

Interprofessional Collaboration

A Summary of Interprofessional Regulatory Collaboration in Other Jurisdictions

February 2008

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Jurisdiction Overview

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As part of its consideration of interprofessional collaboration, HPRAC undertook an examination of 10 jurisdictions to identify the mechanisms that those jurisdictions have adopted to enhance interprofessional collaboration.

While not intended to represent an exhaustive review, this document provides an overview of the regulatory structures, policy initiatives and the legislative and regulatory mechanisms that have been undertaken in each of the following jurisdictions:

- Ontario
- Alberta
- British Columbia
- Quebec
- Victoria, Australia
- Denmark
- New Zealand
- The United Kingdom
- Nebraska, United States
- Virginia, United States
- Washington, United States

The accompanying chart provides an overview of the jurisdictions listed above, using Ontario as a template.

While collaboration at the regulatory level did not appear from this examination to be as well developed as interprofessional initiatives at the clinical level, HPRAC did identify some initiatives and regulatory structures that will be used to inform its consideration of the Minister of Health and Long-Term Care's (the Minister's) Referral.

Ontario has used a controlled acts model of health professional regulation since the introduction of the *Regulated Health Professions Act* in 1991. In several of the jurisdictions that HPRAC surveyed, including **Alberta, British Columbia, Quebec, Victoria** and **New Zealand**, legislative reforms have recently been undertaken (or are ongoing) that are intended to facilitate health care practitioners' ability to collaborate with one another. The move towards non-restrictive scopes of practice and/or a list of restricted activities represents a significant step towards facilitating greater interprofessional collaboration in health care.

Both **Quebec** and the **United Kingdom** have in place bodies whose role is to enhance collaboration among regulators of the health professions. While Quebec's Interprofessional Council is limited to *creating opportunities for exchange and coordination*, the Council for Health Care Regulatory Excellence (CHRE) in the United Kingdom is responsible for *promoting best practice, cooperation and consistency* in the regulation of health professionals. CHRE also has the power to direct regulators to make or change its rules if CHRE feels that such a change is necessary to protect the public (subject to specified processes).

The **United Kingdom** has also taken significant steps towards modernizing the regulation of its health professions, with the publication in 2007 of a White Paper entitled *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*. Among the White Paper's initiatives is the consideration of areas in which regulatory practice and legislative provisions should be harmonized across regulators so that they all have the most up-to-date and comprehensive duties and powers.

New Zealand has in place a *Code of Health and Disability Services Consumers Rights* which extends to any person or organization that provides health care services to the public. The Code guarantees that *every health care consumer has the right to cooperation among providers to ensure quality and continuity of services*.

Complaints, investigations or disciplinary processes and procedures that are common to all health regulators were found in **Quebec, Victoria, Denmark, New Zealand, Nebraska, Virginia and Washington**.

In **Nebraska, Virginia** and **Washington**, health regulatory boards are supported functionally and administratively by State Health Departments. In addition, **Virginia** has a Board of Health Professions responsible for coordinating health regulators' activities and resolving conflicts among them.

Jurisdiction Overview – A Summary of Interprofessional Collaboration in other Jurisdictions

Jurisdiction	Legislative and Regulatory Framework	Government Policy Supporting Interprofessional Collaboration	Key Legislative and Regulatory Mechanisms Supporting Enhanced Interprofessional Collaboration
<p>Ontario, Canada</p>	<p><i>Regulated Health Professions Act, 1991</i> In Ontario, health professions are governed by the <i>Regulated Health Professions Act, 1991 (RHPA)</i>, umbrella legislation, and profession-specific acts that fall under it.</p> <p>In Ontario, there are 23 self-regulated health professions, governed by 21 Health Regulatory Colleges.</p> <p>In 2006, with the passage of the <i>Traditional Chinese Medicine Act, 2006</i>, the government approved regulation of Traditional Chinese Medicine.</p> <p>In 2007, with the passage of the <i>Health System Improvements Act, 2007</i>, the government approved regulation of four health professions and the creation of four new Health Regulatory Colleges: Kinesiology, Naturopathy, Homeopathy and Psychotherapy.</p> <p>Citations: Information on Ontario's Health</p>	<p>Family Health Teams In 2005, the government approved the creation of 150 Family Health Teams in 112 communities across the province. When they are fully operational, they will treat over 2.5 million patients. The teams include physicians and other providers such as nurse practitioners, nurses, social workers and dietitians working collaboratively to treat patients.</p> <p>Community Health Centres There are 54 Community Health Centres in Ontario, providing primary health care services with an emphasis on health promotion, disease prevention and building local capacity to improve health. Community Health Centres are staffed by teams that include physicians, nurse practitioners, nurses, social workers, health promoters, community health workers and often chiropractors, nutritionists or dietitians.</p> <p>Health Force Ontario In 2006, the Minister of Health and Long-Term Care announced the creation of <i>HealthForceOntario</i>: an innovative, collaborative multi-year plan to give Ontario the right number and mix of health care providers to</p>	<p><i>Health System Improvements Act, 2007</i> Under Schedule M of the <i>Health System Improvements Act, 2007</i>, Health Regulatory Colleges were given the following objects:</p> <ul style="list-style-type: none"> • To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public; • To promote interprofessional collaboration with other health colleges; and • To develop, establish and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology, and other emerging issues. <p>Citation: <i>The Health System Improvements Act, 2007</i> is available at: http://www.ontla.on.ca/bills/bills-files/38_Parliament/Session2/b171ra_e.htm</p>

	<p>Regulatory Colleges is available at: http://www.health.gov.on.ca/english/public/program/pro/pro_mn.html</p> <p><i>The Regulated Health Professions Act, 1991</i>, is available at: http://www.search.laws.gov.on.ca/en/isysquery/402eac3f-16b5-4dfc-8abb-56d8746483bc/5/frame/?search=browseStatutes&context=</p> <p><i>The Traditional Chinese Medicine Act, 2006</i> is available at: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_06t27_e.htm</p> <p><i>The Health System Improvements Act, 2007</i> is available at: http://www.ontla.on.ca/bills/bills-files/38_Parliament/Session2/b171ra_e.htm</p>	<p>meet Ontario's current and future health care needs. The plan includes initiatives designed to help Ontario identify its health human resource needs, develop new provider roles to meet changing health needs, work closely with the education system to develop professionals with the right knowledge, skills and attitudes, and compete effectively for health care professionals.</p> <p>In June 2006, the government convened a two day <i>Summit on Advancing Interprofessional Education and Practice</i> in health care as part of its <i>HealthForceOntario</i> strategy. The Summit sought input and guidance from participants in developing and implementing practical and timely ways to remove the barriers that prevent effective use of health human resources and interprofessional care.</p> <p>Following the Summit, the government formed a steering committee to develop a blueprint to advance interprofessional care in Ontario. The <i>2007 Blueprint for Advancing Interprofessional Care in Ontario</i> outlines the government's priorities to enhance interprofessional care in Ontario's health care system.</p> <p>Blueprint for Advancing Interprofessional Care in Ontario</p> <p>The Blueprint's recommendations focus on the need to create a systemic approach to interprofessional care, and include a focus on partnership, integration, shared responsibility, communication, foundation-building and supporting change. It envisions a collaborative, team-based approach to health care as an</p>	
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enabler for improving patient care and meeting the changing demands facing the health system.

Ministerial Referral to the Health Professions Regulatory Advisory Council

The Health Professions Regulatory Advisory Council (HPRAC), an arm's-length advisory body mandated to provide policy advice and recommendations to the Minister of Health and Long-Term Care, is currently reviewing mechanisms to facilitate interprofessional collaboration between Health Regulatory Colleges, further to a Ministerial Referral.

On June 28, 2007, the Minister requested that HPRAC recommend mechanisms to facilitate and support interprofessional collaboration between health colleges, beginning with the development of standards of practice and professional practice guidelines where regulated health professions share the same or similar controlled acts, while (i) acknowledging that individual health colleges independently govern their professions and establish the competencies for their profession and (ii) taking into account public expectations for high quality services when controlled acts are shared, regardless of which health profession delivers the care or treatment.

This process is ongoing and will be completed in January 2009.

