

World Health Professions Regulation Conference 2014

Crowne Plaza Hotel, Geneva, Switzerland

Health professional regulation –
facing challenges to acting in the public interest



17 & 18 May 2014

Programme at a glance

Saturday 17 May

11:00 - 13:00	Registration
13:00 - 13:15	Welcome
Session 1: Challenges facing health professional regulation	
13:15 - 14:15	Keynote speaker: Gilles Dussault
14:15 - 14:45	Coffee break
14:45 - 16:00	Panel presentations
16:00 - 17:00	Moderated participant discussion with panel
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17:00 - 18:00	Reception

Sunday 18 May

Session 2: Lessons from the evolution of competence based approaches to regulatory function	
09:00 - 10:00	Keynote speaker: Rhona Flin
10:00 - 10:30	Coffee break
10:30 - 11:30	Panel presentations
11:30 - 12:30	Moderated participant discussion with panel
12:30 - 13:30	Lunch
Session 3: Contrasting regulatory models to promote best practices in regulatory governance and performance	
13:30 - 14:30	Keynote speaker: David Benton
14:30 - 15:00	Coffee break
15:00 - 16:00	Panel presentations
16:00 - 16:45	Moderated participant discussion with panel
16:45 - 17:15	Closing summary

Crowne Plaza Geneva
Avenue Louis-Casai 75-77
1216 Cointrin
Geneva
Switzerland

Welcome

Dear conference participant:

We are pleased to welcome you to the third World Health Professions Regulation Conference organised by the World Health Professions Alliance (WHPA).

WHPA was formed in 1999 by the global organisations representing the world's nurses, pharmacists and physicians. This unique alliance addressing global health issues was joined by the global dental organisation in 2005 and the body representing physical therapists in 2010.

The WHPA speaks for more than 26 million health professionals worldwide, assembling essential knowledge and experience from these key health professions in more than 130 countries. WHPA facilitates collaboration among the health professions and works with major stakeholders such as governments and international organisations, including the World Health Organization. WHPA works to develop and strengthen the multi-disciplinary, person-centred approach of health professionals. We believe that health systems, and the people who use them, benefit when our organisations and our professions work in collaboration.

Health professional regulation is high on the global agenda. Increasing numbers of trade agreements, a push for greater harmonisation and ease of mobility, economic pressures, privatisation and corporatisation of health and education services and health human resource challenges are all impacting the regulatory environment globally. This conference is an ideal forum to bring together the key players to discuss and share perspectives on challenges and opportunities as we all strive for effectiveness and accountability in professional regulation.

Thank you for coming from around the world to make this a truly international conference and thank you to our speakers, chairs, organisers and sponsor for your support.

Yours sincerely

Judith Shamian
ICN President

Michel Buchmann
FIP President

Marilyn Moffat
WCPT President

Tin Chun Wong
FDI President

Margaret Mungherera
WMA President

David Benton
ICN Chief Executive
Officer

Luc Besançon
FIP General Secretary
and CEO

Brenda J Myers
WCPT Secretary
General

Jean-Luc Eiselé
FDI Executive
Director

Otmar Kloiber
WMA Secretary
General



Your hosts: the World Health Professions Alliance



The **International Council of Nurses (ICN)** is a federation of more than 130 national nurses associations representing more than 16 million nurses worldwide. Operated by nurses and leading nursing internationally since 1899, ICN is the first

and widest reaching international organisation for health professionals. ICN works to ensure quality care for all and sound health policies globally. Three pillars of activity frame ICN's work - regulation, professional practice and socio-economic welfare. ICN has longstanding expertise in the area of regulation, particularly in technical assistance and in developing and disseminating information and tools to assist all countries.

As roles change and evolve to meet health needs, regulation of the nursing profession is critical in ensuring that patients receive safe, effective care. ICN's broad array of regulatory tools not only provide guidance to countries developing regulatory regimes for the first time, but also offer a benchmark that can be used to redesign existing arrangements.

For more information please visit www.icn.ch



The **International Pharmaceutical Federation (FIP)** is the global federation of national associations of pharmacists and pharmaceutical

scientists. Through its 126 member organisations FIP represents and serves over three million practitioners and scientists worldwide, clearly establishing diversity and global networking as the foundation for FIP activities.

FIP's priorities have shifted in both focus and content throughout the years to parallel the needs and expectations of the profession, expanding healthcare services and new scientific discoveries. Changes in pharmacy and the emergence of Pharmacy Practice as a cornerstone of the profession have led FIP to become a global visionary and advocate for the role of the pharmacist in the provision of healthcare, while still maintaining its grounding in the pharmaceutical sciences.

Recognising these constant changes in pharmacy and healthcare, FIP is guiding developments in such current and significant issues as Patient Safety, Access to Medicines and Medicines Shortage, Maternal & Child Health, Non-communicable diseases and Pharmacy Education.

FIP's partnership with the World Health Professions Alliance acknowledges that the betterment of patient care lies in the efficient and effective multidisciplinary delivery of healthcare, and FIP looks forward to expanding the roles of all health professions for the benefit of the patient.

For more information please visit www.fip.org



World Confederation for Physical Therapy

The **World Confederation for Physical Therapy (WCPT)**

is a federation of 106 national physical therapy associations representing over 350,000 physical therapists. It was founded in 1951. WCPT works to improve global health by representing the physical therapy profession internationally; encouraging high standards of physical therapy research, education and practice; supporting communication and exchange of information among regions and member organisations of WCPT; and collaborating with international and national organisations.

WCPT strives to move physical therapy forward and bring unity to the profession internationally by supporting the development of international guidelines and standards. For example, the 106 member organisations have adopted an international description of physical therapy, guidelines for professional entry level physical therapy education, standards of practice, and other documents addressing important areas of professional policy including professional regulation.

WCPT welcomes the opportunity to work in collaboration with other health professional organisations to address key questions affecting the delivery of health services and with the goal of ensuring quality healthcare for all.

For more information please visit www.wcpt.org



The **FDI World Dental Federation** serves as the principal representative body for more than one million dentists in 140 countries, developing health policy and continuing education programmes, speaking as a unified voice for dentistry in international advocacy, and supporting member associations in global oral health promotion activities, such as the World Oral Health Day on 20 March. Over the years, it has developed programmes, initiatives, campaigns, policies and congresses, always with a view to occupying a space that no other not-for-profit group can claim. Its vision is leading the world to optimal oral health.

FDI works at national and international level through its own activities and those of its member dental associations. It is in official relations with the World Health Organization (WHO).

