

# Regulatory evolution in a changing environment: Sláintecare in Ireland

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#### The Right Touch?



Right touch regulation is based on a proper evaluation of risk, is proportionate and outcome focussed; it creates a framework in which professionalism can flourish and organisations can be excellent. Excellence is the consistent performance of good practice combined with continuous improvement.

Harry Cayton CHRE Review 2009

**New Context » New Framework?** 



## The Health System

#### **The Changing Context**



#### **EXISTING IRISH HEALTH SYSTEM:**

"built to tackle episodic diseases or accidental injuries"

"unique among EU countries in not providing universal coverage of primary care"

WHO 2012/ Sláintecare Implementation Plan 2019

#### **FUTURE IRISH HEALTH SYSTEM:**

- Expand Health and Wellbeing
- Reduce and Remove Charges
- Primary Care Expansion
- Social Care Expansion
- Mental Healthcare Expansion
- Dentistry Expansion
- Expanding Public Hospital Activity
- Legislation
- Implementation
- Funding

#### Sláintecare – the future health system



- Committee established by a unanimous decision of the Dáil [parliament]
- 12 month work programme end to end
- Cross party involvement and support
- Working from a place of growth
- Relied heavily on consultation, expert advice and custom research

#### **Sláintecare**



#### Sláinte Definition (glosbe.com)

- A toast when drinking......
- state of being free of physical or psychological disease, illness, or malfunction/ level of functional or metabolic efficiency of a living being

#### Health



# The Regulatory System

# Regulators of health and social care professionals in Ireland



- CORU multi profession regulator
- Medical Council
- Nursing and Midwifery Board
- Dental Council
- Pharmaceutical Society
- Pre-Hospital Emergency Care Council (PHECC)













#### **CORU's Mission**



To protect the public by promoting high standards of professional conduct and professional education, training and competence among registrants of the designated professions

(Health and Social Care Professionals Act 2005)

#### What happens...



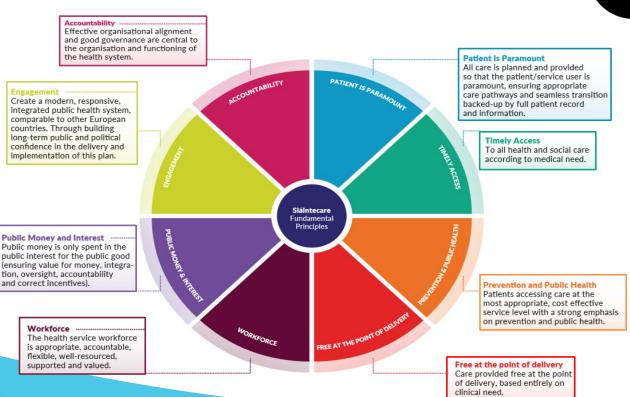
...when innovation meets a system that requires consistency?

#### Sláintecare – delivering innovation



Right Care Right Place Right Time

by the Right Team



#### **Emphasis and Focus**



- ensuring appropriate care pathways and seamless transition
- backed-up by full patient record and information
- accessing care at most appropriate, cost effective service level with a strong emphasis on prevention and public health
- workforce is appropriate, accountable, flexible, well-resourced, supported and valued

#### Regulation

#### delivering reliability and consistency



- Entry requirements = relatively 'fixed' qualifications + professional experience
- Standards (Qualifications, Practice and Codes) reviewed every five years
- Constant incremental change ≠ sound regulatory model which requires adherence to identifiable standards, consistency, predictability, coherence, spheres of operation

#### How do we deliver...



...a fit for purpose regulatory regime through a decade long paradigm shift and beyond?

#### **Changes in practice and environment**



Changes envisaged in Sláintecare are significant, and broad ranging.

We must focus on:

- changes to the professions we regulate, and
- how we regulate those professions

during implementation, transition and into establishment.

#### **Sláintecare**

Right Right Care **Place** by the Right Right Time **Team** 

#### **Health Regulation**

CORU

Right Standards Right Systems

Right Touch

by the Right Team

#### Levers



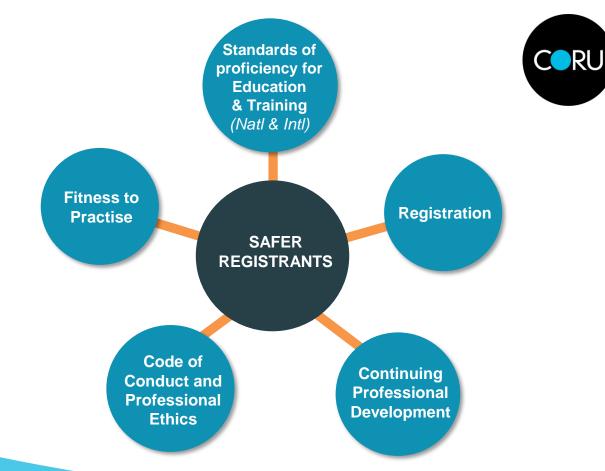
Right Standards: Review Qualification standards, CPD, Codes...