		<p>Citations: Information on Family Health Teams is available at: http://www.health.gov.on.ca/transformation/fht/fht_mn.html</p> <p>Information on Community Health Centres is available at: http://www.health.gov.on.ca/english/public/contact/chc/chc_mn.html</p> <p>Information on Health Force Ontario is available at: http://www.healthforceontario.ca/WhatIsHFO.aspx</p> <p>Copies of the Proceedings Report for the <i>Summit on Advancing Interprofessional Education and Practice</i> and the <i>Blueprint for Advancing Interprofessional Care in Ontario</i> are available at: http://www.healthforceontario.ca/WhatIsHFO/PCProject/ProjectResources.aspx</p> <p>Further information on HPRAC and the Minister’s Referral is available at: http://www.hprac.org.</p>	
<p>Alberta, Canada</p>	<p>Health Professions Act, 1999 The <i>Health Professions Act, 1999 (HPA)</i>, was introduced to govern all self-regulating health professions in Alberta.</p> <p>Parts 1-9 of the Act are common to all health professions. These sections establish a common framework for governance, regulation and discipline.</p>	<p>2006 Health Policy Framework In 2006, the government released its health policy framework called <i>Getting on with Better Health Care</i>. The document is designed to guide the development of Alberta’s health care system.</p> <p>Of the Framework’s eight directions for moving forward, the following relate to interprofessional collaboration:</p>	<p>Non-restrictive Scopes of Practice The HPA replaced exclusive scopes of practice with a system of overarching scope of practice regulations that operate in conjunction with a schedule of restricted activities set out in the <i>Government Organization Act</i>.</p> <p>Individual professions no longer have the exclusive rights to provide any particular health service.</p>

	<p>Part 10 of the Act contains profession-specific schedules which define the services generally provided by members of a profession and the titles health professionals may use.</p> <p>Government Organization Act, 2000 Schedule 7.1 of the <i>Government Organization Act, 2000</i>, lists restricted activities. It also sets out the offence and penalty for the unauthorized performance of restricted activities.</p> <p>Health Disciplines Act The following health professions are still subject to the <i>Health Disciplines Act</i>:</p> <ul style="list-style-type: none"> • Emergency Medical Technicians; • Respiratory Therapists; • Rehabilitation Practitioners; • Acupuncturists; • Midwives; • Orthotists; and • Prosthetists. <p>As their rules and regulations are passed, they will transition to regulation under the <i>Health Professions Act</i> in accordance with the terms outlined for each profession under Part 10 of that Act.</p> <p>Citations: The <i>Health Professions Act, 1999</i> is available at: http://www.qp.gov.ab.ca/Documents/acts/H07.CFM</p>	<ul style="list-style-type: none"> • Promote flexibility in scope of practice of health professionals: Alberta will continue to improve access to health services by promoting team approaches to care. Efforts will be made to ensure that team-based care is seamless and meets high standards of quality. Planning will continue for expanding multidisciplinary approaches to care, professional education and training; • Implement new compensation models: The fee for service system is not well suited to a multidisciplinary care environment in which each member of the team shares in the responsibility of patient care. The government will develop new compensation models and incentives to improve quality of care, efficiency and collaboration among health professionals; and • Reshape the role of hospitals: Such role changes may require refocusing small rural hospitals to centres of multidisciplinary primary care. <p>Health Workforce Action Plan 2007-16 The government's Comprehensive Health Workforce Strategy consists of the government-led Action Plan and the Health Workforce Strategy led by stakeholders (to be released by March 2008).</p> <p>The Action Plan aims to promote systemic change in Alberta's health system and support the sector in addressing immediate and future workforce needs. It focuses on changing the workforce to support changes in service delivery and expanding its capacity to ensure</p>	<p>Health professionals are not bound by exclusive scopes of practice but by their abilities and the range of services they can provide in a safe and competent manner, subject to the standards of their profession.</p> <p>Regulations specify which activities may be carried out by members of regulated health professions and set out continued competency programs for each profession.</p> <p>Restricted Activities The HPA recognizes that one or more professions can have the necessary competence to perform the same restricted activity. Professionals must be authorized by statute or regulation to perform restricted activities.</p> <p>Restricted activities are regulated health services that by law can only be performed by individuals who are authorized to perform them. Unregulated health professionals who perform restricted activities may do so only with the consent of and under the supervision of a regulated member in accordance with the regulations of the regulated member's college.</p> <p>Restricted activities must be seen within the context of health professionals' practice statements, which are found in each profession's schedule under the HPA.</p> <p>Delegation Under the <i>Government Organization Act</i>, all professionals can theoretically delegate an authorized act to any other person, including an unregulated health professional, with some</p>
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		<p>coordinate service delivery for patients.</p> <p>Networks use a collaborative team approach to provide care for patients and to coordinate primary health care services. In networks, health care professionals may work with family doctors to provide some of the primary health services that patients need.</p> <p>Each network provides the same core group of health care services, coordinates with other areas of the health system and manages 24-hour patient access to primary care services.</p> <p><u>Citations:</u> Information on the Government of Alberta’s health care renewal activities are available at: http://www.health.alberta.ca/key/renewal.html</p> <p>A copy of the 2006 Health Policy Framework is available at: http://www.health.alberta.ca/healthrenewal/GettingBetterHealthcare.pdf</p> <p>A copy of the Health Workforce Action Plan is available at: http://www.health.alberta.ca/key/Workforce_report07.pdf</p> <p>A copy of the Health Workforce Action Plan Highlights is available at: http://www.health.alberta.ca/key/Workforce_highlights07.pdf</p>	<p>Further information on these topics is available at: http://www.health.alberta.ca/professionals/HPA_EmployersHandbook.pdf and http://www.health.gov.ab.ca/professionals/about_HPA.pdf</p>
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<p>British Columbia, Canada</p>	<p>Health Professions Act British Columbia's health professions regulatory framework is undergoing significant transformation. Individual profession-specific statutes and statutory provisions are being repealed and all regulated professions are being brought under the legislative framework of the <i>Health Professions Act</i>.</p> <p>There are 24 regulated health professions in British Columbia. They are regulated by 21 self-governing bodies and two government-appointed licensing boards.</p> <p>Citations: The <i>Health Professions Act</i> is available at: http://www.qp.gov.bc.ca/statreg/stat/H/96183_01.htm</p> <p>Further information on the Government of British Columbia's reform of the health regulatory system is available at: http://www.healthservices.gov.bc.ca/leg/regulatoryreform.html</p>	<p>Health Professions Council The government's regulatory reforms are being guided by the recommendations of the former Health Professions Council.</p> <p>The Council's March 2001 Report, entitled <i>Safe Choices: A New Model for Regulating Health Professions in British Columbia</i>, played a key role in the process of regulatory reform.</p> <p>The Council's review had four areas on which the Minister of Health requested recommendations. These were: scope of practice of each profession, reserved acts, supervised acts and title restrictions.</p> <p>Part 1 Volume 1 of the Report included the following recommendations:</p> <ul style="list-style-type: none"> • That the Council's established list of reserved acts (restricted to the professions to whom they are, on a non-exclusive basis, assigned, acting within their profession's scope of practice) be enacted by the Minister of Health and Minister Responsible for Seniors; • That provisions be enacted which set out the duties of a health professional and his or her regulatory college when delegating a reserved act (the Council has suggested 	<p>Scope of Practice Reform British Columbia is implementing a shared scope of practice/reserved actions regulatory model, similar to that in place in Ontario. This model is characterized by two key elements: Scope of Practice Statements and Reserved Actions.</p> <p>This approach abandons the concept of professional exclusivity in which legislation prohibits any person other than a member of the profession from performing certain services or procedures, except where another profession is also specifically authorized in legislation to do so.</p> <p>Under the new model, many aspects of the scope of practice of each health profession may overlap, or be shared with those of other health professions, and may also be performed by unregulated persons (to the extent that no reserved actions are involved in the service). This approach aims to support enhanced interprofessional and multidisciplinary practice and increased consumer choice, while maintaining patient safety and public protection.</p> <p>Scope of Practice Statements</p> <ul style="list-style-type: none"> • Concise descriptions, in broad, non-exclusive terms, of each regulated profession's activities and areas of professional practice;