For more information please visit www.fdiworldental.org



The **World Medical Association (WMA)** is an international organisation representing more than 9 million physicians of all specialties and sectors. It was founded on 18 September 1947, when physicians from 27 different countries met at the First General Assembly of the WMA in Paris. The organisation was created to ensure the independence of physicians, and to work for the highest possible standards of medical care, ethics, education and health-related human rights for all people, at all times. The WMA has 106 Medical Associations from all over the world as its constituent members. The WMA offers Associate Membership to individual physicians.

The WMA provides a forum for its member associations to communicate freely and cooperate actively in order to achieve consensus on high standards of medical ethics and professional competence, to promote the professional freedom of physicians worldwide and to uphold the enduring traditions of the profession: Caring, Ethics and Science. This unique partnership facilitates high-caliber, humane care to patients in healthy environments, enhancing the quality of life for all people in the world.

For more information please visit www.wma.net

WHPA core activities

The WHPA Leadership Forum

WHPA convenes leaders representing the member organisations and other stakeholders in international health in a biennial WHPA Leaders' Forum, strengthening the bond and encouraging collaboration among the five health professions in all countries and settings.

The World Health Professions Regulation Conferences

These conferences shape the future of health professional regulation within the context of global health systems via multi-disciplinary and multistakeholder approaches.

Campaigns

Be Aware campaign to fight against counterfeit medical products and for safety of medical products. Counterfeit medical products cause harm to the patient and endanger public health in general.

www.whpa.org/counterfeit_campaign.htm

The NCD campaign is centred around the WHPA Health Improvement Card - a simple, universal educational tool which informs individuals on positive behaviour and lifestyle changes to avoid chronic or non-communicable diseases (NCDs). It empowers individuals to work with their HP to establish personal health goals and to track their progress. www.whpa-ncdcampaign.org

Statements, fact sheets and advocacy tools

WHPA develops statements, fact sheets and advocacy tools on current health issues, for use in impacting policy and practices at global, national, and regional levels.

For more information please visit www.whpa.org

General information

Registration

Registration will open at 11:00 on 17th May and will be located outside the Londres and Zurich Rooms.

Certificate of attendance

Certificates of attendance will be available on request following the conference. If you require a certificate please email: certificates@wma.net.

Continuing education units

This conference has been approved for ICN International Continuing Nursing Education Credits (ICNECs). Forms to record attendance and apply for ICNECs will be made available at the conference registration desk.

The conference is being reviewed for WCPT International Physical Therapy Continuing Education Units (IPT-CEU). Those seeking WCPT IPT-CEU should sign the form at the registration desk.

Delegate list

A delegate list is available for reference at the registration desk.

Evaluation

An evaluation survey will be sent to all participants following the close of the conference. Your feedback is appreciated and will be used in planning future regulation conferences.

Lunch

A buffet lunch will be available on Sunday 18th in the foyer and New York room.

Lunch on Sunday 18th is included in the registration fee.

Coffee breaks

Coffee breaks in the morning and afternoon will take place outside the plenary room at the times mentioned in the congress programme.

Coffee breaks are included in the registration fee.

Reception

A welcome reception will be held in the foyer outside the meeting room immediately following the close of the session on Saturday 17th May.

WHPA gratefully acknowledges the support of the physiotherapy/physical therapy regulatory community, including The Canadian Alliance of Physiotherapy Regulators (The Alliance), the Federation of State Boards of Physical Therapy (FSBPT) and the Foreign Credentialing Commission on Physical Therapy (FCCPT) and The International Network of Physiotherapy Regulatory Authorities (INPTRA). Together, these partner organisations work to promote the development and improvement of regulatory standards of practice for physiotherapists/physical therapists in North America and abroad, ensuring safety and competence of physiotherapists/physical therapists in the public interest.



Wifi

Wifi is available for all participants. Those staying at the hotel should use their room details to access the Wifi. An access code is available for all other participants from the registration desk.

Website

www.whpa.org/whpcr2014

A pdf of the programme is available for download on the website.

Pending the approval of speakers, presentations will be on the website. There will also be an area on the website for resources provided or recommended by speakers.

Non-smoking policy

The conference is a non-smoking event.

Speakers room/Secretariat

Salon E will be used for these activities.

Speakers are requested to check their presentation in advance and upload it on the laptop in Salon E at least one hour before their session begins.

The programme focuses on three major areas:

- challenges facing health professional regulation
- lessons from the evolution of competence based approaches to regulatory functions
- contrasting regulatory models to promote best practices in regulatory governance and performance

These three main themes are developed through plenary sessions with key note speakers and panel discussions.

Challenges facing health professional regulation

There have been heightened calls for greater effectiveness and accountability in professional regulation in recent years often as a result of high profile cases of professional misconduct. Increased government oversight and intervention in professional regulation as well as shifting government priorities all create challenges for health professional regulation. Increasing numbers of trade agreements, a push for greater harmonisation and ease of mobility, economic pressures, privatisation and corporatisation of health and education services and health human resource challenges are all impacting the regulatory context globally.

Scopes of practice are evolving and new levels of providers are being introduced to meet increasing health care demands driven by changing population demographics and disease patterns, reduce growing health expenditure and improve access to health care. In a number of countries, there is an increased focus on inter-professional collaboration, including in health profession regulation, with the move to apply umbrella legislation to multiple health professions and /or to establish a single regulatory administration for multiple health professions.

This session explores some of the current regulatory challenges as well as critically evaluate mechanisms for transforming challenges into opportunities to enhance health professional regulation in the public interest.

A keynote speaker will be followed by a panel presentation and discussion with members addressing:

- increased government oversight and intervention in professional regulation
- trade agreements and the impact on regulation
- evolving scopes of practice and
- inter-professional collaboration including how it relates to regulation

Learning objectives:

- understand the current context of regulation globally including current challenges
- understand some of the issues regulators and health professionals face as they address these challenges
- explore strategies and mechanisms to positively shape the evolving regulatory context

Lessons from the evolution of competence based approaches to regulatory functions

Competence based approaches to health professional learning and assessment, including assessment of professional learning and continuing competence to practice have evolved in response to challenges to health care delivery globally.

In some countries, competence based training and assessment are considered to provide a potential solution to health workforce shortages by supporting greater health workforce flexibility and reducing the cost and time of educating health professionals.

This session will consider competence based approaches the health professional learning and assessment, and critically evaluate elements of these approaches in the context of health professional practice and regulation, including establishing the threshold for quality health professional performance and implementing appropriate models of training and assessment.

