

World Health Professions Regulation Conference 2018

Crowne Plaza Hotel, Geneva, Switzerland

Health professional regulation –
Facing challenges to acting in the public interest

19 & 20 May 2018

Programme at a Glance

Saturday 19 May 2018

12:00 - 13:00	Registration
13:00 - 13:15	Welcome
Session 1: A call to set the right standards in regulation!	
13:15 - 13:45	How do we set the right standards? How do we make standards work for the better patient care?
13:45 - 14:05	Ethics and professional autonomy
14:05 - 14:25	Who is regulating the regulators?
14:25 - 14:45	Q&A to all presentations
14:45 - 15:15	Coffee break
15:15 - 17:00	Panel discussion - What are the barriers to implementation of the right standards?

Sunday 20 May 2018

Session 2: Safety, quality and compliance: benefiting patients, communities and populations

09:00 - 09:20	Right touch regulation & best practice guidelines
09:20 - 09:40	Global professions need global regulations. How much local adaptation is needed? (Migration)
09:40 - 10:00	Patient reported outcome measurements (PROMs) by OECD
10:00 - 10:20	Big data analysis to improve care and patient safety
10:20 - 10:40	Q&A to all presentations
10:40 - 11:10	Coffee break
11:10 - 12:30	Panel discussion moderated by the chair
12:30 - 13:30	Lunch

Session 3: Supporting the quality of lifelong learning

13:30 - 13:50	What does CPD mean? Why do we need CPD and how does CPD serve the patient? Cross-border recognition of CPD; How does it foster innovation?
13:50 - 14:10	Is there a need for global standards for CPD or recommendations on how to qualify the standards among countries? How do we verify what we do?
14:10 - 14:30	Advancing learning to advance practice
14:30 - 14:50	Q&A to all presentations
14:50 - 15:20	Coffee break
15:20 - 16:20	Panel discussion moderated by the chair
16:20 - 16:30	Summary: Wrap up of the conference

Crowne Plaza Geneva
Avenue Louis-Casai 75-77
1216 Cointrin
Geneva
Switzerland

Welcome

Dear conference participant,

We are pleased to welcome you to the Fifth World Health Professions Regulation Conference organised by the World Health Professions Alliance (WHPA).

WHPA was formed in 1999 by the global organisations representing the world's nurses, pharmacists and physicians. This unique alliance addressing global health issues was joined by the global dental organisation in 2005 and the body representing physical therapists in 2010.

The WHPA speaks for more than 31 million health professionals worldwide, assembling essential knowledge and experience from these key health professions in more than 130 countries. WHPA facilitates collaboration among the health professions and works with major stakeholders such as governments and international organisations, including the World Health Organization. WHPA works to develop and strengthen the multi-disciplinary, person-centred approach of health professionals. We believe that health systems, and the people who use them, benefit when our organisations and professions work in collaboration.

Health professional regulation is high on the global agenda. Increasing numbers of trade agreements, a push for greater harmonisation and ease of mobility, economic pressures, privatisation and corporatisation of health and education services and health human resource challenges are all impacting the regulatory environment globally. This conference is an ideal forum to bring together the key players to discuss and share perspectives on challenges and opportunities as we all strive for effectiveness and accountability in professional regulation.

Thank you for coming from around the world to make this a truly international conference. We would also like to sincerely thank you our speakers, chairs and organisers for their support.

Yours sincerely

Annette Kennedy
ICN President

Carmen Peña
FIP President

Emma Stokes
WCPT President

Kathryn Kell
FDI President

Yoshitake Yokokura
WMA President

Thomas Kearns
ICN Interim Chief
Executive Officer

Ema Paulino
FIP Interim Chief
Executive Officer

Jonathon Kruger
WCPT Chief Executive
Officer

Enzo Bondioni
FDI Executive Director

Otmar Kloiber
WMA Secretary General



Your hosts: the World Health Professions Alliance

By acting as the global representative body for the world's health professions through a multi-disciplinary, collaborative approach, WHPA works to develop and strengthen the contribution of the health professions to the health of the patients and communities they serve. The WHPA is an alliance between the following five global organisations.



The **International Council of Nurses (ICN)** is a federation of more than 130 national nurses associations representing more than 20 million nurses worldwide. Founded in 1899, ICN is the world's first and widest reaching international organisation for health professionals. Operated by nurses and leading nurses internationally, ICN works to ensure quality nursing care for all, sound health policies globally, the advancement of nursing knowledge, and the presence worldwide of a respected nursing profession and a competent and satisfied nursing workforce.

