

# **COMPARING DIFFERENT REGULATORY APPROACHES TO ACHIEVE POSITIVE OUTCOMES FOR HEALTH PROFESSIONALS AND THE PUBLIC IN CANADA, THE US, AUSTRALIA AND THE UK**

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The goal of different health professional regulatory models is to ensure the highest quality of care to the public through the application of evidence-based professional standards of practice. Moreover, health professions regulation ideally must be flexible enough to support innovation in evolving health care delivery systems through efficient and effective use of the health workforce. Right touch regulation of the health care workforce will play an integral role in transforming health systems and care delivery. There are different approaches to achieving these goals. In this presentation, we present four different regulatory approaches drawing upon the countries of Canada, the US, Australia and the UK highlighting the implications specifically for how these different models achieve positive outcomes for patients, the public but also flexibility for health professionals to meet these needs. We map the different models conceptually along two key features: 1) how they are regulated – their members or their tasks/scopes of practice – and 2) who regulates them–varying by self, state and/or public regulation. This includes both context and content dimensions.

The comparative case study methodology largely involved an analysis of key documentary evidence addressing the context and content of health professional regulation. We also applied a Strengths, Weaknesses, Opportunities and Threats framework along the content and context dimensions of the different regulatory models.

We found that health professional regulation is a subnational responsibility in three of our case studies: Canada, the US and Australia. In the UK, responsibility lies at the national level. In both Australia and the UK there exist overarching professional standards authorities/agencies. Across all cases, profession-led regulation is the primary regulatory modality, but there are varying degrees of influence of state or quasi state actors in the regulatory process. Public/lay involvement in health professional regulation also varies across these countries as well as within countries. Two different models of how health professions are regulated exist: by protected title which essentially regulates the person and protected acts the tasks a health professional can undertake in a professional capacity. Some argue that a protected acts model enables greater flexibility in the distribution of tasks across health professionals, but in jurisdictions that utilize a protected title model it has not prevented innovations in the delivery of care by health professionals.

This comparative analysis enables us to better understand the content and context of health professional regulation and its impact across countries and jurisdictions.