
بسم الله الرحمن الرحيم

جمهوری اسلامی ایران
وزارت بهداشت، درمان و آموزش پزشکی

Regulation

دانشگاه علوم پزشکی شیراز
SHIRAZ UNIVERSITY OF MEDICAL SCIENCES

ساره مهنی

عضوهیات علمی دانشگاه علوم پزشکی جیرفت

مرکزمطالعات و توسعه آموزش پزشکی شیراز

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OBJECTIVES

State the purpose of regulation of health professions education

- Distinguish between accreditation and regulation
- Describe different models of regulation
- Discuss advantages and disadvantages of each model
- Identify the stakeholders who should be involved in regulation

Introdaction .

Quality assurance and accreditation in medical education, including the different models and methods that can be used, are becoming prominent topics of discussion among medical educators around the world. This has several reasons:

• One is the expansion of medical education and the establishment of many new medical schools •

Another is the increase in opportunities for students and trainees to complete part or all of their medical education in a foreign country, in the form of student exchange or cross border education •

A third reason is the growth in migration of medical doctors which means that for more and more countries, institutions' and individuals' knowledge about the quality of medical education becomes essential

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Profession

A **profession** is a disciplined group of individuals who adhere to ethical standards and who hold themselves out as, and are accepted by the public as possessing special knowledge and skills in a widely recognised body of learning derived from research, education and training at a high level, and who are prepared to apply this knowledge and exercise these skills in the interest of others

Regulation

- Any system of controlling human or societal behaviour by rules or restrictions.
- Regulation can take many forms:
- legal restrictions promulgated by a government authority, self-regulation, societal regulation (e.g. Norms) coregulation and market regulation

Medical regulation

The first recorded occurrence
is the ancient Babylonian Code of Hammurabi (c. 1750 BC).
This dealt with contract (e.g. how much a surgeon will be paid), and transactions (e.g. matters of liability and issues concerning family relationships

In 1505, King James IV of Scotland granted a Royal Charter to the Incorporation of Barbers and Surgeons of Edinburgh requiring them to educate and regulate all practitioners of the 'craft of surgery' within the city

- *Much of the variation in response to the term' regulation' is probably due to the level at which the law is actually organised.*

international law	national law	regional law	local law

WHY IS REGULATION UNDERTAKEN

Originally, we see that regulation has been used to maintain the status of a profession, and to control entry to it.

Most countries have a system of regulation of the medical profession, but the goals of these systems may differ.

More recent approaches tend to emphasise the importance of patient safety and the minimisation of risk

- Ensuring quality
- Maintaining confidence of patients in the profession
- Building trust between the profession and the patients it serves
- Accrediting educational programmes
- Defining the standards of competent levels of practice
- Defining the behaviour of doctors acceptable to the profession and the public
- Enforcing appropriate and professional behaviour
- Ensuring efficient and equitable use of resources for the benefit of the patient
- Ensuring proper assessment at all stages

Who benefits from the regulations?

- The public
- Doctors
- Health service providers
- (hospitals, clinics, primary care
- organisations)
- Governments
- Education providers
- Learners

who should undertake regulation.

self-regulation

One long-held view of a profession is its capacity for self-regulation

government-regulation

As healthcare assumes an increasingly political face, governments have sometimes felt the need to become more proactive in the processes of regulation. This is understandable, since governments invest large amounts of time, money and planning for the delivery of healthcare and healthcare education

Self-regulation	Physician-led regulation (driven by the profession but with wide consultation)	A professional-public regulatory partnership	Completely external regulation

REGULATION OF MEDICAL EDUCATION

regulation of medical education in most countries has focussed on undergraduate programmes.

Regulation of medical education is usually (or should be) associated with the requirement for more defined curricula.

Where postgraduate medical education is highly regulated (as with the UK General Medical Council), curricular standards tend to be stated.

26 In countries where there are workforce planning issues (Australia, for example), governments have felt the need to be more involved in the regulation of postgraduate training.

MODELS OF REGULATION

Process-based regulation:Process based regulation specifies risk identification,

assessment and control processes that must be undertaken, documented and (usually) audited. It is most commonly used in contexts in which there are multiple risk sources and multiple feasible risk control

Principles-based regulation: identifies 'high level' concepts of good practice but leaves details of delivery to the individual education provider :

Outcomes-based regulation: the regulator is interested in what the graduate is able to do rather than the details of the programme

Risk-based regulation :the regulator identifies those areas of practice that give rise to most concern. These would relate to the overall mission and objectives of the regulator, including patient-safety, funding and workforce planning

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Notice

- In the medical education literature, the debate about standards for medical education mostly concerns the way that things are done (the processes) or the results of those processes (outcomes)
  Process in this context normally includes not only instructional methods and assessment, but also the content of the syllabus, facilities of the institutions and the learning environment.
  Outcome is mostly used to define individual achievement at graduation. But outcomes could also be described as results for the institution as a whole.