A keynote speaker will be followed by a panel presentation and discussion with members addressing:

- measurement of entry level and health professional competence
- who should determine the performance standards for each health profession?
- identification of shared competencies between different health professions

- other approaches including measuring safe and quality practice in the context of the current and future complex and rapidly changing models of health care services and delivery

Learning objectives:

- understand the extent to which competence based approaches can be used to accurately assess the level of professional knowledge, skills and judgement required for practice
- explore whose role it is to decide what the threshold is for competence in the clinical setting
- consider whether competence based approaches provide a basis for globalisation of professional standards

Contrasting regulatory models to promote best practices in regulatory governance and performance

Regulatory governance refers to the systems and practices by which regulatory bodies are directed and managed. Effective regulatory governance is a critical element of accountability for regulatory performance in the public interest. It also provides a framework for the proper management of a regulatory body, and the achievement of required outcomes.

Regulatory bodies need to employ best practices in both operational and strategic governance in order to ensure they effectively perform their functions and responsibilities and comply with all obligations. Governance frameworks ensure oversight and provide direction and advice to the leadership of the body as well as guidance for those staff tasked with day to day operations.

Governance frameworks may range from pure self-regulation to pure government-based regulation. Associated legislative instruments may focus on a single profession or through an umbrella act for two or more professions. Systems and practices supporting good regulatory governance may change over time as policy and external environments evolve. There is an ongoing obligation on regulatory bodies to monitor and review their regulatory frameworks, systems, practices, and assess their performance to ensure that these key elements remain relevant and current to the environment in which the regulatory body is operating.

A keynote speaker will be followed by a panel presentation and discussion with members addressing:

- frameworks, systems and practices of regulatory governance ranging from pure self-regulation to government based regulation
- characteristics of good practice in administration and management of regulatory bodies
- approaches to monitoring and reviewing performance of regulatory bodies, including ensuring accountability of administration and management of self regulated models and government regulators

Learning objectives:

- contrast differing models of regulatory governance and their administrative structures to assess relative strengths and weaknesses
- understand the importance of effective regulatory governance
- explore the key features of good regulatory governance

11:00 - 13:00 **Registration**

13:00 - 13:15 **Welcome**

Session 1: Challenges facing health professional regulation

Chair: Marlene Smadu

13:15 - 14:15 **Keynote speaker presentation**

Gilles Dussault: **Challenges facing health professional regulation**

14:15 - 14:45 Coffee break

14:45 - 16:00 **Panel presentations**

John Chave: European responses to challenges facing health professional regulation

Annabel Seebohm: The impact of standardisation initiatives in Europe and global lessons for health professional regulation

Margaret Mungherera: **Key challenges and experiences of health practitioner regulation in Africa, evolving scopes of practice and inter-professional collaboration**

16:00 - 17:00 **Moderated participant discussion with panel**

- Increased government oversight and intervention in professional regulation.
 - Trade agreements and the impact on regulation.
 - Evolving scopes of practice.
 - Inter-professional collaboration including how it relates to regulation.
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17:00 - 18:00 **Reception**

Sponsored by the physical therapy regulatory community.

Session 2: Lessons from the evolution of competence based approaches to regulatory function

Chair: Mukesh Haikerwal

09:00 - 10:00

Keynote speaker presentation

Rhona Flin: [Safe in their hands? Non-technical skills and competence assessment](#)

10:00 - 10:30

Coffee break

10:30 - 11:30

Panel presentations

Una Reid: [Experience of approaches to measuring and regulating safety and quality of practice – challenges and successes](#)

Hazel Bradley: [Shared competencies between different health professions in an emerging health system](#)

André Gariépy: [Competence-based approaches and professional regulation: a balancing act](#)

11:30 - 12:30

Moderated participant discussion with panel

- Measurement of entry level and health professional competence.
 - Who should determine the performance standards for each health profession?
 - Identification of shared competencies between different health professions.
 - Other approaches to measuring safe and quality practice in the context of the current and future complex and rapidly changing models of health care services and delivery.
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12:30 - 13:30

Lunch

Session 3: Contrasting regulatory models to promote best practices in regulatory governance and performance

Chair: Katrin Fjeldsted

13:30 - 14:30

Keynote speaker presentation

David Benton: Contrasting regulatory models to promote best practices in regulatory governance and performance

14:30 - 15:00

Coffee break

15:00 - 16:00

Panel presentations

Chris Robertson: Reflections on the first three years of national regulation in Australia and future directions

Niall Dickson: Reform of health professional regulation in the United Kingdom

Ayala Parag: Regulatory models: the Israel experience

16:00 - 16:45

Moderated participant discussion with panel

- Frameworks, systems and practices of regulatory governance ranging from pure self-regulation to government based regulation.
 - Characteristics of good practice in administration and management of regulatory bodies.
 - Approaches to monitoring and reviewing performance of regulatory bodies, including ensuring accountability of administration and management of self regulated models and government regulators.
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16:45 - 17:15

Closing summary

Orlando Monteiro da Silva



DAVID BENTON

Keynote speaker, Session 3

David Benton took up post as Chief Executive Officer of the International Council of Nurses (ICN) on the 1st October 2008. Immediately prior to this he worked with ICN for three years where he held the role of consultant nursing and health policy

and specialised in regulation, licensing and education.

David qualified as a general and mental health nurse at the then Highland College of Nursing and Midwifery in Inverness, Scotland. His MPhil research degree focused on the application of computer assisted learning to post-basic nurse education and has over the past thirty years had articles published in relation to research, practice, education, leadership, and policy topics. David has a PhD Summa Cum Laude from the University of Complutense researching an international comparative analysis of the regulation of nursing practice.

David has held senior roles for twenty-five years across a range of organisations. These roles have included working as Executive Director of Nursing at a health authority in London; as a senior civil servant in Northern and Yorkshire Region; as Chief Executive of a nurse regulatory body in Scotland and as Nurse Director of a University Trust Health System.

David is the recipient of several awards and honours. He is particularly proud of being awarded the inaugural Nursing Standard Leadership award in 1993. He was presented with Fellowship of the Florence Nightingale Foundation in 2001 and awarded Fellowship of the Royal College of Nursing in 2003 for his contribution to health and nursing policy.

David has held several visiting appointments and is currently a visiting professor of nursing policy at the University of Dundee in Scotland.



HAZEL BRADLEY

Panel member, Session 2

Hazel Bradley is a registered pharmacist working at the School of Public Health, University of the Western Cape, Cape Town, South Africa.