Right Systems: Policies, Processes and Legislation

Right Touch: Legislation and Processes

Right Team: Legislation (Sustainable Regulation?)

Change will impact every aspect of the Regulators' Functions





# Legislation

#### **Current (CORU)**



#### The primary instruments relating specifically to our regulatory functions are:

- The Health and Social Care Professionals Act 2005 (as amended) national
- SI 8 2017 transposing Directive 2005/35/EC as modernised
- New legislation in the pipeline....

Historic regulatory model in Ireland and beyond is based on the concept of the professional as an independent, isolated, expert practitioner.

#### Legislation

# CORU

#### Change will be needed, but...

- Too soon to see full 'shape' of requirements
- A matter for government
- Coherence will be an issue

#### What can we do?

Observe, record, engage, deliver expert perspective and Health and Social Care Regulators Forum

(bodies listed in earlier slide)



## Standards

#### **Key changes**



- From hospital based clinical management to Primary Care Centres and Integrated Care
- Care Pathways and enhanced teamwork
- Push working 'to the top of their licence'
- Move diagnostics outside of acute setting
- E-health initiatives and overarching framework

#### Proposed membership of primary care team

(Sláintecare Implementation Plan 2019)



Primary care team	Number envisaged
General Practitioner	4
Health care assistant	3
Home helps	3
Nurse/midwife	5
Occupational Therapist	0.5 – 1.0*
Physiotherapist	0.5 – 1.0*
Social Worker	0.5 – 1.0*
Receptionist/clerical officer	4
Administrator	1

<sup>\*</sup> to be assessed

#### **Developments**

National Health and Social Care Professionals (HSCP) Office

- Health Services Executive



The Sláintecare Report and the HSE Service Plan 2019 have set out key principles and activities to guide the reform of health services and enable the delivery of responsive, efficient and integrated care, provided at the lowest level of complexity.

#### **Functions National HSCP office**



Many roles, including......

- Influence HSCP to work to the highest levels of their competence
- Model and support interprofessional learning and collaborative practice
- Collect and analyse data and evidence to support decisions on HSCP roles and development

#### **CORU** professions and expected impact

	Significant move to Primary Care	New Clinical leadership & teamworking	E-Health - IT and use of IT in treatment	New competencies, patient/client care, local referral	New patient management systems
Dietitians	✓	✓	✓	✓	✓
Dispensing Opticians			✓	✓	✓
Medical Scientists	✓	✓	✓	✓	✓
Occupational Therapists	✓	✓	✓	✓	✓
Optometrists			✓	✓	✓
Physical Therapists	✓	✓	✓	✓	✓
Physiotherapists	✓	✓	✓	✓	✓
Radiographers	✓	✓	✓	✓	✓
Radiation Therapists	✓	✓	✓	✓	✓
Social Workers	✓	✓	✓		
Speech & Lang Therapists	✓	✓	✓	✓	✓





NEWS

### HSE launch new undergraduate curriculum for future healthcare professionals

by Dionne Meehan | 5 days ago

A new third-level curriculum focusing on selfmanagement support for patients with long-term health conditions was officially launched this week. This...

#### Working to the "top of the licence" 1



The 'license' benchmark is usually a threshold common denominator set by the Regulator...

- Where is the 'top of the licence'? Where is the lower boundary?
- Advanced practitioner standards? and/or Higher minimum thresholds?
- Overlapping competencies with related professions?

#### Working to the "top of the licence" 2



- Will any skills be set aside? What happens to the simpler spectrum?
- Will more professions evolve, should they?
- Upskilling of existing professionals
- Ensuring professionals have the capacity to comply with the Code

#### **Fitness and Processes**



- Accountability where will it lie?
- Team structures and responsibility
- Working to the top of the licence/overlap/gaps
- Upskilling of existing registrants and ability to comply?
- Transitions and timing



# **Opportunities**

#### **Challenge and Opportunity**



- Sláintecare creates and environment for change
- Rare opportunity to reflect, review, evolve
- Planned and considered, a solid future view
- Progressive Coalition

#### **Current actions (CORU)**



- Consider impact of Slaintecare on Standards (qualification/entry to the profession) project starting now.
- Standards include skills relevant to emphasis on E-health, skills relating to new team structures and working environments
- Consider potential impact on the 'shape' and future of the professions, is the regulatory model appropriate, how should it evolve?
- Observe and engage with developments, lead where appropriate

#### **Current and next steps**



- Evaluate plans for professional role development
- Engage with Slaintecare implementation office
- Process evaluation and standards review
- Continue work across the spectrum of regulators
- Identify the need for legislative change, engage with development and delivery
- Look at those who have done this already......

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#### **Thank You**