Regulatory Frameworks for Healthcare Professionals

Summary Report

(Dissemination Report)

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Key messages

(1) There are key areas for improvement in the current healthcare professional regulatory system including (a) an urgent need to review and reform the current legislation and professional regulatory process, (b) review of lay membership on regulatory bodies, and (c) introduction of compulsory Continuing Medical Education (CME)/ Continuous Professional Development (CPD) for all healthcare professions.

(2) There was little public knowledge of how doctors in Hong Kong were regulated, in particular, on the requirements in keeping doctors' knowledge updated and the requirements for periodic assessment.

(3) In order to encourage doctors to take part in CME/CPD, there should be flexibility in facilitating doctors to participate such as a convenient location of CME/CPD courses and education discussions in clinical practice. Financial incentives such as making CME/CPD a criterion to join government-initiated healthcare programme(s) could be an alternative as well.

(4) There is a need to review the voluntary registration of professionals currently outside the scope of the regulatory regime in addressing the gaps identified by the Ombudsman's report so that the public in Hong Kong can be reassured that standards of healthcare professionals are carefully monitored and their health is protected.

Introduction

As part of the healthcare reform agenda, the HKSAR Government has formed a *Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development* to formulate recommendations on how to cope with anticipated demand for healthcare manpower, and facilitate professional development and regulation.

To assist the Steering Committee in making informed recommendations to the Government on the means and measures to strengthen professional development and regulation of the healthcare professions concerned, the JC School of Public Health and Primary Care of the Chinese University of Hong Kong (CUHK) was commissioned by the Food and Health Bureau (FHB) in March 2012 to conduct a critical, comprehensive and comparative review of the global and local regulatory frameworks for healthcare professionals to identify areas of improvement for healthcare professional development in Hong Kong. The findings and recommendations of the study were used to provide reference for the Steering Committee and subsequently could help inform the FHB's health policy.

Objectives

The agreed **objectives of the study** were to:

(a) Review experiences outside Hong Kong with respect to current legislation, regulatory and supervisory frameworks for healthcare professionals;

(b) Review current local regulatory frameworks for upholding professional standards and quality assurance in Hong Kong; and

(c) Identify areas of the current regulatory frameworks for different groups of healthcare professionals in Hong Kong that require attention and to highlight emerging challenges for fostering healthcare professional development for future investigation and discussion.

Study design

The study was conducted in two phases –

- **Phase 1: "Analysis of international and local frameworks for healthcare professional regulation"** which included a review of overseas/ global and local regulatory structures and processes for regulation of healthcare professionals. The goal was to identify areas in current regulatory frameworks for healthcare professionals in Hong Kong that require attention.
- **Phase 2: "Supplementing and updating the first phase findings"** to receive feedback provided by the HKSAR Government subsequent to the deliverables produced under Phase 1.

Methods

The following tasks for Phase 1 and Phase 2 were conducted to achieve the objectives.

Phase	Task	Methodology	Outcomes
Phase 1	1. Global experience review	Desktop review	A comparison of Hong Kong's current regulatory framework for healthcare professionals with 11 selected international jurisdictions, recognizing international trends that could shed light on improving current regulation
	2. Local review	Stakeholder analysis and SWOT analysis at a Symposium	Views and perception on existing regulatory framework for healthcare professionals so as to identify areas for improvement
Phase 2	1. A review of statutory and non-statutory approaches to healthcare professional regulation	Desktop review	• A review of statutory and non-statutory approaches to healthcare professional regulation • Criteria of selecting the right type of regulation
	2. Further study on medical regulation and supplementary study on global experience	Telephone survey for general public & Postal self-administered questionnaire survey for doctors and Review Visits to	• Knowledge of medical regulation (general public) • Perceived needs for continuous professional development (doctors)

	review	International Interviewees	• Attitudes towards medical regulation (both general public and doctors) • Latest practices/ approaches of healthcare professional regulation

Phase 1 Study:

Task 1: Global experience review

A **global experience review** were conducted on the regulatory frameworks for (a) doctors, (b) nurses and midwives, (c) dentists and dental hygienists, (d) Chinese Medicine Practitioners, (e) pharmacists, and (f) other healthcare professionals including occupational therapists, physiotherapists, medical laboratory technologists, optometrists, radiographers and chiropractors in 11 jurisdictions: the United Kingdom (UK), Australia, Singapore, Malaysia, the United States (US), Canada, the Mainland China, Taiwan, New Zealand, Germany and Nordic countries - Finland. Desktop-based research were conducted to review information provided by the regulatory/ professional bodies and other relevant organisations and governmental bodies from the internet, legal and government documents and other literature on healthcare professional regulation available online for all jurisdictions. A number of international visits were conducted to interview current and former policymakers who have played roles in developing regulatory frameworks and designated professionals/ managers in-charge of the statutory regulatory bodies/ leading professional bodies in order to supplement the desk-based search information.

Task 2: Local review

A local review was conducted by a Stakeholder Analysis under the "4Ps analytical framework – (Policymakers, Professionals, Providers and Public/Patients)" including key informant interviews, focus group discussions and a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis which was conducted among healthcare professionals and public/patients at a half-day *Symposium on Regulatory Frameworks for Healthcare Professionals* held on 18 March 2013 in Hong Kong.

Phase 2 Study:

Task 1: A review of statutory and non-statutory approaches of healthcare professional regulation

A review of the international literature and desktop-based researches on different types of healthcare professional regulation such as statutory and voluntary registration were conducted by searching relevant policy papers, review papers and authoritative monographs. Also, advice was sought from the Professional Standards Authority of Health and Social Care at UK on their current practices of Accredited Voluntary Registers.[1]

Task 2: Further in-depth study on medical regulation

A **cross-sectional study using telephone survey among the general public** aged 18 or above in Hong Kong was conducted. A minimum sample size of 1,000 was targeted to yield a precision level of plus/minus 3 percentages from the true values at 95% confidence level. The telephone numbers were randomly drawn from up-to-date residential telephone directories. The person answering the call was asked to provide information on whether there was any eligible person in the household to join the study. If there were more than one eligible person within a household, one was randomly selected using the "last-birthday rule" i.e. household member whose birthday is closer to the date of interview was asked to complete the interview. Verbally informed consent was obtained before conducting the interview.

In addition, a **postal self-administered questionnaire survey** among medical doctors was conducted. A random sample of all medical practitioners listed in the up-to-date registration obtained from the Medical Council of Hong Kong (MCHK) was used. The target sample size was 737 to achieve precision level of plus/minus 5% from the true value at 5% significant level and 80% power with the conservative assumption of 50% of respondents perceive the importance of continuous professional development. For the postal survey, an accompanying cover letter on university letterhead explaining the purpose of the study and an assurance of confidentiality was enclosed with the questionnaire, together with a prepaid, self-addressed envelope. Incentives of HK$50 supermarket coupon was given to each respondent. Up to three reminders was arranged for initial non-respondents.

Review Visits to International Interviewees

There is a global trend of enhancing the healthcare professional regulation. Therefore, in addition to the above two tasks carried out in Phase 2, three review visits have been made to Singapore (May 2015), Australia (June 2015), and Malaysia (August 2015) to understand their latest practices/ approaches of healthcare professional regulation so as to supplement Phase 1 findings on global experience review.

Results

Phase 1 Study:

There were 10 key messages concluded from the global experience review (Task 1).

(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 affected by (i) changing public expectations in respect of participation in healthcare practice and governance, (ii) an increasing public desire for increased transparency, and (iii) greater accountability - often triggered by scandals and political interests. The main aim of regulation is to protect patients and ensure patient safety.

(2) Legislative change is needed to reform structures:

Legislative change plays an important part in reforming the regulatory frameworks such as creating umbrella legislation, ensuring nationally consistent legislation and, introducing a single legislative act to cover several professions.

(3) Policy and organisation for overarching common principles of governance is emerging:

Ways to enhance common principles of regulation and oversight of regulatory bodies are emerging. Umbrella organisations/ bodies are being created to bring commonality to values and processes among professions, including procedures for registration, administration of the governing body, and complaints resolution and professional discipline processes.