ICN's ever-increasing networks and connections to people reinforce the importance of strong linkages with national, regional and international nursing and non-nursing organisations. Building positive relationships internationally helps position ICN, nurses and nursing for now and the future. Our work with the specialised agencies of the United Nations system, particularly with the World Health Organization, the International Labour Organisation and the World Bank, are important for nurses everywhere. In addition, we work closely with a range of international non-governmental organisations.

➔ For more information please visit www.icn.ch



The **International Pharmaceutical Federation (FIP)** is the global federation of national associations of pharmacists and pharmaceutical scientists. Through its 140 national organisations, academic institutional members and individual members, FIP represents over four million pharmacists and pharmaceutical scientists around the world.

Founded in 1912, FIP is a non-governmental organisation with its head office in the Netherlands. Through our partnerships and extensive pharmacy and pharmaceutical sciences network, we work to support the development of the pharmacy profession, through practice and emerging scientific innovations, in order to meet the world's health care needs and expectations. The development of pharmacy practice as a cornerstone of the profession have lead FIP to become a global visionary and advocate for the role of the pharmacist in the provision of healthcare, while still maintaining its grounding in the pharmaceutical sciences and education.

Molecules become medicines when pharmaceutical expertise is added. In turn, pharmacists — through ensuring responsible use — optimise the effects of these medicines. FIP is recognised as the leader of pharmacy at a global level. We continue to expand our presence and influence through partnerships with some of the world's leading health, policymaking, education and science institutions.

FIP's partnership with the World Health Professions Alliance acknowledges that the betterment of patient care lies in the efficient and effective multidisciplinary delivery of healthcare, and FIP looks forward to expanding the roles of all health professions for the benefit of the patient.

➔ For more information please visit www.fip.org



The **World Confederation for Physical Therapy (WCPT)** is a federation of 109 national physical therapy associations representing over 350,000 physical therapists. It was founded in 1951. WCPT works to improve global health by representing the physical therapy profession internationally; encouraging high standards of physical therapy research, education and practice; supporting communication and exchange of information among regions and member organisations of WCPT; and collaborating with international and national organisations.

WCPT strives to move physical therapy forward and bring unity to the profession internationally by supporting the development of international guidelines and standards. For example, the 106 member organisations have adopted an international description of physical therapy, guidelines for professional entry level physical therapy education, standards of practice, and other documents addressing important areas of professional policy including professional regulation.

WCPT welcomes the opportunity to work in collaboration with other health professional organisations to address key questions affecting the delivery of health services and with the goal of ensuring quality healthcare for all.

➔ For more information please visit www.wcpt.org



FDI World Dental Federation (FDI) serves as the principal representative body for more than one million dentists in 140 countries, developing health policy and continuing education programmes, speaking as a unified voice for dentistry in international advocacy, and supporting member associations in global oral health promotion activities, such as the World Oral Health Day on 20 March. Over the years, it has developed programmes, initiatives, campaigns, policies and congresses, always with a view to occupying a space that no other not-for-profit group can claim. Its vision is leading the world to optimal oral health.

FDI works at national and international levels through its own activities and those of its member dental associations. It is in official relations with the World Health Organization (WHO).

➔ For more information please visit www.fdiworlddental.org



The **World Medical Association (WMA)** is an international organisation representing more than 9 million physicians of all specialties and sectors. It was founded on 7 September 1947, when physicians from 27 different countries met at the First General Assembly of the WMA in Paris. The organisation was created to ensure the independence of physicians, and to work for the highest possible standards of medical care, ethics, education and health-related human rights for all people, at all times. The WMA has 114 Medical Associations from all over the world as its constituent members. The WMA offers Associate Membership to individual physicians.

The WMA provides a forum for its member associations to communicate freely and cooperate actively in order to achieve consensus on high standards of medical ethics and professional competence, to promote the professional freedom of physicians worldwide and to uphold the enduring traditions of the profession: Caring, Ethics and Science. This unique partnership facilitates high-calibre, humane care to patients in healthy environments, enhancing the quality of life for all people in the world.

➔ For more information please visit www.wma.net



WHPA core activities

The WHPA Leadership Forum

WHPA convenes leaders representing the member organisations and other stakeholders in international health in a biennial WHPA Leaders' Forum, strengthening the bond and encouraging collaboration among the five health professions in all countries and settings.