		<p>what this provision should include);</p> <ul style="list-style-type: none"> • That a process be established by the Minister of Health and Minister Responsible for Seniors for the Council to provide ongoing review and consideration of additional issues related to the new regulatory model; and • That a “risk of harm” clause be adopted by the Minister of Health and Minister Responsible for Seniors. <p>2007 Primary Health Care Charter The Government’s Primary Health Care Charter sets out a series of principles and methods that define primary health care in British Columbia, including:</p> <ul style="list-style-type: none"> • Family physicians are the cornerstone of primary health care. They are part of a broader community network and professional team that includes nurse practitioners, public health staff, community nurses, midwives, pharmacists, mental health professionals, clinical counsellors, physiotherapists, chiropractors, home and community care workers, dietitians, specialists, and many other health professionals and non-governmental organizations who work as a team with patients and their extended families; • Patients should receive accessible, appropriate, efficient, effective and safe quality care at the right time in the right setting by the right provider; • Re-orient health services to align with the patient’s journey through a patient centred, integrated health system; and • Implement the Expanded Chronic Care 	<ul style="list-style-type: none"> • Describe in general what each profession does and how it does it; and • Not exhaustive lists of every service the profession may provide, nor do they exclude other regulated professions or unregulated persons from providing services that fall within a particular profession’s scope of practice. <p><u>Reserved Actions</u></p> <ul style="list-style-type: none"> • A narrowly defined list of invasive, higher risk activities that must not be performed by any person in the course of providing health services, except members of a regulated profession that have been granted specific legislative authority to do so, based on their education and competence; • Individual professions will be granted a list of specific reserved actions from the master list as appropriate to their education and competencies; which may be performed while providing the services described in their respective scope of practice statements; • The same reserved actions may be granted to more than one profession; however, not all professions will be granted reserved actions; • Unregulated individuals or classes of individuals may be exempted from the prohibition; and • The master list and any exemptions will be established in regulations. <p>Establishment of a Joint Regulatory College On May 3, 2007, as part of its ongoing process of regulatory reforms, the Ministry of Health released the proposed Speech and Hearing Health Professionals Regulation, which will designate</p>
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		<p>Model 2 through structured collaborative approaches because the model has derived the best results in clinical improvement and system change in British Columbia.</p> <p>The Charter outlines a primary health care transformation model that includes the following objective:</p> <ul style="list-style-type: none"> • Practice and system transformation proposes mechanisms to align funding and business models (such as group practice and team care) to the needs of the population. <p>It outlines seven priority areas for primary health care system change, including:</p> <ul style="list-style-type: none"> • Establishing Regional Practice Support Teams (RPST). RPSTs will provide expertise for clinical, practice and IM/IT transformation, using a collaborative approach. The teams will engage with family physicians and other health professionals to introduce and embed evidence-based changes; and • Implementing integrated health network teams with the philosophy of treating patients as partners. The teams will shift the patient experience away from multiple, fractured services to a patient-centred experience. These networks will typically serve a geographic community that links family physicians with existing health authority and community resources. It also adds other key resources to improve coordinated community care through an integrated team of providers. 	<p>audiology, speech-language pathology and hearing instrument dispensing as three distinct professions within a single umbrella regulatory college.</p> <p>Citation: Information on the government's scope of practice reform initiative and the establishment of a joint regulatory college is available at: http://www.healthservices.gov.bc.ca/leg/regulatoryreform.html</p>
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<p>Quebec, Canada</p>	<p><i>R.S.Q., Chapter C-26, Quebec Professional Code</i></p> <p>In Quebec, all professionals (including health professionals) are governed under the <i>Professional Code</i> (a framework law), 25 special laws and over 500 related regulations.</p> <p>Professionals are organized into 45 Professional Orders (similar to regulatory colleges in Ontario) which are charged with regulating and monitoring the practice of all professional activities under Quebec’s Professional Code.</p> <p>Professional Orders are entrusted with the mandate of protecting the public with respect to activities involving the risk of harm to physical and psychological integrity and to property. They carry out this mandate by regulating and monitoring the practice of professional activities.</p>	<p>Clair Commission</p> <p>In 2000, the government appointed a commission (named the Clair Commission for its chair Michel Clair) to study the provision of health and social services in the province. On January 17, 2001, the Commission published its final report and recommendations, entitled <i>The Emerging Solutions</i>.</p> <p>The report made 36 recommendations with 59 proposals for their implementation. These address two main themes: (i) the way health services are organized and delivered and (ii) public funding. They also address issues of health human resource management, planning and the governance of the health care system.</p> <p>One of the main recommendations was to re-evaluate the role of the family physician. The report proposed the creation of group medical practices composed of 6-10 physicians that would be able to provide comprehensive primary care to patients 24 hours a day, 7 days a</p>	<p>Bill 90, 2002</p> <p>Bill 90, <i>An Act to Amend the Professional Code and other Legislative Provisions as Regards the Health Sector</i>, modernized the professional organization of health care in the public sector to improve the organization of services and access to care. Bill 90 changed the regulatory structure concerning the following health professions:</p> <ul style="list-style-type: none"> • Audiologists; • Dietitians; • Nurses; • Nursing Assistants; • Medical Technologists; • Occupational Therapists; • Pharmacists; • Physicians; • Physiotherapists; • Radiology Technologists; • Registered Respiratory Therapists; and • Speech Therapists. <p>These professions were given a new description of their field of practice, listing the principal</p>
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		<p>Information on Family Medicine Groups is available at: http://www.msss.gouv.qc.ca/en/sujets/organisation/gmf.php</p>	<p>regulations required of it under the Professional Code;</p> <ul style="list-style-type: none"> • Can recommend changes to each Order’s regulations and, if the Order refuses to adopt them, can recommend that government adopt the regulations for the Order; • When deemed necessary, it proposes the establishment of new Orders or the amalgamation or dissolution of existing Orders, as well as amendments to the laws that regulate them; • May also set regulations establishing specific rules and standards by which all Orders must abide; • Promotes dialogue between Orders whose members carry out related activities; and • Suggests ways to ensure the best possible training for professionals. <p>Quebec Interprofessional Council</p> <ul style="list-style-type: none"> • Under the Professional Code, the Council is vested with the role of acting as an advisory body to government; • The Council acts as a coordinating body for the Orders; and • The Council is responsible for creating opportunities for exchange and coordination among Orders, intervening as a mobilizing body and collective voice of the Orders on issues of common interest and providing common services to the Orders. <p>Professions Tribunal</p> <ul style="list-style-type: none"> • The Tribunal is the specialized court of the professional system. All professions are subject to its jurisdiction; • The Tribunal hears appeals of decisions made
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			<p>by Orders' discipline committees, and Orders' decisions regarding an individual's right to practice a profession; and</p> <ul style="list-style-type: none"> • The Tribunal is composed of 11 judges of the Court of Québec, appointed by the government. <p>Citations: The Professional Code is available at: http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=2&file=/C_26/C_26_A.html</p> <p>A copy of Bill 90, as adopted by Quebec's National Assembly, is available at: http://www.opdq.org/</p> <p>Information on the Office des Professions du Quebec is available at: http://www.opq.gouv.qc.ca/ and http://www.justice.gouv.qc.ca/English/ministere/organisation/organism-a.htm</p> <p>Information on the Quebec Interprofessional Council is available at: http://www.professions-quebec.org/index.php/en/</p> <p>Information on the Professions Tribunal is available at: http://www.tribunaux.qc.ca/Tribunal_professions/index_professions.html and http://www.professions-quebec.org/index.php/en/</p>
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<p>Victoria, Australia</p>	<p>Health Professions Registration Act, 2005 Health care practitioners in Victoria are regulated by the <i>Health Professions Registration Act, 2005</i>. This Act received Royal Assent on December 7, 2005, and the majority of its provisions came into force on July 1, 2007. The Act repealed eleven separate health practitioner registration Acts previously in operation, and one section of a twelfth Act.</p> <p>The registration of health care professionals is the responsibility of statutory Registration Boards in each State and Territory in Australia.</p> <p>These boards set the educational requirements necessary for registration and practice, minimum standards of competence, minimum terms and conditions of professional indemnity insurance, investigate cases of malpractice, issue guidance on best practices, and can revoke licenses to practice. The legislative regime allows for reciprocal recognition across States.</p> <p>Federal Role in Regulation of Health Professionals While professional regulation is a function of the States and Territories, their authority is limited somewhat by the Mutual Recognition Agreement (1992) (<i>Commonwealth Mutual Recognition Act, 1992</i>) between the Commonwealth and each of the States and Territories and the Trans Tasman Mutual Recognition</p>	<p>Government of Victoria Primary Care Partnerships The Government of Victoria initiated a Primary Care Partnership (PCP) Strategy, focused on building an integrated health care system based on partnerships, where health care providers see planning and working together to better meet the needs of their communities as core activities.</p> <p>PCP membership varies across the state according to local requirements, although they consist predominantly of health services. Some also have community care, disability and housing services as member agencies or engage these services in population-specific initiatives. The majority of integrated health promotion programs also involve partnerships with other sectors to maximize population health outcomes.</p> <p>Australian Health Ministers' Conference The Australian Health Ministers' Conference (AHMC) is the key intergovernmental body for the health sector, comprising the Health Ministers of Federal and State governments (and includes the Minister of Health from New Zealand). It aims to ensure a consistent and coordinated national approach to health policy development and implementation and serves as a coordinating mechanism on matters of mutual interest concerning health policy, services and programs.</p>	<p>Health Professions Registration Act, 2005 Some of the Act's key features include:</p> <ul style="list-style-type: none"> • Strengthened powers for the Minister of Health to: <ul style="list-style-type: none"> ○ Approve board-issued codes and guidelines prior to their release, where these guidelines address qualification requirements for registration, supervision arrangements and matters of scope of practice (s.119(2) of the Act). This ensures that the Minister has the opportunity to consider broader public interest considerations whenever boards propose changes that would impact upon workforce supply, recruitment or the effective delivery of health services; and ○ Approve changes to qualification requirements for registration that may have a substantial and adverse impact on the recruitment or supply of health practitioners to the workforce (ss.5(2), 5(3) and 5(4)). • The transfer of responsibility for the conduct of formal hearings into matters of serious unprofessional conduct from the Registration Boards to the Victorian Civil and Administrative Tribunal; and • Granting boards the responsibility to initiate, promote, support, fund or participate in programs that the responsible board considers will improve health practitioners' ability to practice and students' ability to undertake clinical training (s. 118. (1)(k)).
