Thank you for the letter dated 29 September from Russell George MS seeking our views on certain clauses in the Health & Care Bill, as highlighted in the Welsh Government's Legislative Consent Memorandum. We are grateful for the opportunity to comment. Our response is focused on Clause 123 of the Bill. We do not have a view on the other clauses highlighted in the LCM.

 Clause 123 is an enabling provision which provides the Secretary of State for Health & Social Care with broad powers relating to the regulation of health and care professionals. It does not set out how those powers may be used. We believe that the Clause and the wider regulatory reform agenda provides an opportunity to improve professional regulation to the benefit of patients and service users, as well as registrants and the healthcare system in Wales, and across the UK. The attached paper is still a working draft and subject to refinement, but we wanted to share it with you as it sets out how we believe that could be achieved. By implementing the proposals in the paper, the effectiveness and efficiency of regulation would be strengthened with consequential benefits to public protection and patient safety across the whole of the UK.

   We hope this is helpful. Please let me know if we can provide the Committee with any further assistance.

Yours sincerely,

Christine Elliott

Chair of Council

John Barwick

Chief Executive and Registrar

Regulatory reform: Strategic Principles

In response to the challenges originally set by the NHS White Paper we have developed a regulatory approach which retains all of the benefits gained through UK-wide, expert, independent, professional regulation, but at the same time, recognises that the regulatory community needs to do more to reduce costs, share functions where appropriate, eliminate needless duplication and further enhance public protection.

This could be achieved through a new collaborative regulatory model - as set out in the accompanying operating model diagram - which would allow us to pool our resources to nurture innovation, harness data and share insights and intelligence.

The proposed structures and mechanisms could support shared learning, good practice and crucially, effective data-sharing, to support the effective identification and management of public safety risks. Enhanced collaboration, not only with other professional regulators, but across the healthcare system will drive efficiency and enhance public protection and patient safety.

Crucially it would make the system of professional regulation easier to navigate, more transparent for patients and service users and for the professionals we regulate.

Our approach in developing this model has been **guided by a number of strategic principles:**

- **More accessible for patients and service users:** The siloed and fractured nature of the regulatory framework means that patients and service users find it difficult to navigate and to access the right regulator. A collaborative structure with a shared online portal - as successfully delivered in Australia - could guide them to the right regulator and enable them to pursue their inquiry.

- **Drive efficiencies and reduce duplication within the system:** A model based on regulator collaboration will tackle the siloed nature of the current system, bring with it costs savings and importantly provide more coherence across the regulatory landscape, thereby reducing the gaps, and in some respects, the overlap, between different regulators and other parts of the healthcare system.

- **Maintain regulatory independence**: Regulatory independence is a cornerstone of our system, ensuring that everyone entering a regulated health and care profession has the skills they need to care for people safely. It brings with it a heightened level of professionalism and, crucially, accountability to the public.

- **Minimise attrition and facilitate workforce expansion:** The model recognises the value of multi-profession regulation. Many professionals are delivering multi-disciplinary care, which provides greater flexibility and allows practitioners to be deployed across a range of settings. A regulatory model which values and better reflects the reality of how care is delivered should not only aid workforce retention, but should facilitate expansion, as it will allow professionals onto the front line as rapidly as possible, while not compromising public protection.

- **Retain the benefits of professional identities:** Professional identity has become even more important in building professional confidence and recognising the specialisms within our NHS workforce. It delivers demonstrable benefits that accompany professional pride, and heightened patient awareness about who is providing their care and the quality of that care.

- **Provide good value for registrants:** A model built on multi-profession regulation uses outcome-focused standards which can operate across different but increasingly interconnected

professions to support improvements. This results in better value for registrants, not only in the fees they pay, but also in terms of professional development and learning.

- **Develop a shared learning culture:** The benefits of pooling data between regulators to improve learning and enhance the quality and safety of care would be considerable. This data would not only inform the operational work of the six regulators to continuously improve their performance, but it could also be accessed by system regulators, such as the CQC, and by the forthcoming Patient Safety Commissioners in England and Scotland. This would enhance the ability to detect trends in the quality of care and act as an early warning mechanism, as well as creating a virtuous cycle of system learning.