The World Health Professions Regulation Conferences

These conferences shape the future of health professional regulation within the context of global health systems via multi-disciplinary and multi-stakeholder approaches.

Statements, fact sheets and advocacy tools

WHPA develops statements, fact sheets and advocacy tools on current health issues, for use in impacting policy and practices at global, national, and regional levels.

➔ For more information please visit www.whpa.org

General information

Certificate of attendance

Certificates of attendance will be available on request following the conference. If you require a certificate, please email info@whpa.org.

Coffee breaks

Coffee breaks in the morning and afternoons will take place outside the plenary room at the times mentioned in the conference programme. Coffee breaks are included in the registration fee.

Delegate list

A delegate list is available for reference at the registration desk.

Evaluation

An evaluation survey will be sent to all participants following the close of the conference. Your feedback is appreciated and will be used in planning future regulation conferences.

Lunch

A buffet lunch will be available on Sunday 20 May in the foyer and New York room and is included in the registration fee.

Registration

Registration will open at 12:00 on Saturday 19 May and will be located outside the Londres and Zurich Rooms.

Smoking policy

The conference is a non-smoking event.

Speaker's room/Secretariat

Salon E will be used for these activities.

Speakers are requested to check their presentation in advance and upload it on the laptop in Salon E at least one hour before their session begins.

Venue

Crowne Plaza Hotel, avenue Louis-Casaï 75-77, 1216 Geneva, Switzerland

Website

www.whpa.org/whpcr2018

A PDF of the programme is available for download from the website.

Pending the approval of speakers, presentations will be on the website following the conference. There will also be an area on the website for resources provided or recommended by speakers.

Wi-Fi

Wi-Fi is available for all participants. Those staying at the hotel should use their room details to access the Wi-Fi. An access code is available for all other participants from the registration desk.

The programme is divided into three main plenary sessions with presentations from renowned speakers, followed by panel discussions.

SESSION 1

A call to set the right standards in regulation

Topics will include:

- setting the right standards
- who is regulating the regulators
- ethics and professional autonomy
- barriers to implementation
- reimbursement

The first session calls to set the right standards in regulation. Standards of practice have emerged as an important tool for regulators to serve and protect the public. However, standards that are not set well, can in some cases overprotect rather than serve the public – especially if they do not support the innovation, developments in clinical practice or they disengage practitioners. Answers will be sought on how to best regulate and set the standards in order to stimulate professional engagement. Who are the actors in charge of the control and regulation of regulatory bodies? What are the policy imperatives such as the ideology of “right touch regulation?” For policies to contribute to the successful delivery of health services, they must be effectively implemented and support health professionals in the patient-centred care and serving the patients’ best interest. How can we better involve health professionals, so that they understand and contribute to regulatory standards? This session will look at examples and lessons learned from different professions and countries.

SESSION 2

Safety, quality and compliance: benefiting patients, communities and populations

Topics will include:

- best practice guidelines
- role of regulation in sustainable prevention
- facilitation of migration
- cost of maintaining licences
- use of big data
- case studies of outcome-oriented models

The second session will look at the regulation as a tool to safeguard sustainable and healthy health service delivery. The regulators should be well equipped to ensure integrity and confidence in practitioners. Moreover, health professions are truly global professions in times of migration across borders and systems. How can the minimal coordinated standards be set, acknowledging local needs and adaptations of regulation where necessary? The session will introduce some positive, as well as negative examples of international arrangements for health workforce mobility.

Supporting the quality of lifelong learning

Topics will include:

- continuing professional development (CPD) and a discussion on the need for global standards
- fostering innovation
- improving patient treatment
- shift in CPD of assessment versus independence
- regulation of specialisation

The third session will discuss lifelong learning. What does continuing professional development really mean? Do we need it at all? What are the ultimate goals of CPD? Health professions are undergoing unprecedented change along continuous advancement in health-related knowledge and technology, however, advances and innovations do not necessarily adequately translate in practitioners' everyday practice. Changes come way too slowly. New approaches to learning are needed that bridge the classroom and the workplace, and motivate practitioners in improving patient outcomes. It is now time to reflect on how practitioners worldwide actually continue to learn and change thinking processes and behaviours.