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	<p>Agreement (1997) between New Zealand, the Commonwealth of Australia and each of the States and Territories of Australia (<i>Trans Tasman Mutual Recognition Act, 1997</i>). The two agreements have been implemented in the State of Victoria by the <i>Mutual Recognition (Victoria) Act 1998</i>. These agreements generally require mutual recognition of health professional qualifications.</p> <p>Council of Australian Governments The Council of Australian Governments (COAG) is the senior intergovernmental forum in Australia, comprising the Prime Minister, State Premiers, Territory Chief Ministers and the President of the Australian Local Government Association. COAG initiates, develops and monitors the implementation of policy reforms that are of national significance and which require cooperative action by Australian governments. Where formal agreements are reached, these may be embodied in Intergovernmental Agreements.</p> <p>In 2006, COAG agreed to establish a single national registration scheme for health professionals. It also agreed to create a single national accreditation scheme for health education and training. Both arrangements would apply initially to the nine health professions that are currently registered in all eight jurisdictions and would be established by July 1, 2008.</p>	<p><u>National Health Workforce Strategic Framework</u> In 2004, the AHMC released the National Health Workforce Strategic Framework intended to guide national health workforce policy and planning over a 10-year time frame.</p> <p>The Strategic Framework’s vision is as follows: “Australia will have a sustainable health workforce that is knowledgeable, skilled and adaptable. It will provide safe, quality, preventative, curative and supportive care, that is population and health consumer focused and capable of meeting the health needs of the Australian community.”</p> <p>One of the goals underlying the vision is to ensure that Australia has a health workforce that is flexible and integrated, able to undertake multiple tasks and work in community and/or institution based settings and in multidisciplinary teams.</p> <p>The Framework embodies seven core principles designed to provide a simple set of rules, guidelines and aims which allow all stakeholders to apply them to their own circumstances, including:</p> <ul style="list-style-type: none"> • All health care environments regardless of role, function, size or location should be places in which people want to work and develop and where the workforce is valued and supported and operates in an environment of mutual collaboration. 	<p>Office of the Health Services Commissioner The Office of the Health Services Commissioner (HSC) is an independent statutory authority established to receive and resolve complaints about health services.</p> <p>A health service provider includes anyone who provides a health service and may include both practitioners and organizations.</p> <p>When the HSC receives a complaint, the first step is to send it to the service provider to offer the opportunity to respond. Many complaints are resolved through the provision of an explanation, detailed information or an apology where needed.</p> <p>If the response does not satisfy the complainant’s concerns, the HSC will identify the unresolved issues. The complainant may be asked to provide information to support the complaint.</p> <p>If the complaint remains unresolved, the next step will depend on the circumstances of the case and what outcome the complainant is seeking. There are three options:</p> <ul style="list-style-type: none"> • No further action: The HSC may decide that no further action is needed, and can close the complaint; • Referral to a registration board for investigation: This may happen in a case involving unprofessional conduct, where it is not suitable for conciliation or where disciplinary action is sought as an outcome. Some complaints are referred to the board when they are first received, rather than sending the complaint to the provider for a response. If there is no relevant board, the
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<p>In 2007, COAG agreed to the arrangements for the national system for the registration of health professionals and the accreditation of their training and education programs. The scheme aims to support workforce responsiveness, flexibility, sustainability and innovation and will allow professionals to practice across State and Territorial borders without having to re-register. The program will cover the following nine professions:</p> <ul style="list-style-type: none"> • Chiropractors; • Dentists (including dental hygienists, dental prosthetists and dental therapists); • Medical practitioners; • Nurses and midwives; • Optometrists; • Osteopaths; • Pharmacists; • Psychologists; and • Physiotherapists. <p>The scheme will create a new professional board for each of the professions. Each board will develop standards for its profession for approval by Health Ministers.</p> <p>Citations: The <i>Health Professions Registration Act, 2005</i> is available at: http://www.legislation.vic.gov.au/</p> <p>Further information on the <i>Health Professions Registration Act, 2005</i> is available at:</p>	<p>Citations: Information on the Government of Victoria’s Primary Care Partnership initiative is available at: http://www.health.vic.gov.au/pcps/about/index.htm</p> <p>The Government of Victoria’s Primary Care Partnerships strategic direction document is available at: http://www.health.vic.gov.au/pcps/downloads/strategy/pcp_strat_2004_06.pdf</p> <p>Information on the Australian Health Ministers’ Conference is available at: http://www.ahmac.gov.au/site/home.aspx</p> <p>The National Health Workforce Strategic Framework is available at: http://www.health.nsw.gov.au/amwac/pdf/NH_W_stratfwork_AHMC_2004.pdf</p>	<p>HSC may decide to conduct an investigation; and</p> <ul style="list-style-type: none"> • Referral for conciliation: The complaint may be referred to the HSC conciliation section for confidential and impartial conciliation. This might happen where there is a claim for damages or remedial treatment, or where there is a need for a meeting between the consumer and the health service provider. At this point the parties receive more information about what conciliation involves. <p>Credentialing and Scopes of Practice The Australian Council for Safety and Quality in Health Care was established in 2000 by all Australian Health Ministers to lead national efforts to improve the safety and quality of health care, with a particular focus on minimizing the likelihood and effects of error.</p> <p>In 2004, the Council (now called the Australian Commission on Safety and Quality in Health Care) published a national standard for credentialing and defining scopes of clinical practice.</p> <p>In 2007, Victoria’s Department of Human Services developed a Statewide policy on credentialing and defining the scope of clinical practice for medical practitioners.</p> <p>Credentialing is the formal process of verifying the qualifications, experience, professional standing and other relevant professional attributes for the purpose of forming a view about their competence and suitability to provide safe, high quality health care services within specific</p>
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<p>http://www.health.vic.gov.au/pracreg/hpracreg/act.htm</p> <p>Information on Registration Boards is available at: http://www.health.vic.gov.au/pracreg/boards.htm</p> <p>The <i>Commonwealth Mutual Recognition Act, 1992</i> and the <i>Trans Tasman Mutual Recognition Act, 1997</i> are available at: http://www.comlaw.gov.au/</p> <p>Further information on the federal role in the regulation of health professionals in Australia is available at Dalhousie University's Health Law Institute, which undertook a review of Patient Safety Law entitled <i>Patient Safety Law: From Silos to Systems</i>. The initiative produced a report on Australia. The report is available at: http://www.patientsafetylaw.ca/</p> <p>Information on the Council of Australian Governments' commitment to establish a single national registration scheme for health professionals is available at: http://www.coag.gov.au/meetings/140706/index.htm#health and http://www.coag.gov.au/meetings/130407/index.htm#health</p>		<p>organizational environments.</p> <p>Defining the scope of clinical practice follows on from credentialing and involves delineating the scope of an individual medical practitioner's clinical practice within a particular organization.</p> <p>The government acknowledges that the need for a uniform system of credentialing and defining the scope of clinical practice applies equally to all health care professionals treating patients. While this policy currently only applies to senior medical practitioners with independent responsibility for patient care, the government has stated that further work to develop similar arrangements for nurses, allied health professionals and other clinical staff will continue in the future.</p> <p>Citations: The <i>Health Professions Registration Act, 2005</i>, is available at: http://www.legislation.vic.gov.au/</p> <p>Information on the Office of the Health Services Commissioner is available at: http://www.health.vic.gov.au/hsc/patient/complaint.htm and http://www.health.vic.gov.au/hsc/provider.htm</p> <p>Information on the Australian Commission for Safety and Quality in Health Care is available at: http://www.health.gov.au/internet/safety/publishing.nsf/Content/home</p> <p>The Australian Council for Safety and Quality in Health Care's 2004 National Standard for</p>
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Denmark	<p>National Board of Health Health professionals in Denmark are regulated by the National Board of Health, Denmark's national authority for health care. The Board is responsible for monitoring, supervising, administrative and development activities in the health care sector.</p> <p>According to the <i>Act on Healthcare Services 2005</i>, the Board is responsible for monitoring and supervising work carried out by health care professionals. This includes recommending whether a certificate or license should be withdrawn if it believes that a health care provider poses a threat to others.</p>	<p>Government Program on Public Health and Health Promotion This document refers to the <i>Preventive Child Care Act</i> which calls for the appointment of a municipal doctor working as part of a cross-disciplinary team to provide preventive health care for children. The document also refers to the use of cross-disciplinary teams to work with pregnant patients, specifically substance abusers and victims of abuse, and to assist children at risk.</p> <p>Public Health Policy <i>Healthy Throughout Life</i>, the Government's targets and strategies for public health policy 2002-10, refers to the use of multidisciplinary teams to address concerns related to overweight children, dementia and pregnant women.</p>	<p>Patient Complaints Board The Patients' Complaints Board (PCB) is an impartial public authority responsible for investigating health care professionals who are subject to a complaint.</p> <p>The mandate of the PCB is to make findings of fact as to whether the health care professional has fallen below the standard of behaviour expected under a given circumstance. The PCB can make four different types of adverse findings:</p> <ul style="list-style-type: none"> • The treatment was not as good as it should have been; • The professional has not acted in accordance with good clinical practice; • The professional has not acted in accordance with good clinical practice and is advised to concentrate more in future; or