5.1 THE FUNCTIONS OF REGULATION

The inspection of medical education is only one of the functions of regulatory bodies. They also do the following:

- Control entrance to the profession
- Maintain lists of recognised practitioners
- Set standards for education and practice:
  - Accreditation
  - Defining what is meant by poor practice
- Receive and sometimes act upon complaints
- Licensing and revalidation
- Remediation of underperforming practitioners
- Setting a standard for the practitioner as a member of a wider society
- Advising governments about developments, trends and issues of concern in medical education

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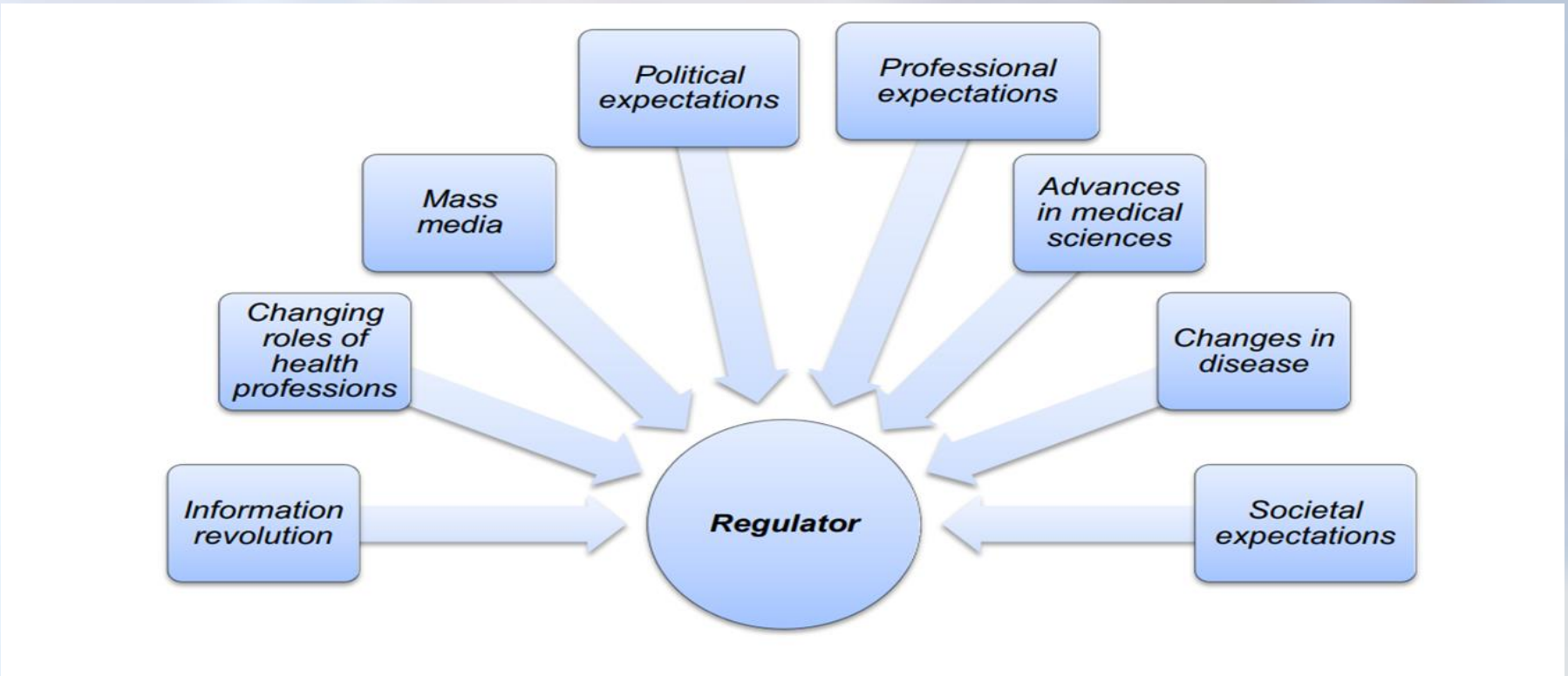
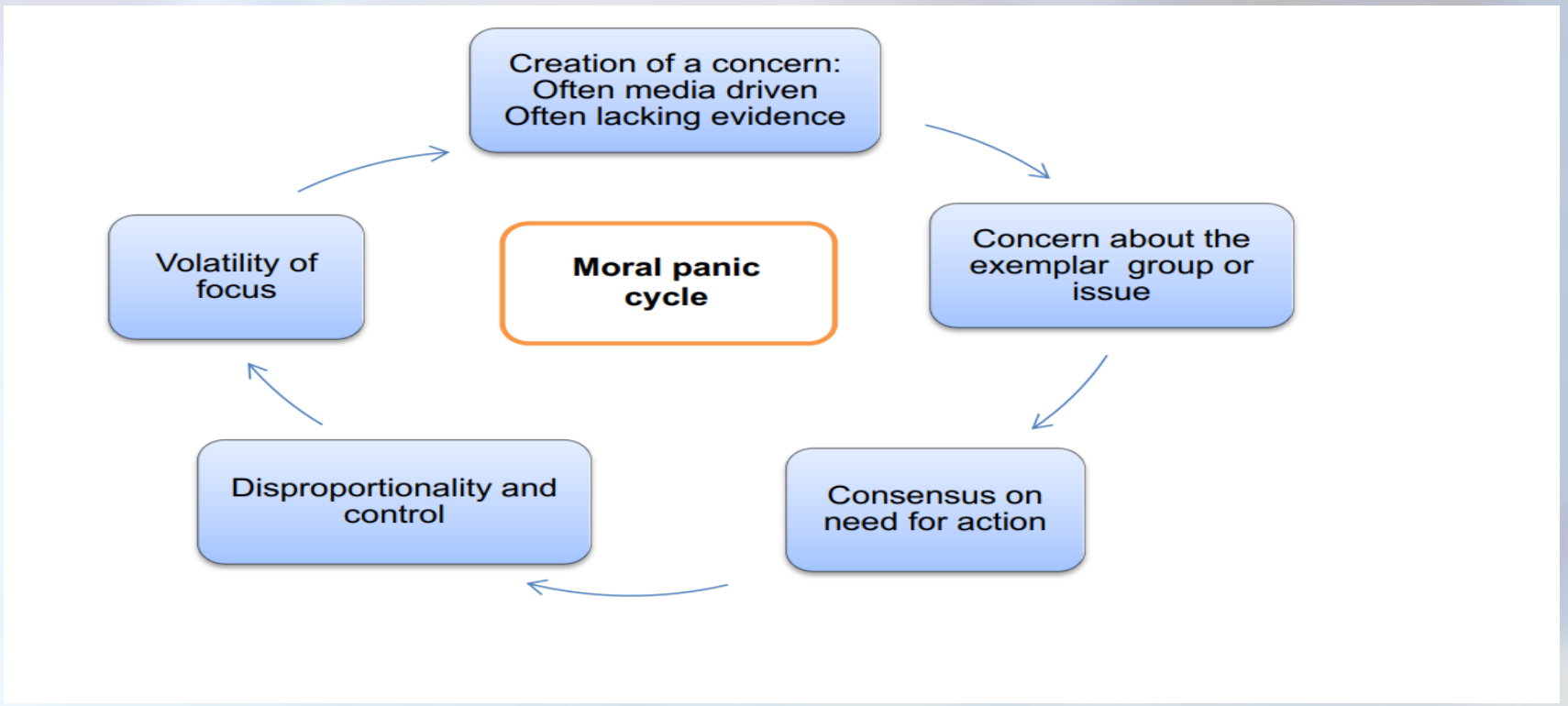
What factors and pressures affect your regulators?



Every country will have its own specific factors, although these are likely to fall into a variety of wider categories

Panic



Widespread worry about the values and principles which society upholds that may be in jeopardy

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Notice

- **The information revolution means that the medical profession are no longer the sole repositories of medical knowledge. The doctor's role has sometimes become that of a validator of the knowledge obtained by the patient from a variety of sources. The relationship between the patient and doctor has shifted towards a partnership requiring excellent communication skills on the part of the doctor. Regulation in this context must ensure that the doctor keeps abreast of current knowledge and practice and so must focus on continuing professional development. The regulator must be satisfied that the new entrant to the profession has the ability to acquire and analyse large amounts of rapidly accumulating data**

Regulation in Iran

In Iran for many years, there has been no clear separation between policy making and regulation

Regulation in Iran has been formed with the establishment of some trade and specialized institutions that had regulatory powers

The Ministry of Health acts as an exclusive actor in the design and implementation of the governance of the health system

We can now turn our attention to one of the outcomes of the regulatory process:
accreditation.

Accreditation is the formal approval for a stated period of time of an institution and
its programme by a recognised body after self-review and external evaluation and
based on predetermined standards.

Regulation is the system within which accreditation occurs.