Council on Licensure, Enforcement and Regulation (CLEAR)
Context

CLEAR – nonprofit serving regulatory stakeholders

• Broad focus (health and non-health)
• Membership in 48 states
• International involvement – Canada; Western Europe; Australia, New Zealand; Qatar
You may know CLEAR from -

Annual educational conference/International Congress

Professional development

• NCIT – investigators/inspectors
• Executive Leadership
• Board Member Training
• Webinar series
Occupational Licensing Project

• Seat on Expert Panel

• Consultant to State of New Hampshire in its reform initiatives

• Developing a new resource about regulatory models
Canadian Model

- Authority: Provincial governments grant authority to self-regulate

- Organization: Legislation is profession specific; umbrella legislation, especially for healthcare, may create shared powers and encourages coordination

- Autonomy / Oversight: Regulatory body autonomy with oversight by government (usually ministerial)

- Composition: Council made up of professional “members” elected by members and lay “public” members appointed by government.

- Funding: Government funded
UK Model

▪ Authority: Autonomous and independent of any branch of government with statutory powers provided by the legislature.

▪ Organization: Regulation is profession specific as a competence of the UK Parliament and Government; some professions have separate regulation in each of the four UK home countries but under a UK-wide umbrella organization.

▪ Autonomy / Oversight: Fully autonomous although some rules may require approval by legislature.

▪ Composition: Council or Board made up of professional “members” elected by members and lay “public” members nominated by Government.

▪ Funding: Fees charged to registrants/applicants
Australian Model - AHPRA

- Authority: Health Practitioner Regulation National Law, as in force in each state and territory. The National Law is a state and territory based legislation; it is not a commonwealth law.

- Organization: Profession specific but supported by AHPRA through Health Profession Agreements.

- Autonomy / Oversight: Autonomous with certain authorities delegated to AHPRA, national committees, or state and territory boards.

- Composition: Board members are appointed by the Australian Workforce Ministerial Council.

- Funding: Fees charged to registrants/applicants
Trends

• License reciprocity/ “universal recognition” legislation
  - Arizona (HB2569; 2019), Pennsylvania (HB1172; 2019)
  - “Substantially equivalent requirements”; military component

• Changes to regulatory structures

• Changes to governance arrangements
  Public appointees
  Boards – and representation
  Independent oversight/discipline

• Single register/licensee database
Regulatory Innovation

Risk reduction
• Upstream risk
• Harm reduction
• Evidence based enforcement

Technology
• Blockchain (*Healthcare and Digital Credentials*, Federation of State Medical Boards, June 2019)
• AI
Risk reduction – upstream risk

Research from Australia (Identification of practitioners at high risk of complaints to health profession regulators, Bismark, June 2019)

• Data from nearly 700,000 licensees/registrants
• Three percent of doctors account for 49% of complaints
• Four percent of lawyers account for 58% of complaints
• Thirty percent increased risk among male doctors; 20 percent increase for rural v. urban practice; 40% increase >65
• Past behavior strongest predictor (# of prior complaints)
• Personality traits
CLEAR Resources

- Questions a Legislator Should Ask (3rd Ed., 2018)
- CLEAR Call webinar series
- CLEAR Communities
- Regulatory Models resource
- www.clearhq.org
CLEAR Resources

CLEAR’s 39th Annual Conference: Minneapolis, Minnesota – September 18-21, 2019
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