further research



Source



Evaluate



Identify

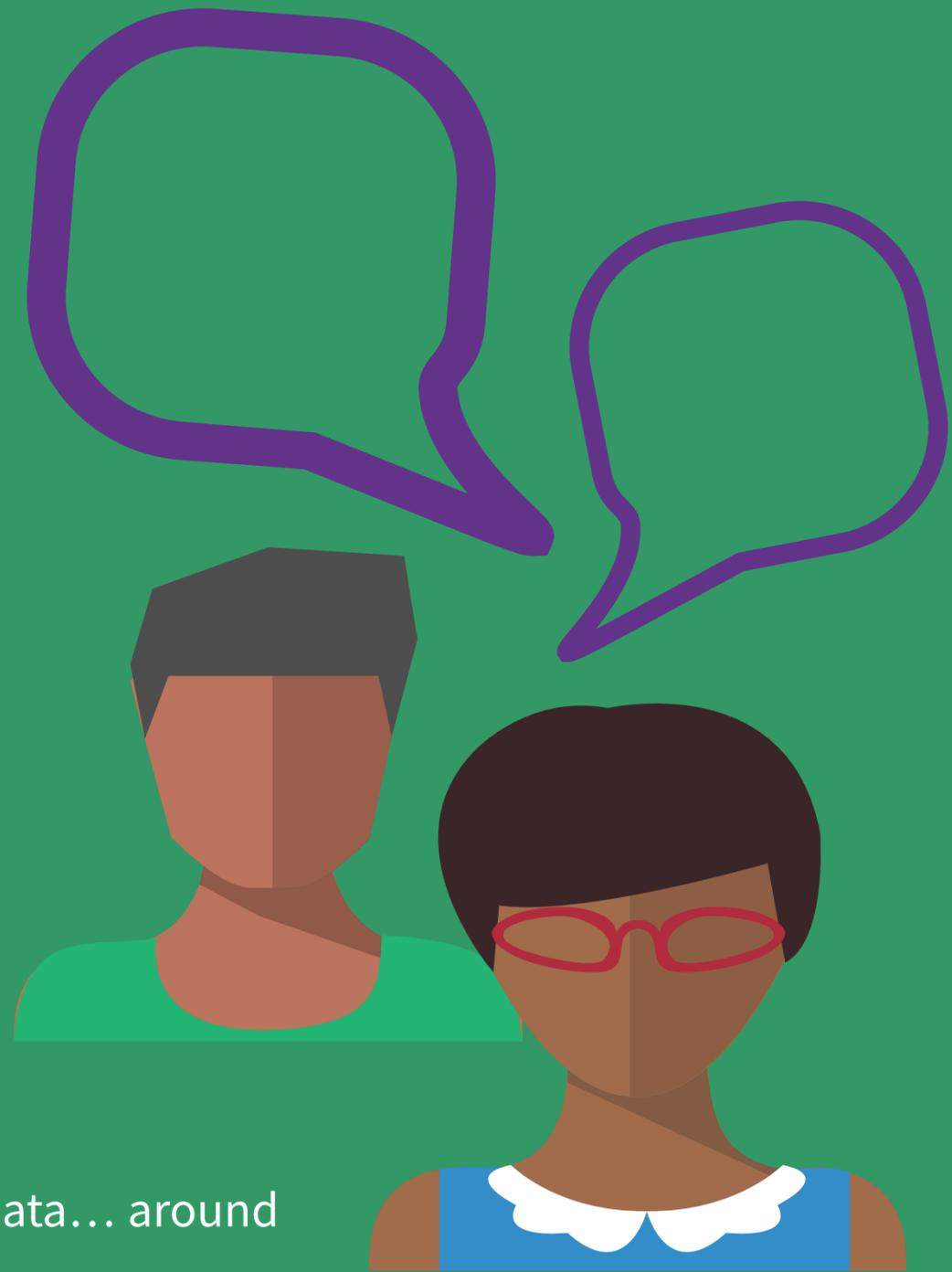
Interviews

Findings

- Intense activity in policy development and data collection
- Some unclear how research priorities identified
- Most work based on collection of data (consultations, surveys) or analysis of existing data
- General registrant surveys universal but some questioning value
- Impact assessment/evaluation patchy
- Few mentioned wider research literature

Areas of current and future interest:

- **Registrant survey** 'to understand a bit more about what they're doing in their roles and responsibilities'
- **Fitness to Practice (FtP)** 'to understand whether there were any factors that were prevalent in those cases that meant we could change our processes to close those cases earlier'
- **Equality, diversity and inclusion (EDI)** 'a deep-dive ...into FtP data... around BAME groups going to FtP'
- **Communication skills** 'poor communication with patients was the theme that ran through a lot of FtP cases'
- **Education** 'evaluating enhanced CPD'
- **Workforce recruitment** 'research on returning to practice; the push and pull factors for [registrants'] decisions to move countries'
- **New technology** 'how members of the public are accessing health services over the internet and ... how you regulate that in future'



Website review

We conducted a review of annual reports and other documents from regulators' websites, plus additional resources sourced from interviewees and key individuals.

Findings

The analysis of the annual reports clearly shows that FtP is the biggest concern; this was in the top two in every annual report. Several regulatory bodies expressed their frustration with the legislation around FtP processes and noted that they would prefer to focus more on **preventative rather than punitive measures**. The other regulators reported a variety of measures introduced to reduce the volume of such procedures including new threshold criteria, an increase in dedicated staff, and policies for early closure of cases. Several regulators made commitments to provide support for registrants and reduce the mental health impact of proceedings.