At the School of Public Health Hazel teaches Master in Public Health

students from South Africa and sub-Saharan African countries through a blended modular programme and is currently co-ordinator of the Academic Programme.

Hazel has a broad interest in pharmaceutical human resource development in sub-Saharan Africa. She was previously involved in research in community-based primary prevention of cardiovascular diseases in a deprived population in Cape Town. Prior to joining the School in 2003, Hazel worked with a non-governmental organisation providing primary health

care services through community health workers in Cape Town and was involved in supporting primary-level drug supply management in the city. Hazel moved to Cape Town from the UK in 1994 with experience from the UK and India in hospital and community pharmacy.

Hazel has a particular interest in primary level pharmaceutical services and her current research includes exploring roles and competencies of district pharmacists in Cape Town using action research methodology.



JOHN CHAVE

Panel member, Session 1

John Chave has been Secretary General of the Pharmaceutical Group of the European Union (PGEU) since June 2006. The PGEU is the European association representing community pharmacists in 34 European countries.

A lawyer by training, John worked in the health field in Brussels for seven years before joining PGEU. He is a British national, and was educated at the Universities of Sheffield, Trent and Exeter.

John has spoken and written extensively about issues of pharmacy regulation in Europe.



NIALL DICKSON

Panel member, Session 3

Niall Dickson joined the General Medical Council as Chief Executive and Registrar in January 2010.

He is responsible for the day to day running of the GMC and reports directly to the Chair of Council, Professor Sir Peter Rubin. Niall joined

the GMC from The King's Fund, the leading independent think tank and development organisation, where he was Chief Executive for six years (2004-2009).

He began his career in teaching before taking up posts in national voluntary organisations involved with older people. He was Editor of Therapy Weekly for the allied health professions and then of Nursing Times.

He moved to the BBC in 1988 as Health Correspondent, became Chief Social Affairs Correspondent and then, in 1995, Social Affairs Editor, focussing mainly on Radio 4's Today programme and the Ten O'clock News on BBC 1.

Niall is a member of the Department of Health's National Quality Board.

He is the Chairman of the Leeds Castle Foundation. His honorary awards include being a Fellow of the Royal College of Physicians and as Fellow of the Royal College of General Practitioners.



GILLES DUSSAULT
Keynote speaker, Session 1

Gilles Dussault is Professor at the Institute of Hygiene and Tropical Medicine (IHMT), Lisbon, Portugal.

Before joining IHMT in August 2006, Gilles worked as Senior Health Specialist at the World Bank Institute (Washington DC) where he was

responsible for regional activities of the “Health Sector Reform and Sustainable Financing” programme in French, Portuguese and Spanish-speaking countries. Between 1985 and 2000, Gilles was Professor and Director of the Department of Health Administration, University of Montreal.

Gilles has collaborated with the European Observatory on Health Systems and Policies in a series of Policy Dialogues on the health workforce challenges in the European Union. He has also participated in various working groups and committees of various international organisations. Gilles is currently a member of advisory groups of professional associations and of the Health Workforce working group of the European Health Management Association.

Gilles is the author or co-author of 12 books and monographs, more than 80 articles in peer-reviewed and professional journals. He is member of editorial committees of peer-reviewed journals and has published principally on topics related to the regulation and management of the health workforce.



KATRÍN FJELDSTED
Chair, Session 3

Dr Katrín Fjeldsted was born 1946 in Reykjavík, Iceland. She completed her general practice training in 1979 (United Kingdom) after receiving her Medical Degree from the University of Iceland in 1973.

She has been a family physician at Efstaleiti Health Centre since 1980. She was the assistant Reykjavík City Medical Officer 1979-1980.

Her political, social and civic activities are as follows: member of Reykjavík City Council 1982-1994, member of the City Executive Council 1986-1994, Chairman of the Icelandic College of Family Physicians 1995-1999, Member of Board of the Icelandic Medical Association 1997-1999, Head of the Icelandic delegation to CPME since 2000, elected internal auditor for the CPME in April 2001, re-elected 2003, elected CPME Vice President for 2006-2007, re-elected for 2008-2009 and elected treasurer 2010-2012. Member of Althingi for the Reykjavík constituency 1999-2003, Deputy parliamentarian 1995-1999 and 2003-2007, Member of the Standing Committee on Judicial and Ecclesiastical Affairs 1999-2003, Member of the Standing Committee on

Health and Social Security 1999-2003, Member of the Standing Committee on the Environment 1999-2003, Substitute member of the Standing Committee on Foreign Affairs 1999-2003. Vice-Chairman of the Icelandic Delegation to the Western European Union Assembly 1999- 2003, Substitute member of the Icelandic EFTA-delegation since 1999-2003, Member of the Icelandic parliamentary delegation to the United Nations General Assembly in 1999 and 2000, Member of the Icelandic delegation to the UN conference on sustainable development in Johannesburg, South Africa in 2002.



RHONA FLIN
Keynote speaker, Session 2

Professor Rhona Flin (PhD, FBPsS, FRSE) holds the Chair of Applied Psychology and is Director of the Industrial Psychology Research Centre at the University of Aberdeen. She leads a team of psychologists conducting research on human

performance in high risk industries and health care. Her group’s projects include studies of leadership, safety culture, team skills and decision making in acute medicine, aviation and energy industries

(www.abdn.ac.uk/iprc). From 2007-2012, she led the Scottish Patient Safety Research Network, a multi-centre project funded by the Scottish Funding Council. She holds the Roger Green Medal for Human Factors in Aerospace (Royal Aeronautical Society) and the John Bruce Medal for Behavioural Science in Surgery (Royal College of Surgeons Edinburgh). She is currently studying non-technical skills in drilling rig crews, intra-operative decision making by surgeons and senior managers’ safety leadership. Her books include Safety at the Sharp End: A Guide to Non-Technical Skills (with O’Connor & Crichton, Ashgate, 2008) and Safer Surgery: Analysing Behaviour in the Operating Theatre (with Mitchell, Ashgate, 2009).



ANDRÉ GARIÉPY
Panel member, Session 2

André Gariépy is the Commissioner for Recognition of Professional Competence at the Government of Québec, in Canada. He holds degrees in Economics and Law from Université de Montréal. He is a member of the Québec Bar and accredited as a

Chartered Administrator (C.Adm.).

André has more than 20 years of experience in professional regulation and mobility, in advisory and leadership roles, part of which he gained in an international context. He has dealt with policy, legal and management issues.

