



SHINE THROUGH

SHAPING A BRILLIANT FUTURE

2023 ANNUAL MEETING

AUG. 16-18, 2023

CHICAGO



Health Practitioner Regulation:
*Design, reform &
implementation guidance*

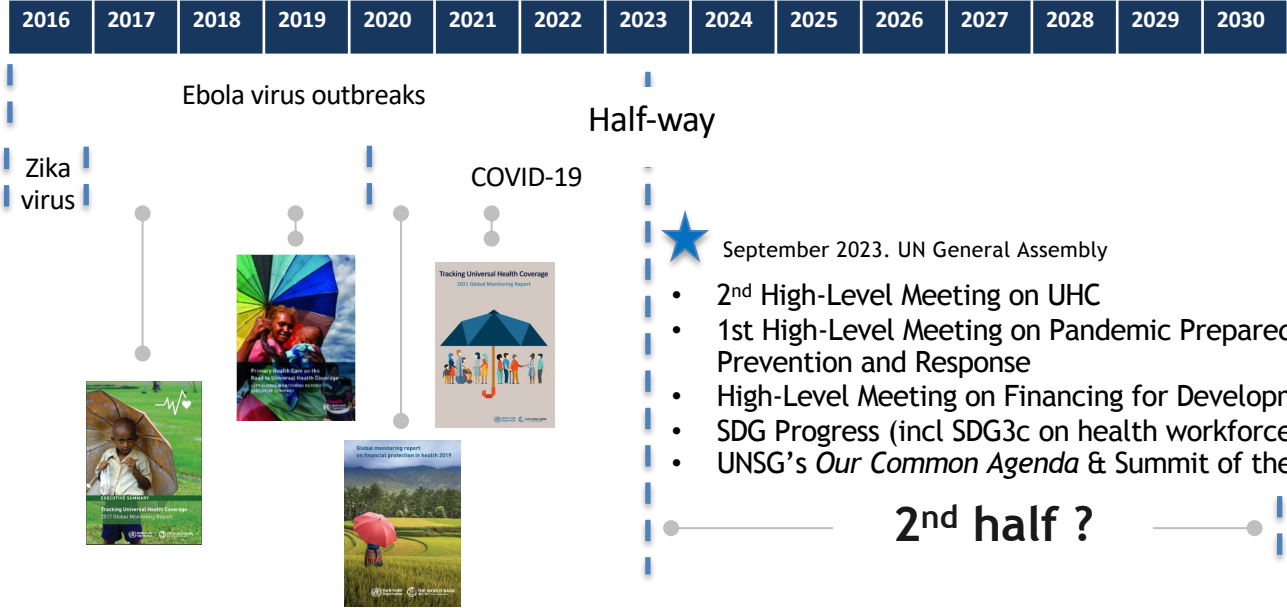
An update from WHO

Jim Campbell

Director, Health Workforce

World Health Organization

2023 - SDG context



SDG 3.8.1 Global Monitoring Report on UHC (2017 & 2019 & 2021)

NEW 2023 DATA: Launch on 8 September 2023 in New York

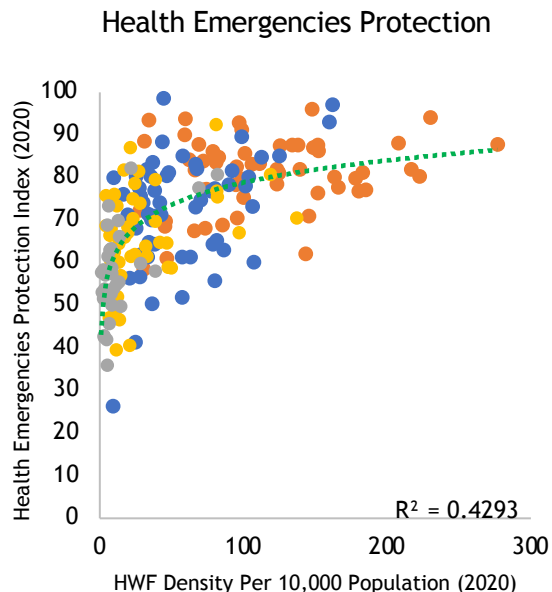
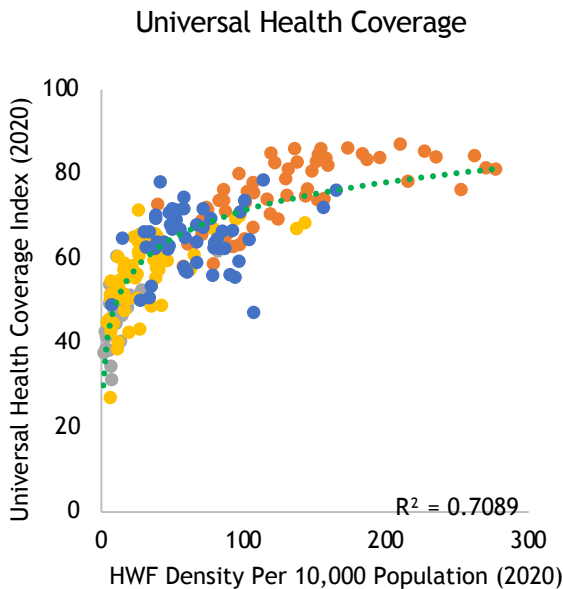
SDG 3.8.2 Global Monitoring Report on Financial protection in Health (2020)