Another common theme was the discussion of recent high-profile cases and measures taken to address the underlying issues.



Results of the Rapid Evidence Assessment

Rapid evidence assessment (REA)

Papers contained a variable mix of (a) impact studies and (b) more general publications. All papers could be linked to at least one of the aspects of the regulator's work:

Education and training

16 Papers

- Greater standardisation and harmonisation (interprofessional and international)
- Workplace based learning challenges (access, resources)
- Value of IPE, need for staff development
- Academic knowledge vs practical experience
- Recognition of value of CPD

Fitness to practise (FtP), misconduct, complaints and disciplinary measures

22 papers (largest group)

- Most don't experience FtP
- Demographics (e.g. male, older, overseas trained) are predictors
- Referrals linked to country of origin or ethnicity (i.e. BAME) or language proficiency. More data on ethnicity needed
- Differences between professions
- Main complaints: clinical care, poor communication, unprofessional conduct.
- Effect on professionals (distress)
- Calls for greater consistency; and education

Relations with the regulatory body

14 papers

- Most appreciate benefits of regulation (public safety, higher standards)
- Negative attitudes towards regulators: remote, mistrusted, punitive, unsupported
- Need for reform, simplification and standardisation
- Implementation challenges: calls for more consultation with practitioners; awareness of context.

Guidelines and standards

11 papers

- Statutory supervision of midwives
- Criticism of lack of clarity of guidelines
- Implementation and the impact of changes to guidelines
- Role of patients not evident
- Resistance to change

Registration and maintenance of registration

10 papers

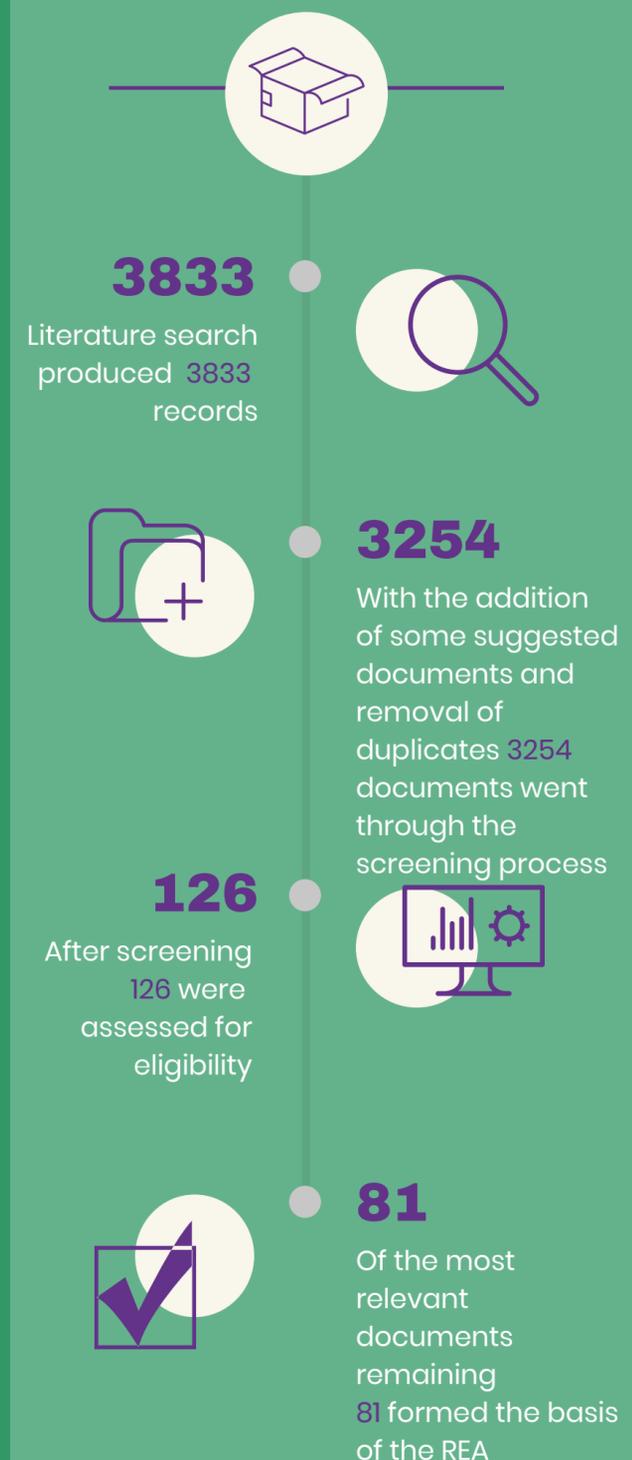
- Registration – critiques of process: excessively bureaucratic lacking consistency
- Revalidation –concern over lack of patient involvement
- Purposes: tension between "catching bad doctors" vs professionalism

Harm prevention and patient safety

8 papers (smallest group)

- Assessment and measurement of quality of care is complex. Time, training, data sharing all possible solutions. And deploy of tools in proportion to risk
- Compliance needs a multi-pronged approach
- Calls for common system of language assessment

Unpacking the REA Process



Conclusions

The health and social care professional regulators have an opportunity to work together both to define and to set an agenda for this new field by engaging with the peer reviewed literature, developing and enhancing the skills of their policy and research teams, and demanding evidence of the highest possible quality on which to base their activities.



Research conducted by:

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