From 2007 until his appointment as Commissioner in 2010, André has been working in the field of international

cooperation as a consultant and project manager in relation with legal reform, public governance, international trade, and professional regulation and mobility. He has provided services to international organisations on different continents.

As Commissioner, André examines individual complaints from foreign-trained professionals about their registration with the regulatory bodies. He also has an oversight role with regards to qualification recognition processes established by regulatory bodies as well as their compliance with regulation implementing agreements or provisions of trade agreements on mutual recognition of qualifications.

André has been invited to speak on professional regulation and mobility at several international events. He has also been asked to serve on committees and task forces on these topics.



MUKESH HAIKERWAL
Chair, Session 2

Mukesh Haikerwal is a General Medical Practitioner in Melbourne, Victoria, Australia.

He is the Chair of Council of the World Medical Association and was elected in May 2011. Advocating for the need for health and health care as a wise

investment for Nations, preservation of professional autonomy and maintaining high standards of ethics and professionalism are core to this role.

He is a Professor in the School of Medicine in the Faculty of Health Sciences at Flinders University, South Australia. He is Chair of the beyondblue National Doctors' Mental Health Program and a Co-Chair of the Australian Asian Medical Federation. He sits on the Advisory Board of Brain Injury Australia.

He was the 19th Federal President of the Australian Medical Association and prior to that AMA Victorian State President. This saw him responsible for national policy development, lobbying with parliamentarians, co-ordinating activity across the AMA State entities and representing the AMA and its members nationally and internationally.

He was awarded the Order of Australia in 2011 for distinguished service to medical administration, to the promotion of public health through leadership roles with professional organisations, particularly the Australian Medical Association, to the reform of the Australian health system through the optimisation of information technology, and as a general practitioner.



ORLANDO MONTEIRO DA SILVA
Closing speaker

Dr Orlando Monteiro da Silva graduated from Dental Medicine in the University of Porto, in 1987 and has practised dentistry in his own private practice since then.

He took office as President of the Portuguese Dental Association in 2001 and has, until today, been leading several battles in order to achieve better conditions for dentistry and oral health.

He carried out one term as President of the Council of European Dentists, in Brussels, between 2006 and 2009. In 2009 he was elected President-elect of the World Dental Federation (FDI), and his term as FDI President began on September 2011 and finished on 31st August 2013.

In 2011 he was elected President of the National Professional Associations Council (CNOP) and in February 2014 re-elected for one more term. In February 2012, Orlando was empowered advisor of the Portuguese Economic and Social Council.

The University of Porto conferred Orlando with the Degree Honoris Causa, in October 2013.

He is fluent in English, French, German and Spanish.



MARGARET MUNGHERERA
Panel member, Session 1

Margaret Mungherera works in Mulago National Referral Hospital, Uganda, as Senior Consultant Psychiatrist. She is the current President of the World Medical Association.

In 2000, while President of the Uganda Medical Association, she approached the top executives of the national medical associations of Kenya and Tanzania in an effort to improve the standards of regulation of doctors and dental surgeons in the East African region. As a result, the regulatory bodies were brought together.

There is a harmonised approach to Continuing Professional Development, a single harmonised curriculum for the training of undergraduate doctors and dental surgeons and another for training interns in five countries in the East African region (Kenya, Uganda, Tanzania, Rwanda and Burundi). In addition, there is joint regular curricular review and joint approval of medical and dental schools in the region.

Harmonised regulation has improved the standards of regulation and introduced reciprocal recognition so that graduates from recognised medical and dental schools can work in any of the five countries without having to do entry

examinations. Other health professional cadres (nurses, pharmacists, etc) are undergoing a similar process.

Margaret continues to represent the Uganda Medical Association on the regulatory body for doctors and dental surgeons in Uganda and chairs the Ethics and Discipline Committee.



AYALA PARAG

Panel member, Session 3

Ayala Parag is the Chief Physiotherapist in the Ministry of Health, Israel – a position she has since 2004. In this position, her responsibilities include creation of professional policy and standards, responsibility for professional audit of

physiotherapy services in all public institutions in Israel, as well as service and professional development.

Ayala played key roles in creation of the Law Regulating Health Professionals, which took effect in Israel in 2008 and in advocacy for professional role expansion for physiotherapists in Israel including recognition of physiotherapists as competent to serve as “first contact practitioners”.

Prior to her current role, Ayala spent 10 years as Director of Physiotherapy Services at the Rambam Medical Center in Haifa. She previously worked as a staff physiotherapist and clinical instructor in various public and private institutions including the Royal Columbia Hospital, Vancouver, Canada.

Ayala holds qualifications as a physiotherapist and a Masters degree in Public Administration from Harvard University.



UNA REID

Panel member, Session 2

Una Vivienne Reid graduated from the Kingston Public Hospital School of Nursing, Jamaica and the Simpson Maternity Pavilion, Edinburgh, Scotland. She holds a Post-Basic Bachelor of Science Degree in Nursing from the University of

Toronto; a Master of Science Degree in Nursing Education from the University of British Columbia; a Master of Education and a Doctor of Education from Teachers College, Columbia University.

Una’s post-doctoral studies include health planning and health economics, and human resource policy and planning from York University (UK); health economics from the University of Aberdeen; quality assurance and accreditation, and problem-based learning from Maastricht University, The Netherlands.

As a PAHO/WHO Human Resource Development Advisor Una developed/strengthened nursing education in the Caribbean and in 1992, PAHO/WHO Staff Association awarded her the Mercedes Alonso Award in “Recognition to the Principles of Freedom of Association and Outstanding Services to the Staff Association.”

In 1998, in honour of WHO 50th anniversary, Una was acknowledged by PAHO/WHO and the Ministry of Health, Jamaica in “Recognition for her Contribution in the Strengthening of Public Health Services in CARICOM Member States”.

Una was awarded the 2004 Faculty of Nursing, University of Toronto Distinguished Alumnus Award for her work in “The Advancement of Nursing and Human Resource Development in the Caribbean and globally.”

Una specialises in human resource development and has extensive related international work experience. She continues to work internationally.



CHRIS ROBERTSON

Panel member, Session 3

Chris Robertson is the Director, National Board Services and Queensland at the Australian Health Practitioner Regulation Agency.

Chris has more than 15 years of expertise in health policy and legislation, workforce planning and

innovation. He currently has direct national responsibility for the Queensland state office, in addition to his National Board Services role which he started in January 2010.