- **Engender a more responsive approach:** Greater collaboration should engender a less adversarial culture which encourages openness, transparency and a willingness to engage. Regulatory reform should enable regulators to resolve cases at an earlier stage and have a range of measures available to them to make an appropriate and proportionate response.

- **Support upstream and preventative regulation:** The model would facilitate upstream regulation and early intervention which can prevent incidents from occurring in the first place. Greater collaboration between professional and system regulators through the pooling of data could improve the understanding of risk, identify trends, support performance monitoring and drive improvement so that more preventative action can be taken.

- **Enhance accountability:** The shared structures and pooling of data could support performance monitoring and drive improvement. It would facilitate the ability to publish and monitor regulator performance, including in real time, and would provide additional transparency.

A new collaborative model for professional regulation

Each regulator would retain its own identity and presence within the regulatory landscape and continue to operate its own register, oversee fitness to practise processes, liaise with relevant professional bodies and approve educational programmes. Regulators would work together in areas where doing so would drive improved public engagement, or public protection, etc. They would work separately where appropriate; for example, where particular expertise was needed, where there was a need to engage specific stakeholders or where combining functions would prove unwieldy as opposed to beneficial.

A formalised and comprehensive collaborative structure. This would involve:

- **A shared online portal** allowing service users a single point of access which would then guide them to the right regulator and provide initial information. Such a portal is already successfully used in Australia and serves to help patients find the right regulator to deal with their issue.

- **A shared services hub**, sitting behind individual regulators' frontline operations. This could include services such as procurement, HR and finance and could also be extended to include the administrative and logistical elements regarding the management of registers. This hub could be managed either by the regulators, through joint governance arrangements, or by a separate body on their behalf. It would require a detailed scoping and feasibility study to identify the optimal arrangement.

- **Systems-level collaboration.** This structure would embed the value of multi-profession regulation across a broader range of roles – providing shared standards of ethics, professionalism, prevention programmes and education. It could provide the scale and the regulatory expertise needed to implement truly transformative changes such as the introduction of digital credentials (already proving successful in other healthcare systems such as in Canada).

- **Pooled data and enhanced insights.** A collaborative model would generate considerably higher and richer levels of data as it would be combining the insights of regulators, stored and managed on a shared cloud system. This pooled data could:
    - Inform the operational work of regulators to continuously learn and improve their performance.
    - Be accessed by system regulators to assist in detecting trends in the quality of care and act as an early warning mechanism.
    - Be made available to independent researchers, as appropriate, to support wider improvements to the healthcare system.

- **Maintaining existing funding routes and enhancing accountability.**
    - Registrants could continue to pay annual fees to their regulator to fund their individual operational activities.
    - The shared structures and pooling of data could support performance monitoring and drive improvement. It would facilitate the ability to publish and monitor regulator performance, providing additional transparency about what is being delivered and promote further efficiency.
    - This model would also allow for system oversight to focus on facilitating learning and improvements in the quality of regulation.

- **A reformed oversight system.** A refocused independent oversight function, sitting between Government and professional regulators could form part of this new model, facilitating learning and improvements in the quality of regulation and facilitating publication of performance measures for professional regulators using real-time data captured by regulators themselves.
    - A more collaborative model could work to identify risks across the system, rather than on an individual basis. A greater focus on collating and sharing best practice would also better allow regulators to learn and develop. Publishing comparable metrics between regulators would support system improvement.
    - Up-to-date performance data would give a clearer picture of risks across the system and areas requiring improvement. This could incentivise performance improvement, provide more granular information and facilitate greater collaboration around learning and best practice.

We believe that this approach would drive significant efficiencies, ensure collaboration and consistency, facilitate learning and innovation, support service users and professionals and enhance public protection. We would welcome the opportunity to discuss our thinking on this in more depth.