	<p>In addition to overseeing legislation and licensing of health care professionals, the Board's responsibilities include:</p> <ul style="list-style-type: none"> • Individual and general supervision of health care professionals; • Pharmacovigilance; • Transfusion medicine; • Patients' rights; • Legislation of licensing of health care professionals; • Forensic medicine and forensic psychiatry; • Biomedicine; • Artificial fertilization; • Human genetic engineering; • Traffic medicine; and • Alternative therapy. <p>Citations: Limited information in English is available at the National Board of Health's website: http://www.sst.dk/Tilsyn.aspx?lang=en and http://www.sst.dk/Om_os/Mission_og_vision.aspx</p> <p>Further information is available at Dalhousie University's Health Law Institute, which undertook a review of Patient Safety Law entitled <i>Patient Safety Law: From Silos to Systems</i>. The initiative produced a report on Denmark. The report is available at: http://www.patientsafetylaw.ca/</p>	<p>Citations: The Government's Program on Public Health and Health Promotion is available at: http://www.folkesundhed.dk/media/folkesundhed_engelsk.pdf</p> <p><i>Healthy Throughout Life</i> is available at: http://www.folkesundhed.dk/media/healthythroughoutlife.pdf</p>	<ul style="list-style-type: none"> • The PCB suspects that malpractice may be present and the police should investigate and decide whether to prosecute. <p>Each panel of the PCB consists of a judge (as chair), two professionals from the relevant discipline, and two non-professionals appointed by a patient advocacy organization. The PCB receives a report from a professional who has reviewed the facts prior to the PCB convening and may also consult with representatives of the National Board of Health.</p> <p>Quality Reform Bill The Government is expected to introduce a Quality Reform Bill in 2008. This Bill is expected to include mechanisms to facilitate the provision of health care in interdisciplinary teams.</p> <p>This Bill will also introduce further reforms to complaint handling and organizational measures to improve learning from complaints. One of the aims will be to ensure that barriers between the discipline, patient compensation and reporting systems are broken down and transformed into a quality improvement and learning system.</p> <p>Patient Ombudsman A Patient's Ombudsman's Office will be established to direct the course of patient complaints. The aim is to reduce wait times to resolve complaints.</p> <p>Danish Secretariat for Clinical Guidelines The Danish Secretariat for Clinical Guidelines (DSCG) is a unit of the National Board of Health. It supports medical societies and other health care</p>
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			<p>professionals in developing clinical guidelines.</p> <p>Clinical guidelines are evidence-based systematic descriptions of the elements that should form an integrated part of the examination, treatment, nursing, rehabilitation and prevention of a given disease or a complex of symptoms.</p> <p>The DSCG's clinical guidelines:</p> <ul style="list-style-type: none"> • Are evidence-based; • Are based on interdisciplinary work involving both relevant medical specialists, as well as other health care professionals; and • Integrate organizational and health economic aspects and patients' views. <p>Citations:</p> <p>Information on the Patient Safety and Complaints Board is available in the chapter on Denmark from <i>Patient Safety Law: From Silos to Systems</i>. and http://www.sum.dk/publikationer/healthcare_in_dk/all.htm</p> <p>Information on the government's Quality Reform Bill was provided in an interview with Dr. Flemming Rosleff, CEO of Evidence Consulting, Frederiksberg, Denmark, on December 14, 2007.</p> <p>Information on the proposal to establish a Patient's Ombudsman's Office was provided in writing by Dr. Flemming Rosleff.</p> <p>Limited information on the Danish Secretariat for Clinical Guidelines is available in English at:</p>
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			http://www.sst.dk/Planlaegning_og_behandling/SfR.aspx?lang=en
<p>New Zealand</p>	<p><i>Health Practitioners Competence Assurance Act, 2003</i> Health care professionals in New Zealand are self-regulated by Boards or Councils in accordance with the terms of the <i>Health Practitioners Competence Assurance Act, 2003</i>.</p> <p>The Act repealed 11 existing Acts of Parliament, which collectively regulated the health professions, and created a new regulatory structure for New Zealand's health care sector.</p> <p>The Act's purpose is to protect the health and safety of the public by providing for mechanisms to ensure that health care practitioners are competent and fit to practice their professions. The Act achieves its mandate through:</p> <ul style="list-style-type: none"> • A consistent accountability regime for all health professions; • Determining the scope of practice for each profession; • Systems to ensure that no health practitioner practices outside his or her scope of practice; • Powers to restrict specified activities to particular classes of health practitioners, to protect members of the public; • Protection for health practitioners who take part in protected quality assurance activities; and • Providing the scope for additional 	<p>New Zealand Health Strategy In its 2000 Health Strategy, the Government of New Zealand noted that much of the progress towards meeting its goal of developing a health and disability support sector that embraces a culture of continual quality improvement in the delivery of health and disability services will come from the teams of health professionals working and learning together to establish agreed clinical protocols and processes and share best practice initiatives.</p> <p>District Health Boards District Health Boards were formed as a result of the structural reforms to New Zealand's health care system introduced in the <i>New Zealand Public Health and Disability Act, 2000</i>.</p> <p>District Health Boards are responsible for providing health and disability services for their resident populations. One of their key objectives is to promote the integration of health services, especially primary and secondary health services. They are also responsible for actively investigating, facilitating, sponsoring and developing co-operative and collaborative arrangements with people in the health and disability sector or in any other sector to improve, promote and protect the health of people and to promote the inclusion and participation in society and independence of people with disabilities.</p>	<p><i>Health and Disability Commissioner Act, 1994</i> The Act created the Office of the Health and Disability Commissioner – with the role of, among other things, promoting respect for and observance of the rights of health and disability services consumers as well as an awareness of those rights, through education and publicity.</p> <p>The purpose of the Act is "to promote and protect the rights of health consumers and disability services consumers, and, in particular, to secure the fair, simple, speedy, and efficient resolution of complaints relating to infringements of those rights".</p> <p>This objective is achieved through the implementation of a code of rights, the establishment of a consumer advocacy service, the establishment of a complaints process to ensure enforcement of those rights and the ongoing education of providers and consumers.</p> <p><i>The HDC Code of Health and Disability Services Consumers' Rights Regulation, 1996</i> The <i>Code of Health and Disability Services Consumers' Rights, 1996</i> became law on July 1, 1996 as a regulation under the <i>Health and Disability Commissioner Act, 1994</i>. The Code extends to any health or disability services consumer (including, at times, a person entitled to give consent on behalf of that consumer), as well as any health care or disability services provider.</p> <p>Right 4 of the Code guarantees the right of every health care consumer to receive health care</p>