Previously, Chris served as the National Director Policy and Legislation, National Registration and Accreditation Implementation Project, Australian Health Ministers Advisory Council. One of the key accomplishments in this role was the development and subsequent enactment of the first and second stages of the National Law hosted by Queensland and now in force in every state and territory.

Chris is a proven relationship builder and advisor in the complex environment of Health Ministers, Advisory Councils, government bodies, public agencies and key stakeholders. He holds a Graduate Certificate of Health Management from the Queensland University of Technology and a Bachelor of Commerce from Griffith University. He was previously a Registered Nurse working in critical care and holds a Diploma of Applied Science Nursing from Monash University.



ANNABEL SEEBOHM

Panel member, Session 1

Annabel Seebohm studied law at the University of Bonn, undertook her judicial service training in Hamburg and holds a Master degree from the University of Auckland, New Zealand.

Since 2007 Annabel has been the head legal advisor of the World

Medical Association (WMA) and serves as parliamentarian during statutory WMA meetings.

Annabel is also head of the Brussels Office of the German Medical Association (GMA). She advises the bodies, members and the administration of the GMA especially on matters relating to EU law and is responsible for communication with EU institutions.

Before joining the Brussels Office in 2013, Annabel was legal advisor in the former Joint Legal Department of the GMA and the National Association of Statutory Health Insurance Physicians (NASHIP)) and later on legal advisor in the GMA legal department.

of the Nation and the Future of the Health System (2011-2012). In June 2013 she was awarded the Honorary Degree, Doctor of Laws, from the University of Calgary for leadership in Canadian nursing and international health care. Her research program includes patient safety and quality improvement, health human resource planning and development, Aboriginal health, health and nursing policy, and leadership.



MARLENE SMADU

Chair, Session 1

Marlene Smadu is Vice-President of Quality and Transformation, Regina Qu'Appelle Health Region, Regina, Saskatchewan, Canada.

Prior to assuming this role she served as the Associate Dean, Southern Saskatchewan Campus

and International Student Affairs for the College of Nursing, University of Saskatchewan, Assistant Deputy Minister of Health and Principal Nursing Advisor for the government of Saskatchewan, and Education Consultant and Executive Director at the Saskatchewan Registered Nurses Association, the regulatory body for registered nurses in Saskatchewan, Canada. She has practiced nursing in all domains (clinical, education, administration, research and policy) and in a variety of settings in Canada, Papua New Guinea, and Qatar.

Dr Smadu is a board member for the International Council of Nurses and the Canadian Institute for Health Information (CIHI) and is member of the University of Regina senate. She has served on a number of international, national and provincial boards and committees, including as a member of the board and chair of the Saskatchewan Health Quality Council (2002-2011), President-Elect and President of the Canadian Nurses Association (2004-2008) and co-chair of the Canadian Nurses Association (CNA) National Expert Commission on the Health

Session 1: Challenges facing health professional regulation

Chair: Marlene Smadu

Keynote speaker presentation: Gilles Dussault

Panel presentations: John Chave

Annabel Seebohm

Margaret Mungherera

Challenges facing health professional regulation

Gilles Dussault

There are many pressures on health professions at the moment, and they have to decide how to react to them. Among these pressures are the calls to adapt the education and training of professionals as needs and demands of populations change. There are also demands to become more efficient and to keep up with organizational and technology advances. The increased mobility of professionals and of consumers of services also means that there is a growing need for regulation to address issues of harmonization of qualifications, and of legal responsibility. Above all, there will be an increasing pressure to provide equitable access to services to all people: this implies the education, employment and retention of sufficient numbers of professionals of the kind which correspond to the needs of populations; that these professionals are accessible to all who need their services and that their work meets professional quality standards and expectations of users.

Professional organizations can just wait and see how the environment will evolve and react in a piecemeal manner, they can try to resist the changes, or they can take the lead and respond before having new regulations imposed on them. I will argue that health professional organizations would do better to take the lead in building effective regulatory systems, as an essential means of gaining and maintaining the trust of patients, which is the foundation of professional development.

European responses to challenges facing health professional regulation

John Chave

My presentation will focus on recent developments in relation to professional regulation in Europe, in particular professional regulation and the European internal market. It will cover the approach of the European Commission to regulation, including initiatives to challenge the level of professional regulation, and the recent Directive on the Recognition of Professional Qualifications (including the European Professional Card, alert mechanisms, and language testing).

Finally the presentation will set out a vision of how professional regulation can be reconciled with the need to increase access to health services, but also to ensure that appropriate levels of quality are maintained.

The impact of standardisation initiatives in Europe and global lessons for health professional regulation

Annabel Seebohm

Current initiatives by the European Union affect health professional regulation in several ways. The scene will be set by explaining the European Union mandates in healthcare and the internal market in order to understand the European Union competencies according to the Treaty of Lisbon. Thereafter, the European Union action shall respect the responsibilities of Member States for the definition of their health policy and for the organization and delivery of health services and healthcare. The exercise of the health professions, along with all the rules and regulations, which apply to their activities affects the organization of health services and healthcare and is therefore Member States' responsibility. Nevertheless, specific examples show that health professional regulation is and will be highly influenced by European Union initiatives. The focus of the presentation will be on current standardisation initiatives by the European Committee of Standardisation (CEN) in the area of health services and its impact on health professional regulation. A brief excursion on the role of international trade agreements will hint at a potential international dimension of such initiatives.

Key challenges and experiences of health practitioner regulation in Africa, evolving scopes of practice and inter-professional collaboration

Margaret Mungherera

Key challenges for regulation of health professionals in Africa include the perception of governments about professional autonomy, clinical independence and self regulation of the health professions. Strategies to address these challenges include establishing an enabling legal framework, creating structures that ensure efficient decentralised functions supported by sufficient resources, and continued efforts to ensure all health professionals have an in-depth understanding of their ethical obligations and their rights to professional autonomy and clinical independence.

Evolving scopes of practice of health professionals and interprofessional collaboration in African countries also create regulatory challenges. Strengthening health systems is one means to achieve Universal Health Care and efforts to improve

health human resources in African countries are increasingly targeted at the primary health care level. This presentation will explore some of the features of this context including provision of effective health care across diversity of primary health care problems and in situations of armed conflict.

Migration within the African continent and especially across borders creates a huge challenge for regulation but this can be addressed, at least in part, by regional collaboration. This presentation will provide an example of a regional interprofessional collaborative initiative.

