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

Conference Brochure Now Available!

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