Saturday 19 May 2018

12:00 - 13:00	Registration	
13:00 - 13:15	Welcome	Annette Kennedy
SESSION 1 A call to set the right standards in regulation!		CHAIR Ardis Hoven
13:15 - 13:45	KEYNOTE How do we set the right standards? How do we make standards work for the better patient care?	Zubin Austin
13:45 - 14:05	Ethics and professional autonomy	Andrew Gray
14:05 - 14:25	Who is regulating the regulators?	David Benton
14:25 - 14:45	Q&A to all presentations	
14:45 - 15:15	COFFEE BREAK	
15:15 - 17:00	PANEL DISCUSSION What are the barriers to implementation of the right standards? <ul style="list-style-type: none"> • Example of a wrong incentive: the case of mercury • Importance of regulation to ensure evidence-based care • Barriers to Implementation of Regulatory Standards in Africa 	MODERATOR Ardis Hoven Andrew Wetende Barry Dolman Agnes Waudo Emory

Sunday 20 May 2018

SESSION 2 Safety, quality and compliance: benefiting patients, communities and populations		CHAIR Marc Seale
09:00 - 09:20	Right touch regulation & best practice guidelines	Franklin Schaffer
09:20 - 09:40	Global professions need global regulations. How much local adaptation is needed? (Migration)	Jacques de Haller
09:40 - 10:00	OECD – Patient reported outcome measurements (PROMs) by OECD	Luke Slawomirski
10:00 - 10:20	Big data analysis to improve care and patient safety	Emmanuel Jo
10:00 - 10:40	Q&A to all presentations	
10:40 - 11:10	COFFEE BREAK	
11:10 - 12:30	PANEL DISCUSSION <ul style="list-style-type: none"> • Market-driven deregulation attempts in the European Union • Positive examples from Australia and New Zealand of TTMR and their benefits: lack of impediments to migrations and mutually agreed thresholds 	MODERATOR Marc Seale Carolina Martinez-Berganza Margot Skinner
12:30 - 13:30	LUNCH	
SESSION 3 Supporting the quality of lifelong learning		CHAIR Gerhard Seeberger
13:30 - 13:50	What does CPD mean? Why do we need CPD and how does CPD serve the patient? Cross-border recognition of CPD; How does it foster innovation?	Mounir Doumit
13:50 - 14:10	Is there a need for global standards for CPD or recommendations on how to qualify the standards among countries? How do we verify what we do?	Janet Grant
14:10 - 14:30	Advancing learning to advance practice	Mike Rouse
14:30 - 14:50	Q&A to all presentations	
14:50 - 15:20	COFFEE BREAK	
15:20 - 16:20	PANEL DISCUSSION	MODERATOR Gerhard Seeberger
16:20 - 16:30	Wrap up of the conference	Ema Paulino

Speakers and Chairs



ANNETTE KENNEDY

Welcome Address

Annette Kennedy was elected 28th President of the International Council of Nurses (ICN) in June 2017 after serving four years as Vice President. Previously, she held the position of President of the European Federation of Nurses and was active in lobbying the European Parliament, Commission and Council.



ZUBIN AUSTIN

Speaker Session 1

Prof. Zubin Austin is a professor and inaugural holder of the Koffler Chair in Management at the University of Toronto. His research focuses on professional and personal development of the health workforce. He has published over 120 peer-reviewed papers and authored three reference texts.



ANDREW GRAY

Speaker Session 1

Andy Gray is a pharmacist whose research interests include policy analysis. He is a senior lecturer in the Division of Pharmacology, Discipline of Pharmaceutical Sciences, University of KwaZulu-Natal, Durban, South Africa. Mr. Gray is a Vice-President and fellow of the International Pharmaceutical Federation (FIP). He is a member of the World Health Organization's Expert Panel on Drug Policies and Management.



DAVID BENTON

Speaker Session 1

Dr David Benton is the CEO at the National Council of State Boards of Nursing. He has a PhD summa cum laude for his work on an international comparison of nurse practice legislation from the University of Complutense in Madrid, Spain. He is a prolific author with over 200 published works.



ANDREW WETENDE

Speaker Session 1

Dr Andrew Wetende received his dental degree from the School of Dentistry at the University of Nairobi, Kenya and later obtained a Master's degree in Periodontology. He is currently a lecturer at the university and a consulting specialist. Dr Wetende serves in various professional bodies including the FDI World Dental Federation (audit member), Kenya Dental Association (president), and the Kenya Society of Periodontology and Implant Dentistry.