	<p>health practitioners to come under the Act.</p> <p>The Act covers all registered health professions and contains the following key provisions:</p> <ul style="list-style-type: none"> • It ensures health practitioners are properly trained and qualified before they can be registered; • It requires health practitioners to continually update and improve their skills; • It establishes and continues various registering authorities to authorize the registration of and to review and maintain the competence of health practitioners; and • It establishes a single, common disciplinary tribunal called the Health Practitioners Disciplinary Tribunal. <p>Citations: The <i>Health Practitioners Competence Assurance Act, 2003</i> is available at: http://gpacts.knowledge-basket.co.nz/gpacts/public/text/2003/an/048.html</p> <p>Information on the <i>Health Practitioners Competence Assurance Act, 2003</i> is available at: http://www.moh.govt.nz/hpca and http://www.moh.govt.nz/moh.nsf/wpg_index/Publications-confidence+in+your+health+practitioner</p>	<p>National Health Committee New Zealand’s National Health Committee provides New Zealand’s Minister of Health with independent advice on a broad spectrum of health and disability issues.</p> <p>In its 2000 report entitled <i>Improving Health for New Zealanders by Investing in Primary Health Care</i>, the Committee noted that “interdisciplinary teamwork is increasingly a feature of health care in New Zealand, particularly in hospital settings where the institutional nature of care is conducive to such teamwork.”</p> <p>In order to strengthen population-based approaches in primary care, the Committee recommended the adoption of an interdisciplinary approach within a structure that has a community health focus and the development of organizational capability for delivering population-based health care.</p> <p>Citations: The New Zealand Health Strategy is available at: http://www.moh.govt.nz/moh.nsf/238fd5fb4fd051844c256669006aed57/c024d8d149d4c168cc2569b1007679ca?OpenDocument#The%20New%20Zealand%20Health%20Strategy and http://www.moh.govt.nz/moh.nsf/0/FB62475D5D911E88CC256D42007BD67E/\$File/newzealandhealthstrategy.pdf</p> <p>The <i>New Zealand Public Health and Disability Act, 2000</i> is available at:</p>	<p>services of an appropriate standard. Specifically, Right 4(5) states that “every consumer has the right to co-operation among providers to ensure quality and continuity of services.”</p> <p>Complaints Complaints about a health provider or practitioner’s conduct may be considered by the Health and Disability Commissioner, who may refer the complaint to the appropriate authority after conducting a preliminary assessment.</p> <p>Health Practitioner’s Competence Assurance Act, 2003 An authority to which a complaint has been referred by the Health and Disability Commissioner must assess the complaint and may then decide to consider the actions which should be taken in response or to refer the complaint to a professional conduct committee.</p> <p>The professional conduct committee must make recommendations to the applicable authority , determine that no further steps be taken, determine that a charge be brought against the health practitioner before the Health Practitioners Disciplinary Tribunal or determine that the complaint be submitted to conciliation. A charge may also be laid before the Tribunal by the Director of Proceedings pursuant to section 49 of the <i>Health and Disability Commissioner Act, 1994</i>.</p> <p>If the Tribunal is satisfied that it is necessary or desirable, having regard to the protection of the health and safety of the public, it may order the health practitioner’s registration be suspended, or that conditions be imposed on his or her practice.</p>
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	<p>Further information on health professions regulation is available at Dalhousie University's Health Law Institute, which undertook a review of Patient Safety Law entitled <i>Patient Safety Law: From Silos to Systems</i>. The initiative produced a report on New Zealand. The report is available at: http://www.patientsafetylaw.ca/</p>	<p>http://www.legislation.govt.nz/libraries/content/s/om_isapi.dll?clientID=311851154&infobase=pa1_statutes.nfo&jump=a2000-091&softpage=DOC</p> <p>Information on District Health Boards is available at: http://www.moh.govt.nz/moh.nsf/7004be0c19a98f8a4c25692e007bf833/e65f72c8749e91e74c2569620000b7ce?OpenDocument and http://www.moh.govt.nz/moh.nsf/wpg_index/About-DHBs</p> <p>The National Health Committee's report entitled <i>Improving Health for New Zealanders by Investing in Primary Health Care</i> is available at: http://www.nhc.health.govt.nz/moh.nsf/pagescm/716/\$File/improvinghealth1.pdf</p>	<p>On certain grounds set out in section 100 of the Act, the Tribunal may impose a variety of additional penalties including an order that the practitioner be censured, or that the practitioner pay a fine or costs and expenses.</p> <p><u>Health Practitioners Disciplinary Tribunal:</u> A single, common disciplinary tribunal is created under the Act. All regulated health practitioners are subject to its jurisdiction.</p> <p><u>Scopes of Practice:</u> Under the Act, authorities are responsible for defining one or more scopes of practice for the professions they oversee and the qualifications required for each.</p> <p>Health practitioners registered by a particular authority are authorized to practice within one or more scopes of practice. These scopes are endorsed, with amendments or conditions if required, on the health practitioners' annual or interim practicing certificates.</p> <p>Where disputes arise between authorities over their professions' scope, there are provisions for these disputes to be resolved by the parties themselves and, if necessary, the advice of the Minister of Health.</p> <p><u>Restricted Activities:</u> On August 1, 2005, an Order in Council made pursuant to section 9 of the Act establishing a list of restricted activities, came into force.</p> <p>It is illegal for anyone other than a health practitioner (registered under the Act) to perform any of the restricted activities listed in the Order, unless the activity is performed in certain</p>
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			<p>emergency situations.</p> <p>The provision for “restricted activities” was included in the Act to provide an additional assurance that non-health practitioners would not be able to perform tasks that can only safely be performed by competent and registered health practitioners.</p> <p>Restricted activities are not intended to restrict the activities of practitioners of established professions not regulated under the Act, from carrying out legitimate activities that they are currently undertaking without risk of harm to the public.</p> <p>Citations: The <i>Health and Disability Commissioner Act, 1994</i> is available at: http://www.hdc.org.nz/theact/theact_intro</p> <p>Information on the Health and Disability Commissioner is available at: http://www.hdc.org.nz/aboutus/aboutus_intro</p> <p>The <i>Code of Health and Disability Services Consumers’ Rights, 1996</i> is available at: http://www.hdc.org.nz/theact/theact-thecodedetail</p> <p>Information on the Health and Disability Commissioner’s complaints resolution process is available at: http://www.hdc.org.nz/complaints</p> <p>Further information about the complaints system is available in an article published in <i>Health Law Review</i> called “Current Developments in New</p>
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			<p>Zealand Health Law.” The article is available at: http://www.law.ualberta.ca/centres/hli/pdfs/hlr/v12_2/3_Tigerstrom.pdf</p> <p>Information on the Health Practitioner Disciplinary Tribunal is available at: http://www.hpdt.org.nz/</p> <p>Information on Scopes of Practice is available at: http://www.moh.govt.nz/moh.nsf/indexmh/hpca-newsletter3</p> <p>Information on Restricted Activities, including a list of the activities, is available at: http://www.moh.govt.nz/moh.nsf/indexmh/hpca-restricted and http://www.moh.govt.nz/moh.nsf/indexmh/hpca-restricted-guidelines</p>
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<p>United Kingdom</p>	<p>The regulation of health professionals in the UK is carried out through a process of self regulation.</p> <p>Each health profession is regulated subject to an Act of Parliament.</p> <p>Health professionals are self-regulated by nine health professions regulation councils, as follows:</p> <ul style="list-style-type: none"> • General Chiropractic Council, which regulates chiropractors; • General Dental Council which regulates dentists, dental hygienists and dental therapists; • General Medical Council, which regulates physicians; • General Optical Council, which regulates dispensing opticians and optometrists; • General Osteopathic Council, which regulates osteopaths; • Health Professions Council (previously the Council for Professions Supplementary to Medicine), which regulates 13 professions (arts therapists, biomedical scientists, chiropodists and podiatrists, clinical scientists, dietitians, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, prosthetists and orthotists, radiographers and speech and language therapists); • Nursing and Midwifery Council, which regulates nurses, midwives and specialist community public health 	<p>2007 White Paper on Health Professions Regulation</p> <p>In February 2007, the government released a White Paper entitled <i>Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century</i>. The White Paper outlines the government’s plans for modernizing the regulation of health professionals.</p> <p>The White Paper’s key provisions are set out as follows:</p> <ul style="list-style-type: none"> • Chapter 1 sets out a series of measures to ensure the independence of the national professional regulators; • Chapter 2 establishes new proposals to ensure that all regulated health professions have in place a mechanism for the revalidation of their members’ registration, through which health care professionals can periodically demonstrate their continued fitness to practice. There will be one system for doctors and another for all other regulated health professionals; • Chapter 4 establishes proposals to ensure public and professional confidence in cases when a regulated health care practitioner’s fitness to practice has been called into question. The proposals are designed to ensure greater fairness and openness in the handling of these types of cases; • Chapter 5 discusses the roles of the regulatory bodies in the education of their members; • Chapter 6 sets out further proposals for the professional registers and the extension of the information held on them for patients, the public, employers and the professions; 	<p>Council for Healthcare Regulatory Excellence</p> <p>The <i>National Health Service Reform and Healthcare Professions Act, 2002</i> created the Council for Healthcare Regulatory Excellence (CHRE), originally called the Council for the Regulation of Health Care Professionals.</p> <p>CHRE is an arm’s-length body accountable to Parliament and responsible for overseeing the nine health regulatory bodies. Its mandate is to promote best practice, co-operation and consistency in the regulation of health care professionals. Its mission is to promote the public interest, promote best practices and achieve excellence in the regulation of health care professionals. CHRE’s core functions are as follows:</p> <ul style="list-style-type: none"> • Promoting the interests of the public and patients in the field of the regulation of health professionals; • Promoting best practice in professionally-led regulation; • Reporting annually to Parliament on its work, with discretion to report on the performance of individual regulatory bodies and to compare their performance of similar functions; • Promoting co-operation and consistency across the regulation of all the health care professions, in the interest of patients; • Developing principles of good regulation; and • Advising Ministers across the UK on professional regulation issues in health care. <p>Under the Act, CHRE has been granted the following powers:</p>
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	<p>nurses;</p> <ul style="list-style-type: none"> • Pharmaceutical Society of Northern Ireland, which regulates pharmacists; and • Royal Pharmaceutical Society of Great Britain, which regulates pharmacists. <p>Citations: Acts of Parliament governing each of the professions above are available at: http://www.opsi.gov.uk/acts.htm</p> <p>Further information is available at Dalhousie University’s Health Law Institute, which undertook a review of Patient Safety Law entitled ‘<i>Patient Safety Law: From Silos to Systems</i>’. The initiative produced a report on the United Kingdom. The report is available at: http://www.patientsafetylaw.ca/</p>	<p>and</p> <ul style="list-style-type: none"> • Chapter 7 considers new roles for regulators and the regulation of emerging health professions. <p>Some of the proposals relevant to enhancing collaboration among health professions regulators include:</p> <ul style="list-style-type: none"> • Requesting the Council for Health Care Regulatory Excellence (CHRE) to develop common protocols for local investigations across all the regulators, with guidance to employers on when such cases should be referred to the national regulator; • Requesting regulatory bodies to work with National Health Service employers to develop arrangements for selective language testing for applicants to posts, where appropriate; • Asking CHRE to recommend a standard definition of good character, working with the regulatory bodies, and encompassing wider work within Europe to promote information sharing on the good character of professionals who cross national borders; • The government taking forward the recommendation to ensure closer cooperation and co-ordination between regulators and employers when a health professional enters employment for the first time. The Department will ask CHRE to lead a program of work with regulators and employers from across the UK to investigate the feasibility and practicability of these proposals; • The government considering areas in which regulatory practice and legislative 	<ul style="list-style-type: none"> • Section 26 gives the power to monitor how regulators carry out their functions, including investigating and reporting how they carry out their work, comparing the performance of different regulators and recommending changes in the way they carry out their work. CHRE carries out a yearly performance review which examines the overall performance of the regulators. • Section 26(7) and (8) require CHRE to comply with requests from the Secretary of State, the National Assembly for Wales, the Scottish Ministers or the Department of Health, Social Services and Public Safety in Northern Ireland for advice on any matter connected with a profession appearing to be a health care profession. • Section 27 gives the power to give directions requiring a regulator to make rules or change its rules if CHRE feels that it is necessary to protect the public. CHRE must send a copy of the directions to the relevant authority (in most cases the Secretary of State). The directions do not come into force until a date specified in an order made by the relevant authority, a draft of which has been laid before both Houses of Commons (or as applicable, the Northern Ireland Assembly); and • Section 29 gives the power to refer fitness to practice decisions made by the regulators to the applicable court if it considers that the regulator’s decision was unduly lenient or should not have been made.
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		<p>of stakeholders in their deliberations; and</p> <ul style="list-style-type: none"> • Improved arrangements for accountability to Parliament, covering annual reports (including arrangements to ensure that the regulator adheres to good practice in relation to equality and diversity, and a report on the effectiveness of its fitness to practice procedures), and strategic plans. <p>Citations: The White Paper is available at: http://www.official-documents.gov.uk/document/cm70/7013/7013.pdf</p> <p>The Health Care and Associated Professions Order 2008 is available at: http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_080800</p> <p>Further information on the modernization of the United Kingdom’s system for health professions regulation is available at: http://www.dh.gov.uk/en/Policyandguidance/Humanresourcesandtraining/Modernisingprofessionalregulation/index.htm</p>	<p>ensure that regulation and inspection activity across health and adult social care is coordinated and managed.</p> <p>Health and social care providers will be required to register with the new regulator in order to provide services. The registration requirements that all providers must meet will be consistent across both health and adult social care and will be the subject of a forthcoming consultation. The new system will provide a much clearer understanding of the requirements providers must meet in order to provide services.</p> <p>In addition, the Bill takes forward the primary legislative elements of the government’s regulatory reform proposals outlined in the 2007 White Paper. The Bill proposes to:</p> <ul style="list-style-type: none"> • Improve public and professional confidence in the impartiality of fitness to practice decisions by the health regulators. This will be achieved by the creation of a new independent body charged with the hearing of cases. The Office of the Health Professions Adjudicator will be an independent statutory body so that patients and professionals can be sure that there is no undue influence affecting its decision making; and • Harmonize the standard of proof across all the health and social care regulators, by moving to the civil standard of proof for professional regulation, which is a protective jurisdiction. <p>Citations: The <i>National Health Service Reform and Healthcare Professions Act, 2002</i>, is available at:</p>
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<p>Nebraska, United States</p>	<p><i>Uniform Licensing Law</i> Currently all health professions and occupations are regulated in accordance with the <i>Uniform Licensing Law</i>, Chapter 71 (Section 101) of the Revised Statutes of Nebraska.</p> <p>Under Section 112.03, the purpose of each professional board is to: (1) Provide for the health, safety, and welfare of the citizens; (2) insure that licensees or certificate holders serving the public meet minimum standards of proficiency and competency; and (3) control the profession in the interest of consumer protection.</p>	<p>Nebraska Licensing & Regulatory Affairs Reform 2000 On January 1, 1999 a study entitled <i>Nebraska Licensing & Regulatory Affairs Reform 2000: A Model for the Regulation of Health Care Professions by State Government in Nebraska</i> was presented to the State Legislature.</p> <p>The result of this study will be a comprehensive design for a model system for the Licensing & Regulatory Affairs and regulation of health care practitioners, facilities and providers in Nebraska.</p>	<p>Department of Health and Human Services Licensure Unit This unit licenses all health-related professions and occupations, as well as health care facilities and services and child care programs.</p> <p>One of the operative principles of the Licensure Unit is to standardize, where appropriate, regulatory and statutory requirements, work processes, and operational procedures.</p> <p>Professions and Occupations Investigation Unit In Nebraska, there is a common complaint, investigation and disciplinary process in place for all health professionals.</p>