Many other regulatory related challenges need to be addressed to ensure a sustainable and effective health system in Africa such as:

- the selection of students into health training schools
- curriculum issues especially around the teaching of clinical ethics
- ensuring health professionals remain competent through access to CPD - especially for health professionals in remote and rural areas.

Session 2: Lessons from the evolution of competence based approaches to regulatory function

Chair: Mukesh Haikerwal

Keynote speaker presentation: Rhona Flin

Panel presentations: Una Reid

Hazel Bradley

André Gariépy

Safe in their hands? Non-technical skills and competence assessment

Rhona Flin

Many safety-critical tasks are characterised by teams of workers dealing with significant risks, time pressure and increasingly complex technology. In these domains, practitioners need both technical and non-technical skills. The term non-technical skills comes from European aviation and they can be defined as 'the cognitive, social and personal resource skills that complement technical skills, and contribute to safe and efficient task performance'. They are not new or mysterious skills but are essentially what the best practitioners do in order to achieve consistently high performance: the skills include situation awareness, decision making, team work and leadership. There are now methods for training and rating the non-technical skills of surgeons (NOTSS) and anaesthetists (ANTS), with applications being developed for other clinical specialists. In this presentation, I will briefly outline the non-technical skills approach and explain how this is now part of competence assessment for a number of occupations, such as airline pilots. I will then consider the practical and professional issues of assessing non-technical, as well as technical skills, for the health professions.

Experience of approaches to measuring and regulating safety and quality of practice – challenges and successes

Una Reid

The government-sanctioned self-regulatory frameworks or Councils under the Ministry of Health, mandated with regulating the health professions in the interest of public protection in Jamaica, with reference to the wider Caribbean is introduced.

All Councils share a similar focus, regulatory process, governance and management structures.

Pathways to the registers differ and include Council examination; educational institution examination; and educational institution examination and internship endorsed by the Council. Applicants must satisfy the Councils they are competent and safe to practise in their respective scopes of practice.

The indicators for measuring and regulating the safety and quality of practice are: a) accreditation of the responsible educational institutions; b) accreditation of programmes; c) a registration examination; and d) mandating competence assurance through continuing professional education and certification.

The educational accreditation agencies are the Regulatory Councils, the University Council of Jamaica and the Caribbean Accreditation Authority for Medicine and Other Health Professions.

Successes:

1. Regulation of all health professions;
2. Introduction of a single regional mechanism for registration and monitoring of the practice of all categories of health personnel; one result is the merging of competencies for some health professions across the region;
3. National and regional education accreditation bodies;
4. Accreditation of parent education institutions and programmes;
5. Mutual Recognition Agreement for physicians and nurses;
6. Competency-based curricula;
7. Mandatory competence assurance programme for periodic professional re/certification.

Challenges:

1. Keeping legislation and regulation current in context with changing health profession education preparation;
2. Resourcing Councils to effect their responsibility efficiently and effectively;
3. Selecting Council members to show a balance between the regulated and the public, and competency of members;
4. Greater inter-councils collaboration allowing for proactive risk management, given their shared focus of public protection;
5. Fitness to practice and management of risks - disciplinary management process, availability of evidence to support complaints;

6. Dynamic accreditation system that:
 - provides evidence of the relevance of curricula output to health services requirements, professional practice, and professional development
 - provides evidence of the impact of scopes of practice, continuing professional education for recertification on health outcomes
 - monitors the regulated for compliance with the mandatory competence assurance process.
7. A managed accreditation system for health care facilities to assure the quality of professional services to the public;
8. Licensing of foreign qualified graduates.

Shared competencies between different health professions in an emerging health system

Hazel Bradley

South Africa is an emerging economy which has undergone significant changes since the first democratic elections in 1994. The government health system, serving 85% of the population, has reformed from a fragmented, hospital-centric service to a primary health care approach based on the district health system. This reform involved the establishment of health districts and the appointment of a new level of health managers, mostly health professionals, working at district level. Recent initiatives have re-focused energies on primary health care and improving universal health coverage in a manner that would have significant implications for the government and the private health sectors.

In South Africa, the education and practice of human resources for health are highly regulated by professional councils and adapting to changing health system requirements and an increasing disease burden is a priority. However, in line with other countries, ensuring a sufficient and equitable distribution of health workers throughout the country remains a challenge.

I used a participatory action research approach to explore the emergence of district pharmacists, members of the district management team, in Cape Town, by considering their roles and related competencies. Partnering with a broad stakeholder group comprising pharmacists and managers was considered critical to developing shared learning and understanding that would translate into action and change in the organisations. My research identified five competency clusters for district pharmacists, each with several competencies:

- professional pharmacy practice
- health systems and public health
- management
- leadership
- personal, interpersonal and cognitive.

Whilst professional pharmacy practice competencies were valued, overall generic management and leadership competencies, both technical and “softer” relational competencies, were considered critical by managers and pharmacists. Other health systems research carried out in South Africa over the past few years identified similar competencies for managers working at senior and middle management levels and points to the need for health professionals to develop generic competencies in management and leadership. In response, several initiatives have been launched in the country to facilitate the development of these competencies.

Competence-based approaches and professional regulation: a balancing act

André Gariépy

This presentation will talk about the current context in the regulatory world and the potential pitfalls of the competence-based approaches. It will project the perspective of a government oversight entity, specialized in the recognition of professional competence by regulatory bodies.

Health professions are regulated for public safety and the quality of services. The regulation schemes would set entry-to-practice requirements. In light of potentially competing interests, a balancing act has to occur, generally under the supervision and authority of governments and legislatures.

Governments have become more involved in the public interest debate with regards to regulated professions and their entry-to-practice requirements. They have committed to more liberalisation of trade in services, translated in more mobility and better qualification recognition for foreign trained professionals.

New policies and oversight mechanisms are being put in place to insure that requirements are relevant and necessary for protecting the public, that they are reasonable and applied in a fair way. In some cases, self-governance has been removed from the regulatory scheme.

The development of competence-based approaches has brought a new and valuable understanding of the knowledge and skills needed to practise a profession. These approaches provide for an apparent precision, transparency, comprehensiveness, and coherence. They could allow for a reasonable comparison of competency profiles internationally.

Despite their positive features, the competence-based approaches have not eased the delicate balancing act of defining a profession and setting the bar for entry-to-practice requirements, all in the public interest. On some aspects, they have created new areas of concerns around the justification and the fairness of the requirements and the assessment process based on them.