BARRY DOLMAN

Chair Session 1

Dr Barry Dolman is president of the International Society of Dental Regulators and The Order of Dentists of Quebec and maintains an active clinical practice in Montreal, Canada. He is a past president of The Canadian Dental Association, a consultant to industry and a lecturer with a passion for technology and innovation to improve interprofessional relations and communications with government.



AGNES N WAUDO

Speaker Session 1

Agnes N. Waudo holds a Bachelor's degree from the Dundee University, United Kingdom and a diploma in nursing and a higher diploma in midwifery. She is a retired Chief Nursing Officer. She is currently a director at Emory University Kenya Projects, in charge of strengthening regulatory boards' functions. Mrs Waudo conducted document reviews and interviews focused on Task Sharing Policy and WHO guidelines implementation in Kenya. She is a director of African Regional Collaborative (ARC) secretariat, working on strengthening nursing/midwifery regulation in eighteen countries of East, Central and South African region.

Mrs Waudo is a member of National Nurses Association of Kenya, the East, Central, South African College of Nursing, & WITS board strengthening General Nursing Council & HPC of Zambia. She is a co-author on rHRIS publications.



ARDIS HOVEN

Chair Session 1

Dr Ardis Dee Hoven, MD, an internal medicine and infectious disease specialist in Lexington, Ky., was President of the American Medical Association from June 2013 to June 2014. Dr Hoven was a member of the AMA Board of Trustees (BOT) from 2005; serving as its secretary for 2008–2009; chair for 2010–2011, and immediate past chair from 2011–2012.

Prior to her election to the AMA-BOT, Dr Hoven served as a member and chair of several committees and councils. She is currently the Chair of the AMA Delegation to the World Medical Association (WMA) and is Chair of Council of the WMA.



FRANKLIN SHAFFER

Speaker Session 2

Dr Franklin Shaffer is a president and CEO of the Commission on Graduates of Foreign Nursing Schools (GFNS) International, Inc. He earned his doctorate in nursing administration and nursing education at Columbia University, USA. He has over 40 years of progressive and varied nursing experience, which includes administration, education, clinical, and research. Dr Shaffer is a fellow of the American Academy of Nursing, and is a frequent speaker at various domestic and international conferences.



JACQUES DE HALLER

Speaker Session 2

Dr Jacques de Haller is a president of the Standing Committee of European Doctors (CPME). A general practitioner by education he worked for many years in a Geneva-based practice and became president of the Swiss Association of General Practitioners. For eight years, he served as president of the Swiss Medical Association (FMH). Dr de Haller graduated from Geneva University, Switzerland.



LUKE SLAWOMIRSKI

Speaker Session 2

Luke Slawomirski is a health economist and policy analyst at the OECD in Paris, France. Previously he was engaged in health policy development in Australia. He is a Visiting Fellow at the University of Technology Sydney and is a former clinician.



EMMANUEL JO

Speaker Session 2

Emmanuel Jo is Manager Analytics at Health Workforce New Zealand, Ministry of Health. He specialises in big data and mathematical modelling and providing a range of health workforce forecasting models for health workforce planning to meet health needs and good patient care in the future. Mr Jo studied operations research and in 2000 he joined the American multinational information technology services company Electronic Data Systems (EDS).



CAROLINA MARTINEZ-BERGANZA

Chair Session 2

Carolina Martínez-Berganza is a Spanish-qualified lawyer working as Legal Advisor of PGEU since June 2016. Previously, she worked as an Attorney for 8 years at the law firm Norton Rose Fulbright where she advised clients on EU antitrust law, as well as on consumer protection rules and EU trade law. She was educated at the Universities of Zaragoza and Liège (Master in European Law).



MARGOT SKINNER

Speaker Session 2

Dr Margot Skinner is currently the Vice-President of the World Confederation for Physical Therapy. She has previously served as a board member of the New Zealand physiotherapists' regulation authority and is currently a member of the Health Professions Discipline Tribunal. Dr Skinner chaired the working party involved in developing the binational physiotherapy practice thresholds that describe threshold competence to practise as a physiotherapist in Australia and New Zealand.



MARC SEALE

Chair Session 2

Marc Seale has been the CEO of the Health and Care Professions Council since 2001. He is a graduate of the University of St Andrews and the London Business School. He was a Non-Executive Director of three NHS Trusts. Mr Seale has been a board member of the Council on Licensure, Enforcement and Regulation and served as President in 2014/15.



