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I Professional Statutory Self Regulation

Professional statutory self regulation is an integrated process based upon four standards. The standards are as follows:-

1. Standards of Education and Training
2. Standards of Proficiency
3. Standards of Conduct, Performance and Ethics
4. Standards of Continuing Professional Development

All four standards should be set by the regulator.

Behind each standard is a process. They are:-

1. Process to approve and monitor education programmes
2. Registration process for those meeting the Standards of Proficiency
3. Fitness to practise process for those registrants whose performance falls below expected standards
4. Process to ensure CPD standards are met

The four standards and the four processes are an integrated process and should therefore be undertaken by a single organisation.

II Scope of Practice

A professional's scope of practice defines the limit of their skills and experience where they can treat patients safely and effectively.

During a professional's career their scope of practice will change. A newly registered professional's scope of practice will be the standards of proficiency. As a professional's career develops they may develop their scope of practice into new areas. They may also learn to undertake practice in other areas and in effect limit their scope of practice.

If a professional is unable to meet the Standards of Proficiency, then they should be dealt with by the Fitness to Practise process.

In effect the Standards of Proficiency are the threshold standards to remain registered.

Finally, these standards should be set by the regulator.

III Continuing Professional Development (CPD)

CPD is the process whereby professionals acquire competence to extend their existing scope of practice.

It is possible to set standards to ensure professionals undertake CPD. If CPD is not undertaken then registrants should not be allowed to remain on the register and should not practice.

However, if a professional does not undertake CPD then they should not be dealt with by the Fitness to Practise process.

Again, these standards should be set by the regulator.

IV Revalidation

Revalidation is the process to test a professional's scope of practice is safe and effective beyond the threshold standards of proficiency.

For example, a registered medical practitioner who qualified twenty years ago may have specialised as an orthopaedic surgeon and has focused their practice on hip replacements.

In this simplistic example, revalidation would be the examination of the surgeon's ability to undertake hip replacements. It would not be a test of their ability to meet the threshold standards of proficiency required of a newly qualified doctor.

How should professionals be revalidated and who should undertake the process?

The revalidation process

There is no single process that can be used to revalidate a professional. At one end of the spectrum professionals can be required to undertake an examination by equivalent fellow professionals in an assessment centre once every three years.

At the other end of the spectrum revalidation could be an annual self-assessment by a professional.

In effect a choice needs to be made about three components. They are organisation, frequency and type of assessment. In detail they are as follows:-

Organisation

- Professional statutory regulation
- Peer group review
- Employer
- Self-assessment

Frequency

- Every three or five years
- Annually
- Continuous

Assessment Process

- Independent assessment centre examination by professional peers
- Annual performance appraised by employer
- Professional self assessment

Finally, the cost of any revalidation process needs to be considered.

The highest cost option would be a revalidation process undertaken by a statutory regulator whereby registrants would be examined by two or more peers in an independent assessment centre.

The lowest cost option would be self assessment every five years.

A compromise option would be employee/employer assessments every three years.

V Restrictive post registration qualifications

Some health professionals can only undertake specific tasks if they possess an approved post registration qualification. The qualification is in addition to the one required to become registered. The relevant article in the Health Professions Order 2001 is Article 19(6).

It should be noted that post registration qualifications that are not a prerequisite to undertake a specific task are a separate issue.

Therefore any process adopted in relation to Standards of Proficiency, CPD and revalidation must take into account restrictive post registration qualifications.

VI Consistency of approach

There are approximately 1.2 million regulated health professionals in the UK who are statutorily regulated by one of nine regulators.

It is important to ensure consistency of approach across all health professionals.

In addition, while the NHS is the predominant employer, many health professionals work for other organisations, work part time for the NHS, or are self-employed practitioners. In addition, there are many single practice practitioners.

Lastly, if a decision is taken to significantly amend the legislation governing the General Medical Council (GMC), it may be more appropriate to start afresh with the statutory instruments for the Nursing and Midwifery Council (NMC) and Health Professions Council (HPC) which are for all intents and purposes identical. A final SI for the GMC could then be drafted.

VII Licensing and Registration

It is unclear why the GMC is considering both the registration of doctors and also their licensing.

If everyone on the GMC register is fit to practise, then what is the purpose of a licence?

The provision of both will cause confusion to the public.

VIII Legislation

In the UK the regulation of health professionals is undertaken by statute.

It is therefore important that any proposals arising from the work of the Donaldson Review are implemented via legislation.

IX Independence

Regulators of health professionals should be independent of Government and Professional Bodies and accountable to Parliament. In addition, the principles of the Better Regulation Task Force should be adhered to by all regulators.

X Objective

The main objective of the statutory regulation of health professionals should be public protection.

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