

Education Committee
14 December 2010
Public session
CHRE Report: Right Touch Regulation

Classification	Public
Purpose	To note
Issues	The publication of the CHRE Report on Right Touch Regulation and the impact on the work of the Education Committee.
Financial & Resourcing Implications	None from this paper.
Equality & Diversity Implications	None arising from this paper.
Communications Implications	None from this paper.
Annexes	Annex A : CHRE Report: Right Touch Regulation, August 2010

Summary

1. This paper asks Education Committee to note the publication of the CHRE's report on Right Touch Regulation which could provide a useful framework to evaluate future policy changes in all aspects of our work. The Committee is also asked to consider whether it could provide a useful framework to use to evaluate our policy development activities.

Background

2. The CHRE published a report about Right Touch Regulation in August 2010. This is attached at Annex A.

Discussion

3. Right touch regulation is defined by CHRE as '...a proper evaluation of risk, is proportionate and outcome focussed; it creates a framework in which professionalism can flourish and organisations can be excellent.'
4. The report considers the role and value of regulation and proposes an approach which is based on the five principles of the Better Regulation Executive: proportionate, consistent, targeted, transparent and targeted. Our Corporate Plan is also founded on these principles.
5. The CHRE Report also adds a sixth principle, agility, recognising the context of rapid change and the need to look forward rather than back. The report focused on 'efficiency, common sense' and using the 'minimum regulatory force' required.
6. The CHRE says that the Right Touch Regulation Report:

'describes the approach we adopt in the work we do. It is the approach that we encourage the health professional regulators to work towards. It frames the contributions we make to wider debates about the quality and safety of healthcare.

Right-touch regulation means always asking what risk we are trying to regulate, being proportionate and targeted in regulating that risk or finding ways other than regulation to promote good practice and high-quality healthcare. It is the minimum regulatory force required to achieve the desired result.

The concept has developed through our oversight role of the health professional regulators. It builds upon the principles of good regulation, identified by the Better Regulation Executive: proportionate, consistent, targeted, transparent, accountable. To these we added a sixth principle of agility. Agility in regulation means looking forward to anticipate change rather than looking back to prevent the last crisis from happening again.

In practice, we have identified the following eight elements that sit at the heart of right-touch regulation:

- Identify the problem before the solution
- Quantify the risks
- Get as close to the problem as possible
- Focus on the outcome
- Use regulation only when necessary
- Keep it simple
- Check for unintended consequences
- Review and respond to change

In our view, the benefit of this approach is ensuring that regulation has its most efficient impact on the problem being tackled. It also enables all parts of the system to play their full part in providing a more appropriate response to a problem. In healthcare, this includes the contribution of employers, educators, professionals and patients. The consequences of this approach may be less regulation or may be more regulation, but will certainly mean better regulation.’ (See CHRE website at www.chre.org.uk)

7. The report has been commended by Professor Peter Smith, Professor of Health Policy at Imperial College. The Rt Hon Stephen Dorrell, Chair Health Select Committee said that the report was a a very timely and thoughtful contribution to the debate about the place of regulation in society.’ (See CHRE website at www.chre.org.uk).
8. The report provides a useful framework to consider the policy options at particular points in our policy development and potentially evaluation of policy development too. For example, as we move forward on our work on Student Fitness to Practise implementation, Standard and Code implementation, deciding how to take the CPD Review forward and deciding how to take the results of the preparedness to practise research forward, we could use the report structure to frame our arguments.

Recommendation:

9. The Education Committee are invited
 - a. To note the publication of the CHRE’s report on Right Touch Regulation
 - b. To consider whether the report on Right Touch Regulation could provide a useful framework to use to evaluate our policy development activities.