(4) Moving from self-regulation to partnership:

There has been a significant shift from the concept of self-regulation, to more openness, accountability, and engagement of lay representatives. Healthcare professional regulation is moving from the premise of self-regulation of the profession with an aim to protecting its own interests to one of regulation in partnership between professions and public to protect the public health.

(5) Lay representation is becoming the norm:

There is a general global trend to increase lay involvement on boards, review panels, inquiries – influencing and brokering healthcare professional regulation.

(6) Relationships with governments and regulation of standards by healthcare system (providers) and institutional regulators vary:

The healthcare system and institutional regulators play supplementary roles in health professional regulation. The Government plays a relatively strong role in Asian jurisdictions such as Singapore, Malaysia, Mainland China and Taiwan while providers play a greater role in some western jurisdictions e.g. the UK.

(7) Compulsory CPD is the norm:

There is an increasing trend of compulsory CPD for all healthcare professionals to maintain professional competence, and revalidation as well as recertification is also developing in many jurisdictions.

(8) Emerging emphasis is on detecting and dealing with poor performance and improving quality of care:

There is a trend towards detecting and intervening early with poor performance for the improvement of quality of care. Most jurisdictions have systems for identifying poor performance but methods of detection and intervention differ. However, a set of standards that determines good practice is a starting point for assessing poor performance. It gives a threshold against which poor practice can be assessed. For example “Good Medical Practice” in the UK is used to provide the basis for the principles and values on which good practice is founded.

(9) Greater separation of roles is occurring:

To reduce conflict of interest, the investigatory and disciplinary functions in the regulators are increasingly being separated and organized independent of each other. Some jurisdictions also have separate accrediting bodies to accredit educational providers and programs of study.

(10) Non-locally trained graduates are admitted in different ways:

There are different criteria for employing international health graduates worldwide. Most jurisdictions have a recognised list of qualified non-local institutions for trained healthcare professionals. These graduates will still need some forms of professional assessment before working in healthcare systems. Although some jurisdictions do not require qualifying or licensing examinations or internships, they require a period of supervised training. Assessment of standards may be set by the professions as well as the regulators. For example, in UK, the Academy/ Medical Royal Colleges play a role in assessing the postgraduate qualifications of non-locally trained graduates and making recommendations to the General Medical Council.

Based on the 10 key messages, taking into account local context, 5 key recommendations were identified from the local review (Task 2).

(a) **The law needs reviewing and the Ordinances need updating** as a matter of urgency. Action should be initiated as soon as possible as there have been long delays. For instance, there is no follow up action being taken for the Medical Council's reform proposal submitted in 2002.

(b) **Professional regulatory processes to maintain professional standards should be formally reviewed** in the very near future with inputs from all relevant parties including the professions and the public.

(c) **Compulsory CPD for all healthcare professionals should be implemented** with the support of the professions and the public. Consideration should be given to the content, details and implementation of the CPD schemes and also the resources requirement.

(d) **Lay membership on regulatory bodies should be reviewed** to ensure that there are appropriate numbers and percentage of lay members in each Council in order to increase the accountability of the professional regulatory bodies so that views from different stakeholders can be taken into account.

(e) **Profession specific issues** raised in the discussion should be addressed as appropriate for each professional group as an active process.

Phase 2 Study:

The literature search in Task 1 found that there are different models of healthcare professional regulation worldwide.[2] Statutory regulation plays a key role in ensuring standards of profession by assuring the quality of education, setting standards for the profession and facilitating registration for a profession. In addition to statutory regulation, there are other forms of regulation existing worldwide to protect patients and improve quality of care as well as to correct market failures. Examples of other healthcare professional regulation include a **"buyer-beware" approach** which is supported by improved public information about the risks associated with the practice of particular groups of practitioners or healthcare workers; **voluntary self-regulation**; **employer-led regulation** which emphasises the role of employers/providers; and **a licensing regime** referring to when a licensing body or bodies could hold a list of names of licensed workers who had met the necessary requirements for their role and signed up to the relevant code of conduct.