MOUNIR DOUMIT

Speaker Session 3

Prof. Mounir Doumit is a specialist in Public Health Dentistry (P.H.D) and a consultant and collaborator in Oral-Health projects with the Lebanese Ministry of Public Health (M.P.H). He is a professor and former dean of the School of Dentistry at the Lebanese University and an expert specialist in Public Dental Health Dentistry (P.H.D) and consultant and collaborator in Oral Health projects with the Lebanese Ministry of Public Health (M.P.H). He is a WHO Expert for oral health since 1994. Prof. Doumit has lectured internationally.



JANET GRANT

Speaker Session 3

Dr Janet Grant is an educational psychologist and is a director of the Centre for Medical Education in Context (CenMEDIC) in London, United Kingdom. She is an honorary professor at the University College London Medical School in the United Kingdom. She is a senior scholar (Medical Education) at the University of Illinois, Chicago, USA and United Kingdom Open University Emerita Professor of Education in Medicine. Dr Grant was a regulator in medical and legal education. She authored the Good CPD Guide [Taylor and Francis, 2012].



MIKE ROUSE

Speaker Session 3

Mike Rouse is assistant executive director of professional affairs and director of international services, at the Accreditation Council for Pharmacy Education (USA). He is the lead for quality assurance on the International Pharmaceutical Federation's Education Development Team. Mr Rouse authored FIP's Global Framework for Quality Assurance of Pharmacy Education and leads global initiatives to advance quality of pharmacy education and enhance continuing professional development models.



GERHARD SEEBERGER

Chair Session 3

Dr Gerhard Konrad Seeberger is a dentist in general practice. He is a president-elect of the FDI World Dental Federation, president of the Academy of Dentistry International, past-president of the Italian Dental Association and past-president of the European Regional Organization of FDI World Dental Federation. He is an author, co-author, peer reviewer and lecturer nationally and internationally. He is an honorary member of many national and international societies.



EMA PAULINO

Closing Summary

Ema Paulino is a practising community pharmacist at her own pharmacy in Portugal. She is the President of the Lisbon and South Branch of the Portuguese Pharmaceutical Society and a member of its National Board, and represents this organisation at various international groups and organisations such as the International Pharmaceutical Federation (FIP). She is currently the Interim CEO of FIP. Ms Paulino is sitting on the FIP Executive Committee as the Professional Secretary after holding several positions within FIP including the Secretary of the FIP Community Pharmacy Section.

Session descriptions

Session 1

A call to set the right standards in regulation!

CHAIR Dr Ardis Hoven

SPEAKERS Prof. Zubin Austin
Mr Andrew Gray
Dr David Benton
Dr Andrew Wetende
Dr Barry Dolman
Mrs Agnes N Waudo

KEYNOTE

How do we set the right standards? How do we make standards work for better patient care?

International regulation rather than national regulation

Prof. Zubin Austin

Standards of practice have emerged as an important tool for regulators to serve and protect the public. In some cases, standards may overprotect and underserve the public by stifling professional innovation, and they may not be sufficiently responsive to the real-world ambiguity of day-to-day clinical practice. Worse, over-regulation may produce disengagement and burnout amongst practitioners, further compromising patient care. This presentation will review current literature and emerging thought on how best to regulate to stimulate professional engagement.

Ethics and professional autonomy

Mr Andrew Gray

The concept of professional autonomy is at the core of most health professionals' understanding of their role. It is complementary too, but also different from, the well-known Beauchamp-Childress concept of respect for the autonomy of persons. However, as the working environment has changed for many health professionals, with fewer being self-employed solo practitioners, so professional autonomy has also become under threat, or at least subject to change. On the positive side, collaborative practice has blurred the boundaries between professions and between professionals. However, health professionals also need to guard against the negative consequences of dual and divided loyalties.

Who is regulating the regulators?

Dr David Benton

This presentation examines the emerging set of actors involved in the control and regulation of regulatory bodies. The exploration of these actors and the associated issues is based on a modified framework published by the Organisation for Economic Cooperation and Development in their document "Being an Independent Regulator". Mechanisms used to hold the regulator to account can be structural, process related, legislatively or ideologically based. Examples of mechanisms are explored to identify potential strengths, weaknesses, opportunities and threats. Some control mechanisms are at variance with other policy imperatives such as the ideology of "Right Touch Regulation".

PANEL DISCUSSION

What are the barriers to implementation?