<p><i>Uniform Credentialing Act</i> Effective December 1, 2008, health professions and occupations will be regulated in accordance with the <i>Uniform Credentialing Act</i>, Chapter 38 of the Revised Statutes of Nebraska.</p> <p>Under Section 38-103, the purposes of the Act are to: (1) protect the public health, safety and welfare by (a) providing for the credentialing of persons and businesses that provide health and health-related services and environmental services that are subject to the Act and (b) developing, establishing and enforcing standards for such services; and (2) provide for the efficient, adequate, and safe practice of such persons and businesses.</p> <p>Under Section 38-126, State Regulatory Boards are charged with protecting the health, safety, and welfare of the public and ensuring, to the greatest extent possible, the efficient, adequate, and safe practice of health services. The Boards are authorized to adopt rules and regulations regarding, among other things, minimum standards required for credentials, competency, education and acts constituting unprofessional conduct. Rules and regulations are promulgated and enforced by the Division of Public Health of the Department of Health and Human Services.</p> <p>Regulations concerning the licensure and practice of various health professions and</p>	<p>The study recommended, among other things:</p> <ul style="list-style-type: none"> • Whenever possible, Licensing & Regulatory Affairs should utilize uniform standards and consistent processes and vocabulary; • A simplified and participative process should be created to resolve inconsistencies, and provide for changes, in scopes of practice among professions; • Closely related professions should be regulated by the same board when possible; • All aspects of the Licensing and Regulatory Affairs system for health professionals should be based upon a partnership among consumers, providers and regulators; and • Compliance assurance processes should strive for consistency and uniformity of process but results should take into consideration other issues that might affect the public. <p><u>Citation:</u> The study <i>Nebraska Licensing & Regulatory Affairs Reform 2000: A Model for the Regulation of Health Care Professions by State Government in Nebraska</i> is available at: http://www.hhs.state.ne.us/crl/NCR2000.htm</p>	<p>This process is led by the Professions and Occupations Investigation Unit and involves Professional Boards, the Office of the Attorney General and, in some circumstances the Office of the Chief Medical Officer.</p> <p><u>Citations:</u> Information on the Department of Health and Human Services' Licensure Unit is available at: http://www.hhs.state.ne.us/crl/crlindex.htm</p> <p>Information on the Professions and Occupations Investigation Unit is available at: http://www.hhs.state.ne.us/reg/INVEST-P.HTM</p> <p>The common complaint, investigation and disciplinary process is described in a chart available at: http://www.hhs.state.ne.us/crl/discproc.pdf</p>
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	<p>occupations, including licensing requirements, fees, standards of conduct, practice guidelines, and training standards are passed under Title 172 of the Rules and Regulations of the Nebraska Department of Health and Human Services. Also included are regulations for the mandatory reporting of conduct or actions by credentialed health professionals that may violate the laws or regulations governing their practice.</p> <p>Health professionals are regulated by professional boards charged by the State government with responsibility for regulating professional practice within the State.</p> <p>Citations: The <i>Uniform Licensing Law</i> is available at: http://www.hhs.state.ne.us/crl/statutes/ull.pdf and http://uniweb.legislature.ne.gov/LegalDocs/view.php?page=s7101001000</p> <p>The <i>Uniform Credentialing Act</i> is available at: http://uniweb.legislature.ne.gov/LegalDocs/view.php?page=s38index</p> <p>Title 172 of the Rules and Regulations of the Nebraska Department of Health and Human Services is available at: http://www.hhs.state.ne.us/reg/regs.htm</p>		
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<p>Virginia, United States</p>	<p>Code of Virginia – Professions and Occupations</p> <p>In Virginia, all professions and occupations are regulated under Title 54.1 – Professions and Occupations - of the Code of Virginia.</p> <p>Title 54.1, Chapter 25, of the Code establishes the Board of Health Professions and the Department of Health Professions. The following Health Regulatory Boards (HRBs) are included within the Department of Health Professions:</p> <ul style="list-style-type: none"> • Board of Audiology and Speech-Language Pathology; • Board of Counseling; • Board of Dentistry; • Board of Funeral Directors and Embalmers; • Board of Long-Term Care Administrators; • Board of Medicine; • Board of Nursing; • Board of Optometry; • Board of Pharmacy; • Board of Physical Therapy; • Board of Psychology; • Board of Social Work; and • Board of Veterinary Medicine. <p>The powers and duties of the Board of Health Professions include evaluating the need for coordination among the HRBs and their staffs and reporting its findings and recommendations to the Director of the Department of Health Professions and</p>	<p>Governor’s Health Reform Commission</p> <p>In September 2007, the Governor’s Health Reform Commission released a report entitled <i>Roadmap for Virginia’s Health</i>.</p> <p>The report recommended “changes to the scope of practice to allow physician extenders to do more” and the provision of “grant funding to study physician/nurse teams.”</p> <p>Citation: A copy of the report, <i>Roadmap for Virginia’s Health</i>, is available at: http://www.hhr.virginia.gov/Initiatives/HealthReform/MeetingMats/FullCouncil/Health_Reform_Comm_Final_Report.pdf</p>	<p>Board of Health Professions</p> <p>Under Chapter 25 (Section 10) the Board of Health Professions consists of one member from each of the regulatory boards, and five citizens, appointed by the Governor.</p> <p>The Board’s role, as set out in the Code of Virginia, includes the following responsibilities:</p> <ul style="list-style-type: none"> • To evaluate the need for coordination among the HRBs and their staffs and report its findings and recommendations to the Director and the HRBs; • To monitor the policies and activities of the Department of Health Professions, serve as a forum for resolving conflicts among the HRBs and between the HRBs and the Department and have access to Departmental information; • To promote the development of standards to evaluate the competency of the professions and occupations represented on the Board; • To review periodically the investigatory, disciplinary and enforcement processes of the Department and the individual HRBs to ensure the protection of the public and the fair and equitable treatment of health professionals; and • To examine scope of practice conflicts involving regulated and unregulated professions and advise the HRBs and the General Assembly of the nature and degree of such conflicts. <p>Department of Health Professions</p> <p>The Department’s mandate is to enhance the delivery of safe and competent health care by licensing qualified health care professionals, enforcing standards of practice and providing</p>
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	<p>the HRBs.</p> <p>The HRBs are responsible for making regulations that govern health professionals. The general powers and duties of the HRBs include registration and licensure, fees, promulgating regulations that are reasonable and necessary to administer effectively the regulatory system and discipline.</p> <p>Citations: The Code of Virginia is available at: http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+TOC</p>		<p>information to both practitioners and consumers of health care services.</p> <p>Under Chapter 25 (section 5) of the Code, the Director:</p> <ul style="list-style-type: none"> • Provides common administrative services to assist in the operation of the HRBs, including office space and staff; • Receives all complaints made against regulated health professionals; • Monitors the status of actions taken by HRBs regarding complaints until the closure of each case; and • Collects all fees to be paid into each HRB, accounts for and deposits the money into a special fund from which the expenses of the HRBs, the Health Practitioners' Investment Program, and the Department and Board of Health Professions shall be paid. <p>Uniform Investigative Procedures Under Chapter 25 (section 6) of the Code, the Director and investigative personnel appointed by him have authority to investigate any violations of statutes and regulations and inspect any office or facility operated, owned or employing individuals regulated by any HRB.</p> <p>Citations: Title 54.1, Chapter 25 of the Virginia Code, which defines the powers and duties of the Board of Health Professions, the Department of Health Professions and the Uniform Investigative Procedures is available at: http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+TOC5401000002500000000000</p>
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<p>Washington State, United States</p>	<p>Revised Statutes of Washington In Washington, businesses and professions, including health professions, are regulated under Title 18 of the Revised Statutes of Washington.</p> <p>Certain matters relating to the licensure and practice of various health professions and occupations, including conduct and standards of care, are addressed under Title 246 of the Washington Administrative Code (Department of Health).</p> <p><u>Office of Health Professions Quality Assurance (HPQA)</u> HPQA is an office within the Washington State Department of Health responsible for protecting public health and safety by regulating the competency and quality of health care providers.</p> <p>HPQA personnel work in partnership with 12 boards, 4 commissions and 8 advisory committees to set licensing standards for 57 health care professions.</p>	<p>Washington State Medical Home Washington has developed a strategic plan to help the state reach the national <i>Healthy People 2010</i> goal of every child and youth with special health care needs having access to a Medical Home by 2010.</p> <p>A Medical Home is an approach to delivering primary health care through a 'team partnership' that ensures that health care services are provided in a high quality and comprehensive manner.</p> <p>A primary health care provider (physician or nurse practitioner) leads the medical home with the support and direction of the patient, the patient's family, clinic staff, community agencies and other specialty care service providers.</p> <p><u>Citation:</u> Information on the Washington State Medical Home program is available at: http://www.medicalhome.org/</p>	<p><i>Uniform Disciplinary Act</i> Chapter 18.130 of the Revised Code of Washington is the <i>Uniform Disciplinary Act</i>. The Act consolidates disciplinary and licensure procedures for licensed health and health-related professions and businesses by providing a uniform Act with standardized procedures for the licensure of health care professionals and the enforcement of laws to assure the public of the adequacy of professional competence and conduct.</p> <p>Common Investigative Staff Under the authority of Chapter 18.130.060 of the Revised Code of Washington, the Secretary of Health can hire investigative, administrative and clerical staff as necessary for the enforcement of the <i>Uniform Disciplinary Act</i>. They have the authority to conduct investigations of a holder of, or an applicant for, a profession or business licence.</p> <p>Disciplinary Guidelines Manual Washington State has developed uniform disciplinary guidelines common to 23 professions overseen by the Secretary of Health. The</p>