Progress correlated with health workforce density

Correlation between HWF density, UHC & HEP index, 2020

LIC
 LMC
 UMC
 HIC



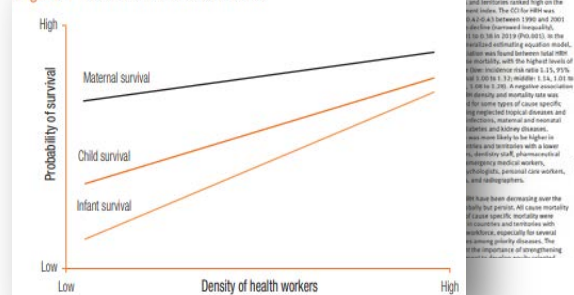
RESEARCH

OPEN ACCESS

Association between inequalities in human resources for health and all cause and cause specific mortality in 172 countries and territories, 1990-2019: observational study

Min Du, Lin Zhu, ...

Figure 1 Health workers save lives!



Human resources and health outcomes: cross-country econometric study

Sudhi Anand, Pål Kjørstam

Sanjiv Kumar, ...

Summary

Background Only a few studies have investigated the link between human resources for health and health outcomes, and they arrive at different conclusions. We tested the strength and significance of density of human resources for health with improved methods and a new WHO dataset.

Methods We did cross-country multiple regression analyses with maternal mortality rate, infant mortality rate, and under-five mortality rate as dependent variables. Aggregate density of human resources for health was an independent variable in one set of regressions; doctor and nurse densities separately were used in another set. We controlled for the effects of income, female adult literacy, and absolute income poverty.

Findings Density of human resources for health is significant in accounting for maternal mortality rate, infant mortality rate, and under-five mortality rate (with elasticities ranging from -0.474 to -0.212, all p values <0.0076). The elasticities of the three mortality rates with respect to doctor density ranged from -0.386 to -0.174 (all p values <0.0029). Nurse density was not associated except in the maternal mortality rate regression without income poverty (p=0.0445).

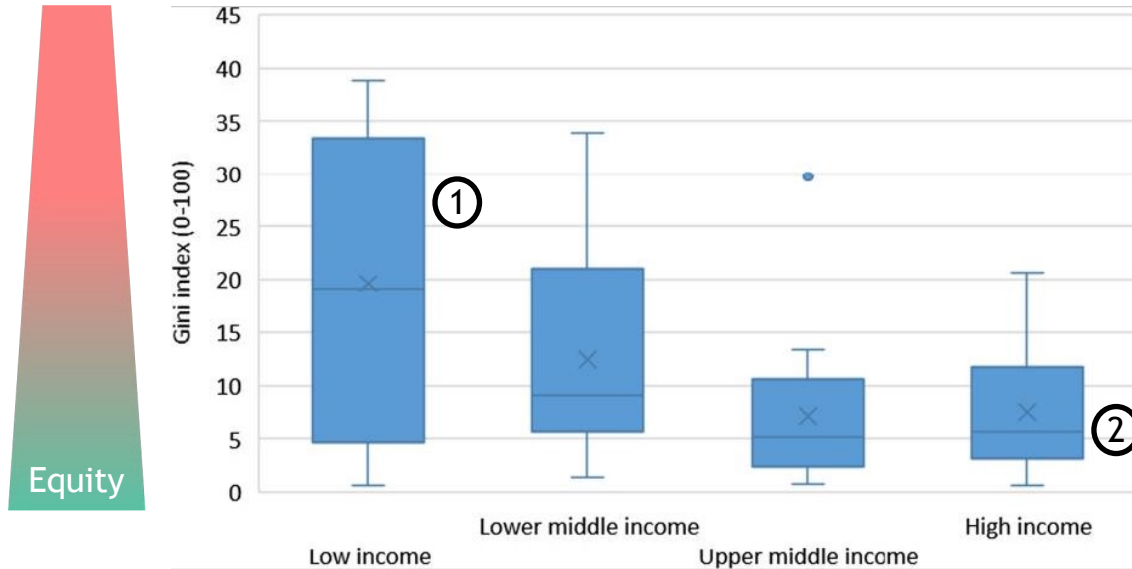
Interpretation In addition to other determinants, the density of human resources for health is important in accounting for the variation in rates of maternal mortality, infant mortality, and under-five mortality across countries. The effect of this density in reducing maternal mortality is greater than in reducing child mortality, possibly because qualified medical personnel can better address the illnesses that put mothers at risk. Investment in human resources for health must be considered as part of a strategy to achieve the Millennium Development Goals of improving maternal health and reducing child mortality.