Mercury Example Dr Andrew Wetende

For policies to contribute to the successful delivery of health services, they must be effectively implemented. Professionals usually perceive benefits enshrined in policies, but also cite barriers in implementation. These barriers include: lack of knowledge and intent of the policy compounded by lack of clarity on operational guidelines (unrealistic goals and timelines) for implementation, inadequate financial and human resources, unavailability of infrastructural requirements being advocated in the policy, and opposition from professionals who refuse to embrace the proposed changes. Lack of support from stakeholders due to different priorities, lack of incentives, and limited resources may also hinder the implementation of health policies.

Regulators, do we still have a viable purpose within a world challenged by vast differentials in demographics, legislation and technology? Dr Barry Dolman

Highly developed countries still struggle to obtain aseptic compliance of hand washing in major hospitals at the same time as we debate cloning cells to combat disease. Patient care is governed by antiquated legislation, political expediency, un-vetted resources and increased deregulation. Disruptive innovation is posed to alter the very nature of reserved professional scope of practice as regulators spend most of their energy playing catch up rather than effectively being the expert proactive partner of government to solve healthcare issues.

Barriers to Implementation of Regulatory Standards in Africa Dr Agnes N Waudu

Enforcement and adoption of appropriate regulatory standards into routine functions of a health profession is always a challenge. Dr Waudu conducted document reviews and interviews focused on Task Sharing Policy and Guidelines' implementation in Kenya. Lack of involvement of key professional groups in identifying and bridging gaps in current practice and engagement in standards development restricts ownership and adoption. Guidance by relevant professions encourages change and promotes confidence in regulations and standards. Health professionals must understand and contribute to regulatory standards to ensure effective implementation.

Session 2

Safety, quality and compliance: benefiting patients, communities and populations

CHAIR Mr Marc Seale

SPEAKERS Dr Franklin Shaffer
Dr Jacques de Haller
Mr Luke Slawomirski
Mr Emmanuel Jo
Mrs Carolina Martinez-Berganza
Dr Margot Skinner

Right touch regulation and best practice guidelines

Dr Franklin Shaffer

We are, today, in a fractured environment whereby people and systems are having to respond like they never have before to ensure integrity and confidence in our practitioners and our processes to ensure public safety and confidence. Regulation must adapt. The regulatory community must be equipped to meet these changes by evolving regulatory policy to ensure sustainable and healthy health service delivery. "Right touch regulation" is about getting the balance right between the individual, the profession, and the board or council. It is becoming increasingly necessary for workforces to become more flexible, while removing rigid and traditional divisions between health professions with "right touch regulation."

Global professions need global regulations. How much local adaptation is needed? (Migration)

Dr Jacques de Haller

The medical profession is truly a global profession migrating across borders and systems. The European scheme of mutual recognition offers an opportunity to study global versus regional demands to regulation. The member countries of the European Union agreed on coordinated minimum requirements. At the same time, the definition of professional profiles, tasks and roles is a Member States' responsibility. The full harmonization of licensing and practice regulation is not allowed by the EU Treaty. In medical practice, many invariabilities exist across countries. This is often difficult to understand, as it is commonly thought that a physician should be "the same" everywhere. Such a concept of uniformity, if it were considered desirable, should definitely not be commanded top down but should rather be a bottom up process by the profession itself, acknowledging local needs and adaptations of regulation where necessary.

OECD – Patient reported outcome measurements (PROMs) by OECD

Mr Luke Slawomirski

This presentation will provide an update on the Patient-Reported Indicator Surveys (PaRIS) project, a new OECD initiative to collect international data on patient-reported outcomes and experience measures in a range of diseases and patient groups.

Big data analysis to improve care and patient safety

Mr Emmanuel Jo

A workforce-forecasting model (the model) of the midwifery workforce aims to assist in workforce planning and ensure patient safety of the midwifery services in the future. In order to define parameters to be used with a dynamic modelling algorithm to forecast future midwifery workforce supply in New Zealand, individual midwifery annual practising certificate data were tracked for the last 5 years to gather age group, specialty specific exit rates, full time equivalent (FTE) per head count (HC) ratios, and entry/re-entry age distributions. The forecasted midwifery workforce was then compared against the number of expected birthing events. The model has opened a new way of using APC data for evidence-informed planning and policy development, and the outputs of the model have been used within the New Zealand health sector. The model is easily scalable and can be adapted for other workforces and used in any regional, and specialty workforce planning.