	<p>HPQA also processes complaints concerning health care providers. HPQA's responsibilities include:</p> <ul style="list-style-type: none"> • Setting minimum standards for obtaining a credential; • Establishing educational requirements and conducting educational program reviews and site visits; • Reviewing applicants' qualifications and backgrounds; • Issuing credentials to qualified applicants and monitoring continuing education requirements; • Setting standards of practice and educating health care providers regarding the standards; • Developing and implementing legislation, administrative rules, policies and procedures; • Receiving and processing complaints against health care providers; • Conducting investigations, audits and inspections; • Implementing adjudicative processes; • Applying consistent disciplinary sanctions for all health professions; • Monitoring compliance with sanctions; and • Providing information to the public regarding credential status and complaint and disciplinary history. <p><u>Relationship to Health Professions Boards:</u> HPQA staff and the boards and commissions form an interdependent partnership. Boards and commissions have decision-making authority over 34 health</p>	<p>The Washington State Medical Home Plan is available at: http://www.medicalhome.org/about/medhomeplan.cfm</p> <p>The Washington State Medical Home Fact Sheet is available at: http://www.medicalhome.org/4Download/keymessages2007.pdf</p> <p>Information on <i>Healthy People 2010</i> is available at: http://www.healthypeople.gov/</p>	<p>guidelines are designed to determine what action a disciplining authority should take based upon an investigation and what sanction a disciplining authority should impose upon a finding of unprofessional conduct.</p> <p>Complaint and Disciplinary Process The Secretary of the Department of Health and 16 state boards and commissions (regulatory boards) are authorized by the legislature to discipline health care providers who violate the law. The boards work in partnership with HPQA to develop a uniform process for receiving, investigating and determining appropriate disciplinary measures.</p> <p>Common Functions HPQA Staff directly oversees 23 professions and provide common administrative and secretarial support for all functions to 16 boards and commissions.</p> <p>Health Systems Quality Assurance (HSQA) Functional Model HSQA is a division of the Washington State Department of Health, which comprises four branches including HPQA.</p> <p>HSQA is undergoing a functional reorganization to provide better common support services to all health regulators. The division is implementing a standard credentialing process (application intake, review and approval, correspondence, automated incomplete application cancellation procedure and production printing) and standard enforcement process (complaint intake, tracking, investigation and adjudication) that will be online</p>
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	<p>professions' regulation and discipline. The Department of Health (DOH) has decision-making authority over 23 health professions and all administrative issues, processes and procedures.</p> <p>HPQA staff provide support for open public meetings during which boards, commissions and committees conduct official business. Part-time board, commission and committee members in total spend about 150 days per year performing other duties such as reviewing cases, participating in settlement conferences, sitting on rule-making panels or sitting on hearing panels to determine case outcomes.</p> <p>Board and commission members are appointed by the Governor. Most boards and commissions have rule-making and disciplinary authority for particular health care provider professions (e.g. the Nursing Care Quality Assurance Commission regulates registered nurses and licensed practical nurses). Boards and commissions have the same responsibilities.</p> <p>Citations: Title 18 of the Revised Statute of Washington is available at: http://apps.leg.wa.gov/rcw/default.aspx?cite=18</p> <p>Title 246 of the Washington Administrative Code is available at:</p>		<p>by March 31, 2008.</p> <p>Citations: The <i>Uniform Disciplinary Act</i> can be located at: http://apps.leg.wa.gov/RCW/default.aspx?cite=18.130</p> <p>The section of the <i>Uniform Disciplinary Act</i> that authorizes the Secretary of Health to hire permanent investigative staff is available at: http://apps.leg.wa.gov/RCW/default.aspx?cite=18.130.060</p> <p>The Disciplinary Guidelines Manual is available at: https://fortress.wa.gov/doh/hpqa1/documents/Sanction_Guidelines.pdf</p> <p>Information on Washington State's complaint and disciplinary process is available at: https://fortress.wa.gov/doh/hpqa1/disciplinary/complaint.htm</p> <p>Information on HPQA's common secretarial functions is available in The Washington State Auditor's 2007 Performance Audit of HPQA, available at: http://www.sao.wa.gov/Reports/AuditReports/AuditReportFiles/ar1000002.pdf</p> <p>Information on HSQA is available at: http://www.doh.wa.gov/hsqa/</p> <p>Information on HSQA's functional re-organization is available at: http://www.doh.wa.gov/hsqa/documents/StrategicPlanMaster_20060522.DOC</p>
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	<p>http://apps.leg.wa.gov/WAC/default.aspx?cite=246</p> <p>Information on the Office of Health Professions Quality Assurance is available at: https://fortress.wa.gov/doh/hpqa1/</p> <p>and</p> <p>https://fortress.wa.gov/doh/hpqa1/hpqamin.htm#mychoice</p> <p>and</p> <p>https://fortress.wa.gov/doh/hpqa1/hpqamin.htm#mychoice</p>		
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