Session 3: Contrasting regulatory models to promote best practices in regulatory governance and performance

Chair: Katrin Fjeldsted

Keynote speaker presentation: David Benton

Panel presentations: Chris Robertson
Niall Dickson
Ayala Parag

Contrasting regulatory models to promote best practices in regulatory governance and performance

David Benton

This paper will provide a high level synopsis of various part of a research study that was undertaken to examine an international comparative analysis of nurse regulatory models. The full study addressed:

- current trends and issues in regulation and how they can be viewed from an opens systems perspective;
- the principles underpinning nurse regulation and contrasted these with those used in other sectors such as finance and government;
- the development of a set of performance measures and sought to illicit which of a range of models were best suited to producing high performance across the measures; and
- the structure of legislation and to what extent this varied based upon a set of features such as the legal tradition of the jurisdiction, the model of regulation being used, the gross national income category of the jurisdiction and the region of the world.

This paper will highlight that differences in legislative structure do exist. Many of the terms used within legislative acts are poorly defined and vary in their definition from one jurisdiction to the next.

In terms of measuring the performance of regulatory bodies there are four major domains - legislation advocacy and responsiveness - organisational and internal governance - external governance and public accountability - and responsibilities and functions.

That whilst there is an opinion that a stand-alone delegated self-regulatory model delivers best results and that the small amount of existing research evidence available does tend to support this there is a need for more quantitative studies.

Reflections on the first three years of national regulation in Australia and future directions

Chris Robertson

The agreement signed by the Prime Minister and First Ministers of the day in 2008 provided the architecture for a unique and

novel model of health practitioner regulation that has now seen three full years of operation and has been the subject of multiple external and internal reviews.

After a rapid transition to the start of the new scheme in July 2010, the early teething issues for management of registration functions were relatively quickly resolved. Recent parliamentary reviews have found that the early challenges are behind us and that while there is further refinement that can be achieved we have a good bill of health in this area and the changes likely to result from the upcoming independent review led by our Ministerial Council may be evolutionary rather than revolutionary.

What has been learned by AHPRA and the 14 National Boards as well as from reviewers, advocates and critics of this significant regulatory change and what are the likely modifications we might anticipate will be made to the model in future years?

There are a number of key themes emerging from reviews and our experience to date of implementation of the new scheme. It is helpful to consider these along the lines of the core functional areas of practitioner registration, notifications management and accreditation of education.

The effective management of notifications about the health performance and conduct of registered health practitioners has been much more of a challenge to reestablish following transition and the relationship between national and state jurisdictions continues to be contested. This is an area where change will continue to be demanded and possibly achieved in the future refinements to the national scheme.

Reform of health professional regulation in the United Kingdom

Niall Dickson

Professional regulation in the UK has undergone something of a revolution over the last 10-15 years. The General Medical Council (GMC) has changed substantially over this period:

- it has moved from self-regulation to an independent model of regulation, free of government intervention and directly accountable to parliament
- the size of its council has significantly reduced from 104 to just 12 members (half medical, half lay)

- from being dominated by the medical profession, the GMC now works in partnership with patients and doctors. Patient safety is its core focus
- the GMC's adjudication function was separated from the rest of the organisation into the Medical Practitioners Tribunal Service
- revalidation for all doctors was introduced in 2012 and has now been operating for over a year.

These changes have been the result of a number of external factors, not least the healthcare scandals that have arisen over the years such as the Bristol Heart inquiry. As a result of the Francis Report, following the independent inquiry into Mid Staffordshire hospital, the issues of accountability and trust are once again at the forefront of healthcare regulation in the UK.

The time is right for reform and the Law Commission Bill in the UK is the vehicle for many of the legislative and regulatory improvements the GMC is calling for. The Bill seeks to bring together the disparate pieces of legislation that currently underpin the activities of the nine separate professional healthcare regulators in the UK into one overarching and simplified Act. If the Bill is passed, health professional regulation in the UK could look very different in the future.

The UK is not the only jurisdiction considering reform. From a brief survey of a number of international regulators (including New Zealand, Australia, Hong Kong, Singapore, Dubai, USA and Abu Dhabi) it is clear that, despite their differing healthcare models and contrasting political and cultural environments, the appetite for regulatory reform is strong.

Regulatory models: the Israel experience

Ayala Parag

Up until 2003 in Israel, only foreign graduates of professional education programs not recognized by the Ministry of Health were required to write a theoretical and practical government exam. From 2003 onward, all foreign graduates who studied in recognized graduate programs (Bachelor of Physical Therapy) were allowed to write the government exam. However, graduates of Israeli universities were not required to write the government exam, since the education process was deemed adequate. As part of the professional recognition process prior to being able to practise, the Ministry of Health provided all physiotherapists who met the government requirements, either by virtue of studying in an Israeli university or by passing the government exam, with a Certificate of Recognition of Professional Standing.

In July 2005, following a High Court Appeal, the Ministry was barred from providing the Certificate of Recognition of Professional Standing to both graduates of Israeli universities and foreign graduates. The period between July 2005 and July 2008 was devoid of regulation. In July 2008, the Health Professions Act was passed. The Act provided a level playing field for all physical therapists. Under the Act, both graduates of Israeli universities and foreign graduates must all pass a professional government licensing exam. Essentially the Act provides "protection of title" and defines conditions for recognition of physical therapy graduates. These are outlined below. Physical therapy graduates who are recognized under the Act must pass a government exam in order to receive a professional certificate from the Ministry of Health. This certificate allows them to practice as physical therapists and to be employed as such.

Regulation in context - needs of Israeli Society and the future:

The number of physical therapists per capita in Israel is similar to that of other western countries – approximately 0.5 per 1000 people. There is a sense that the number of graduates per year greatly exceeds Israel's needs. Certainly, at present there is a dearth of available jobs for physical therapists in the public sector. The demand for services is expected to grow with the aging of the population. In addition, the public health care system, will be forced to change in order to meet future challenges in service provision and remain sustainable, provide good quality of services and achieve good health outcomes for an aging population. However, these changes will not necessarily impact on the challenge in the regulation context. These challenges will remain, and include limitations created by the Act such as only Israeli citizens or those of permanent resident status are permitted to write the government exam and there is no recognition of foreign graduates without a Bachelor of Physical Therapy degree or graduates of programs that do not meet the educational level specified in the Act (minimum level of Bachelor of Physical Therapy). It is illegal to practice as a physical therapist in Israel without the professional certificate from the Ministry of Health. Unless Israel encounters an unexpected and sudden rise in the demand for services, it is questionable whether the Israeli government will be driven to make changes in legislation to accommodate foreign graduates.