The practice of regulation varies across jurisdictions. The choice of selecting the right type of regulation depends on various factors such as risk, costs and benefits of the regulation. A profession not currently under statutory regulation might partly due to the reason of its low level of risk of harm, being working with or under the supervision of a regulated profession; the employment arrangements might provide an appropriate form of regulation to minimize risk of harm to the public (system regulation); and the professional self-regulation can provide an appropriate form of regulation.[3]

This review has demonstrated that there is a need to review the voluntary registration of professionals currently outside the scope of the regulatory machinery in addressing

the gaps identified by The Ombudsman's report [3] so that the public in Hong Kong can be reassured that the standards of healthcare professionals are carefully monitored and their health is protected. Subsequently, a study is commissioned by the Department of Health for the setting up of a voluntary Accredited Registers Scheme for healthcare professionals who are not currently under statutory regulation in Hong Kong.

At Task 2, the main fieldwork of the telephone survey was conducted from June to July 2014. A total of 1,557 phone calls were successfully made and 1,000 (64.2%) respondents met the selection criteria and completed the telephone survey. For the postal survey among doctors, a total of 2,459 questionnaires were mailed out in March 2015 to a pool of randomly selected doctors whose names in 2014 full registration of MCHK. After three rounds of mailing, 870 questionnaires were returned in July 2015 with a response rate of 35.4%.

The telephone survey showed that the public had a relatively low perceived knowledge on the way doctors are being assessed to ensure that they are doing a good job. The public seemed to be more knowledgeable of the basic requirements for licensing by the Medical Council of Hong Kong (MCHK) (with 95.2% knowing that doctors are required to be licensed by MCHK) rather than the knowledge of the requirements in keeping doctors' knowledge updated and the requirements for periodic assessment (87.7% incorrectly answer that doctors are required to periodically assessed to show they are currently competent to practise safely, and 75.7% incorrectly answer that the doctors are required to show that they have the updated knowledge and skills needed to provide quality care as a condition of renewing their licence).

Regarding the needs for continuous professional development among the doctors, there was a high degree of perceived needs for continuous professional development. 35.7% of the doctors expressed that they did not encounter any barriers to CME/CPD learning. 42.9% encountered "few" barriers whereas 16.7% expressed to encounter significant/a great deal of barriers to CME/CPD learning. The non-specialists were more likely to encounter barriers as compared with specialists. Among the barriers encountered, it was mainly related to time (62.5%), followed by work-life balance (45.1%), inconvenience of the CME/CPD activities (34.8%), cost (17.3%) and

unavailability of suitable activities (10.5%).

74.3% of the doctors agreed that “All doctors are required to participate in CME/CPD programmes recognized by MCHK/Hong Kong Academy of Medicine (HKAM)”. However, only around half (52.3%) thought it should be required for renewal of practising certificates. Non-specialists were more likely to disagree with the requirement of CME/CPD for renewal of practising certificates (only 30.7% agreeing) as compared to specialists (65.4% agreeing). Slightly less than half (47.2%) thought it should be included as one of the criteria for joining the government healthcare programmes.

The general public and doctors were both asked about their confidence to MCHK on (i) maintaining doctors’ high professional standards and (ii) fostering doctors’ professional conduct. The confidence in MCHK on maintaining doctors’ high professional standards was relatively higher for specialists (74.8%) and non-specialists (74.5%) as compared with the public (71.8%). The public had a relatively lower confidence in MCHK in fostering doctors’ professional conduct (69.1%) as compared with non-specialists (72.3%) and specialists (75.0%). The general public and doctors were also asked about whether the current MCHK’s composition is sufficient to assure public confidence in medical regulation (Figure 1). Most of the specialists (69.6%) and non-specialists (70.7%) thought that it was sufficient. However, only around half of the general public (48.4%) felt sufficient.