Source: (1) Latest data between 2010-2019, as available on the National Health Workforce Accounts (NHWA) Platform. Data can be accessed here: <http://apps.who.int/nhwaportal/>.

Notes: (1) Universal health coverage index: comprises of two key components i.e., coverage of essential health services (also known as average service coverage) is made up of 14 indicators in four categories) and financial hardship (which is the proportion of the population that spends more than 10% of household income on health). (2) Health Emergencies Protection Index: comprises of three components: Emergency preparedness (Prepare), Emergency prevention (Prevent) and Emergency detection & response (Detect & respond). The Prepare indicator is the average of the 13 core capacities of the International Health Regulations (IHR). The Prevent indicator measures the average vaccine coverage for selected diseases. The Detect & respond indicator comprises three components related to events with serious public health impacts. The Detect and Response indicator monitor the timeliness of detection, notification and response. (3) HWF density includes medical doctors, nursing personnel, and midwifery personnel.

Data mask glaring inequalities within countries

Gini index of the subnational distribution* of nursing personnel in 58 countries



1. Geography determines access to a health worker: 'urban' districts have 10 times (max/min ratio) HWF density than a 'rural' district.
2. Inequalities persist in HICs.

Analysis of inequity at first subnational administrative level

Health Practitioner Regulation -> equity -> SDGs

Regulation as an enabler of progress towards UHC and SDG-3 (impacting quality and quantity of workers)



- Supply of different types of health practitioners
- Minimum standards of education and practice
- Location and costs of education institutions
- Distribution of health practitioners
- Strengthen broader health governance
- Supporting health workforce planning
- Strengthening primary health care

WHO Guidance on health practitioner regulation

Objectives

- I. Document the diversity of health practitioner regulatory systems and respective challenges in ensuring the quality and sustainability of health workforce education and practice.
- II. Identify innovations in health practitioner regulation, including specific reforms related to the overall objectives, institutional framework, regulatory and operational mechanisms, and regulatory capacity.
- III. Identify empirical evidence, where available, on the impact of innovations on health practitioner regulation, with a focus on health governance and occupational regulation systems.
- IV. To provide **recommendation to Member States on key considerations, common principles and core elements for the design, strengthening & implementation of health practitioner regulation.**



WHO Guidance on health practitioner regulation

Methods:

- **Technical expert group advise and consensus**
comprised of experts (regulators, researchers, economists, professions, health system experts, trade organizations) from all WHO regions
- **Scoping review**
- **Integrative review**

410 peer-reviewed articles and 426 grey literature
Low certainty evidence

- *99.5% of peer-reviewed studies descriptive*
- *50% evidence from Australia, Canada, New Zealand, the United Kingdom and the United States*
- *focus on medical, nursing and midwifery personnel*



6% of world population;
2.5% of WHO Member States

18% of global stock;
43% of OECD stock*

*source: 2020 NHA data on doctors, nursing and midwifery personnel extracted early 2023



Key themes (1)

1. Diversity of regulatory systems and approaches

- wide variations across national and sub-national jurisdictions; occupations and functions; linguistic systems, political-economic models and legal traditions e.g., profession-led, government-led, independent statutory authority, co-regulation
- comparison of outcome from different models are rare; risk of conflict of interest in some profession-led models

2. Regulatory functions and mechanisms

- regulating education and practice to supporting health system goals such as supply and cost of education; workforce planning and distribution; cross border service provision and practitioner mobility; and dual practice
- criteria for deciding on practitioners to be regulated and mechanism of regulation are subject to influence by the position of stakeholder groups within the healthcare ecosystem