PANEL DISCUSSION

Market-driven deregulation attempts in the European Union Mrs Carolina Martinez-Berganza

The European Commission has in the past years moved toward an agenda which is driven by the overarching objectives of promoting economic growth and fiscal sustainability. The Single Market Strategy is at the heart of this agenda. Under this initiative, the European Commission suggests that removing barriers by lowering regulatory requirements for the provision of services and the regulation of professions promotes free movement of service providers and benefits the economy. A clear example of the impact of this trend on health professions is the proposal for a directive on a proportionality test of regulated professions which is at the last stage of the EU legislative process.

Positive examples from Australia and New Zealand of TTMR & benefits, lack of impediments to migrations and mutually agreed thresholds Dr Margot Skinner

The Trans-Tasman Mutual Recognition Arrangement (TTMRA) is an arrangement between the New Zealand Government and the Commonwealth, State, and Territory Governments of Australia. The legislation was enforced in New Zealand in 1997; the arrangement within Australia was instigated in 1993. The impetus for the arrangement came from recognition of regulatory impediments to trade. Now the TTMRA facilitates not only low cost, trans-Tasman free movement of goods but also people in registered occupations. Mobility of health professionals between the countries has subsequently increased. Regulation authorities must formally grant, postpone or refuse registration within one month of the date of lodgement.

Session 3

Supporting the quality of lifelong learning

CHAIR Dr Gerhard Seeberger

SPEAKERS Dr Mounir Doumit
Dr Janet Grant
Mr Mike Rouse

What does CPD mean? Why do we need CPD and how does CPD serve the patient? Cross-border recognition of CPD; How does it foster innovation?

Dr Mounir Doumit

Continuing Development Programs work to solve current problems and change thinking processes and behaviours. They are “problem focused” and “action oriented” to achieve the desired goals. The final objectives are to increase productivity; improve the ability to communicate, negotiate, and influence; infuse a high level of confidence and competence; and to present practical concepts that can be applied in the workplace.

The objectives listed above are our aim for the Continuing Education Program (CE) with the FDI in the Middle East to try our best in applying the ten essential Public Health Services so that we can better serve our patients.

Standards for CPD: Making them contextual, global, comparable and accountable

Dr Janet Grant

In our era of bureaucratic accountability, agencies responsible for CPD specify standards to be met. Different agencies specify very different standards, which reflect local concerns and contexts. They tend to portray CPD either as an event or as a process. Nevertheless, it is both. This presentation argues that we should focus on how clinicians everywhere actually continue to learn, and set global standards, which reflect and support that local and individual process which involves deciding what to learn, how to learn it, undertaking the learning and then reinforcing it in practice. Such standards will be global, contextual, comparable and accountable.

Advancing learning to advance practice

Mr Mike Rouse

Pharmacy practice is undergoing unprecedented change along with continuous advances in medical knowledge and technology. It is recognised that models for health professionals’ lifelong learning do not adequately support practitioners in practice; hence, advances in knowledge do not optimally translate into improved patient care. Changes come too slowly. New approaches to learning are needed that bridge the classroom and the workplace, motivate practitioners to change, and achieve desired outcomes and impact. What gets measured, gets done. If nothing more than participation in continuing educational activities is required, it is likely that for many little more than participation will be done.

Poster presentation

Posters will be located in the main conference lobby. Poster presenters will stand by their posters during the coffee breaks.

Poster 1

ECFMG's 2023 medical school accreditation requirement

Lisa L. Cover; Kara Corrado, Tracy Gill, Elizabeth M. Ingraham, Marta van Zanten

Poster 2

Developing a research agenda to support developing a medical education accreditation

Marta van Zanten; John R. Boulet

Poster 3

How do policymakers realize the cost-savings from biosimilars while maintaining healthcare provider autonomy

Philip Schneider; Michael Reilly

Poster 4

Health professions regulation in Portugal in the context of a broader health regulation framework

Inês Fronteira; Jorge Simões

Poster 5

Health professions regulation background and workforce migration in Mercosur

Fernando Mussa Abujamra Aith; Matheus Zuliane Falcão; Rachelle Amália Agostini Balbinot

Poster 6

Students' perception of the learning environment and satisfaction with teaching and learning using a selfdirected learning approach among undergraduate physiotherapy students at University of Ghana

Jonathan N.A Quartey; Eksteen; Pickworth

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