There were differences in the perceived importance on a list of monitoring processes that could be used to assure a doctor’s competence (Figure 2). Among the doctors, “taking part in CME” ranked the highest importance in assuring doctors’ competence (90.5% for non-specialists and 95.7% for specialists), followed by “meeting certain performance assessment indicators” (57.6% for non-specialists and 64.9% for specialists), “being periodically assessed” (54.0% for non-specialists and 59.4% for specialists), “receiving high ratings from patients” (52.4% for non-specialists and 53.8% for specialists) and “receiving high ratings from healthcare professionals with whom they work” (47.9% for non-specialists and 52.0% for specialists). On the contrary, public ranked a relatively higher importance on all aspects, in particular, the

highest on “receiving high ratings from patients” (93.1%) and the lowest on “receiving high ratings from healthcare professionals with whom they work” (73.4%).

Three review visits to Singapore, Australia, and Malaysia to supplement Phase 1 findings on global experience review have the following findings –

Regulatory Framework/ Structure

To ensure national and cross-profession consistency in healthcare professional regulation, Australian Health Practitioner Regulation Agency continues to play an important role in regulation. Currently, it is responsible for the national registration of 14 healthcare professions and provides executive function for the respective 14 National Boards as an agency in managing investigations into the professional conduct and performance of healthcare professionals, and prosecuting a person who pretends to be a registered healthcare professional. Singapore, on the other hand, emphasises the institutional regulation i.e. healthcare institutions such as hospitals, clinics, day centres to play an indirect role in the medical regulation. To recognise the importance of lay representation, Singapore Medical Council has also included lay person in the Complaint Panel to sit in the Complaints Committees once a complaint is lodged. In Malaysia, corporatisation of Malaysian Medical Council (MMC) was discussed since 2012, aiming to make MMC more efficient in its daily administrative work and free from government bureaucracy.

Professional Standards

To uphold professional standards and competence, CPD is a common tool to keep knowledge up-to-date. In addition to compulsory CPD, Australia is examining the feasibility of revalidation for medical doctors which was a hot debate among the profession. Malaysia is the only jurisdiction who did not have compulsory CPD. However, with the law being passed in 2012 which link CPD with annual practising certificates of doctors, MMC targets to launch compulsory CPD for all doctors in Malaysia in 2016. On the other hand, credentialing in both the public and private sectors is being in place in Singapore to verify doctors’ professional qualifications. A one-year trial is being conducted to examine the use of peer review as a criterion for

credentialing. Apart from Singapore, Malaysia is also developing credentialing of doctors in the public and private sectors.

Allied healthcare professionals

For the regulation of allied healthcare professions, Singapore is applying Schedule on the existing Ordinance i.e. Supplementary Health Professions Ordinance which allows the flexibility to add new healthcare professionals under regulation if required. In Malaysia, the Allied Health Sciences Division is responsible for planning and formulating policies for the development of allied healthcare services. A new Act is still being drafted to regulate the allied healthcare professions concerned statutorily. Australia is examining the proposal of setting up a single broad for the allied healthcare professions.

Discussion

From the analysis of similarities and differences in the healthcare professional regulation worldwide and the existing mechanisms in Hong Kong, taking into account the views of different stakeholders in Hong Kong, Phase 1 of this study has enabled us to draw up key areas for improvement including

(a) review of the existing legislation governing the healthcare professions,
(b) review of professional regulatory processes to maintain professional standards;
(c) review of lay membership in regulatory bodies
(d) introduction of compulsory CPD for all healthcare professionals.
(e) Profession specific issues raised in the discussion should be addressed as appropriate for each professional group as an active process.

In addition to statutory regulation, we have also examined different approaches of regulation for allied healthcare professions in Phase 2. The choice of selecting the right type of regulation depends on various factors such as risk, costs and benefits of the regulation. We have been commissioned by the Department of Health to develop a system of voluntary accredited registers for healthcare professionals who are not

under statutory regulation, with the aims to protecting the public through quality assurance, and upholding standards of the registered professionals.

Medical regulation in Hong Kong is characterised by a high degree of professional autonomy. Hong Kong's medical regulatory framework does not have a structured ongoing assessment and monitoring systems for performance of all doctors. However, Phase 2 study found that the public expected that monitoring processes are already in place to protect the public. Although doctors perceived the importance of CPD to keep their knowledge and skills up-to-date, just above half of the doctors in the survey agreed to introduce a compulsory CPD which is linked to the renewal of practising certificates, probably due to anxiety of doctors towards such licensing control. The barriers to participating in CME/CPD included time, convenience, workload issues as well as the concerns on the variable content, format and quality of CME/CPD courses. Given the rapid advance in medical practice and the demand for higher transparency and accountability from the public, there is a need to enhance CPD in Hong Kong for all the healthcare professionals. Barriers expressed by doctors to participating in CME/CPD needs to be addressed. Incentives might also be considered for encouraging doctors to acquire up-to-date knowledge to keep abreast of international trend.

In addition, there is a gap between the general public and doctors on medical regulation, including their views on the MCHK. The public considered MCHK's function on detecting misconduct and poor performance as well as fair disciplinary processes were important. However, their confidence in MCHK in fostering doctors' professional conduct is relatively lower than that of the doctors. There are also concerns on the delayed process in the investigation and disciplinary process as revealed in Phase 1 study. The public also thought that the current composition of MCHK is not sufficient to protect them. The public wants more lay representation in the composition of MCHK. In early 2015, MCHK has pledged to reform its body to improve its accountability and assessment procedures. The views of the public and doctors in this study provide an important insight for MCHK in considering the reform of its structure and process, in particular, the investigation and disciplinary mechanisms in order to meet public expectation and address their desire for accountability and transparency in the process.

The review visits to international interviewees echo the global trend of enhancing healthcare professional regulations.

Acknowledgements

The study was funded by the Health and Medical Research Fund. We are grateful to all respondents and participants for taking part in this study.

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Figure 1: MCHK's composition to assure public confidence in medical regulation

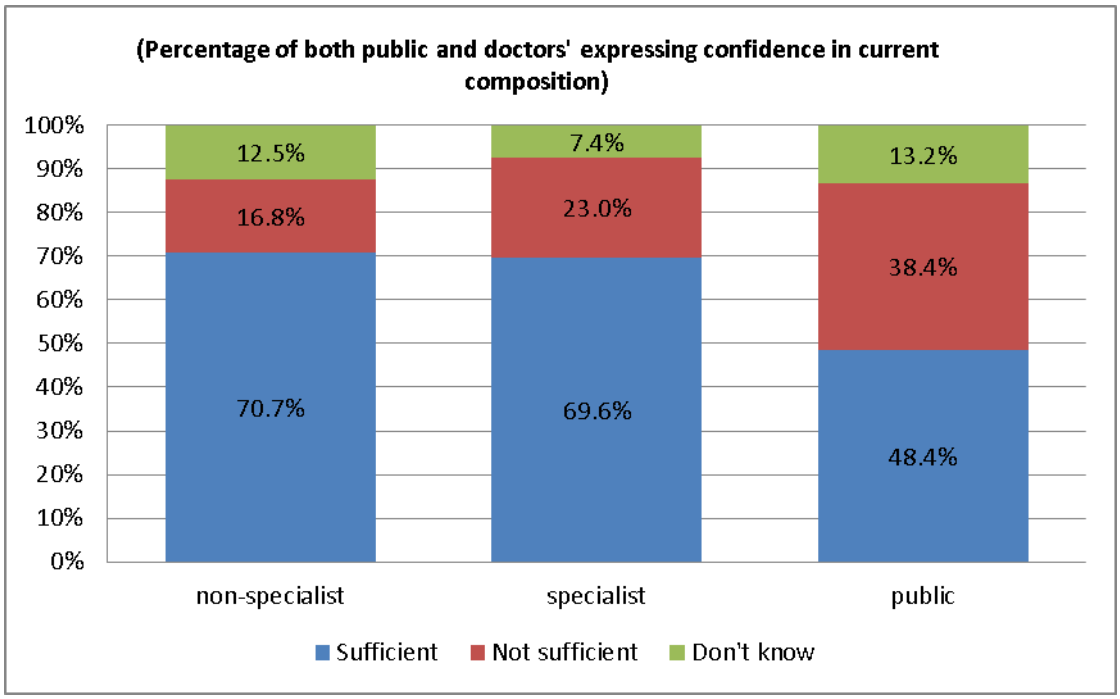

Figure 2: Importance of following processes in assuring doctor's competence