3. Effect of health practitioner regulation

- research linked to patient outcomes and population health impact very scarce and gender blind
- practitioner regulation can facilitate or hinder service delivery:
 - *stringent regulation can decrease practitioner supply, increase practitioner wages, increase service cost*
 - *regulatory flexibility and conditional licensing can increase rural recruitment*
 - *regulatory processes influence the scale and speed of international migration of health practitioners*



Key themes (2)

4. Regulatory reforms and innovation

- reforms triggered by individual country needs and changing interpretation of *the public interest*
- countries with profession-led regulation strengthening oversight and accountability of regulators, greater inclusion of lay members and opting for umbrella laws
- countries with government regulation increasing role of professional associations in regulation



Understanding <i>the public interest</i>	
19th Century Perspective	21st Century Perspective
<ul style="list-style-type: none">• Standards of practice• Standards of qualification• Elevating the profession• Addressing public information deficit• Entry barriers• Competence of practitioner• Access to services	<ul style="list-style-type: none">• Costs of regulation• Increased efficiency• Increased cost effectiveness• Reduction in entry barriers• Reduction of barriers to mobility• Promoting competition• Regulation proportionate to risk• Promoting alternatives to licensure model• Responsive to a highly complex health system• Uniformity in regulations• Alignment with health system needs

(Adapted from Benton 2019)



Key themes (3)

5. Regulation during the COVID-19 pandemic

- flexibilities in entry to practice, scope of practice, telehealth, international mobility
- changes in teaching methods, graduation requirements and use of student in the workforce
- strategic opportunity to examine regulatory systems and generate evidence from emergency experience

6. Specific challenges in low-and middle-income countries

- regulators under pressure to tailor standards to national and international context
- regulatory capacity not aligned with functions and size of workforce to be regulated
- wide variation in standards of regulated practitioners; prevalence of informal practitioners despite laws
- gaps in regulation of short-term international health practitioners can worsen during emergencies

7. The regulatory-practice gap

- variation in the extent to which regulatory polices are implemented in practice and regulatory objectives are met
- caused by deficiencies at different level and exist in all economies, prominent in low- and middle-income countries
- over-regulation, under-regulation and operational issues can create gaps



Policy considerations (1)

I. Regulatory systems should be designed to benefit population health.

Purpose: serve and protect public and to advance health system goals

Proportionality: regulatory mechanism based on their risk profile; composition of the health workforce and their division of roles; population health needs; and health workforce strategic priorities

Emergency powers: introduce regulatory flexibilities without compromising patient safety

II. Institutional structure and governance mechanisms should promote consistency, efficiency, transparency and accountability of regulators.

Legislation and institutional structure: consider an 'umbrella' law or legislative framework preserving responsiveness to the specific risk profile of each health occupation and multi-practitioner regulatory agency

Governance: adequate state oversight for regulators to ensure they serve the public interest



Policy considerations (2)

III. The functions should promote patient safety, quality of care, accessibility to and competence of practitioners.

Scope of practice: based on education, skills and demonstrated competence

Entry to practice: based on minimum standards on competence and probity to provide safe services

Accreditation and licensing: ensure the quality of programs of study and competence of individuals entering practice

Qualification recognition: based on assessment of similarities/differences in education and competencies for entry to practice

Maintenance of competence: with mechanisms for assessment of continuing competence

Dealing with non-compliance: with mechanisms focused on public protection and remediation

IV. Health practitioner regulation can be used to support health system priorities.

Data from registration systems: support workforce policy, planning and monitoring

Link between regulators: coordination on practitioner mobility, migration, international service delivery, accountability, and service accessibility

Practitioner distribution: support development, attraction, recruitment, and retention in underserved areas

Dual practice management: facilitate positive outcomes and mitigate the adverse effects



Regulatory practice gap assessment

Drivers of regulatory practice gap (some may be more applicable to low- and middle-income countries)

- **Contextual suitability**
 - *regulation model/standard from substantially different context*
 - *practitioner regulation may not align with service delivery*
- **Assumption-based vs. evidence-based regulation**
 - *focus on activities and outputs, not outcomes or impact*
 - *decision to regulate may not be based on objective criteria*
- **Capacity of regulator**
 - *few staff and scant resources vs size of workforce to be regulated*
 - *implementation gap worsens regulator's revenue collection*
- **Strength of governance**
 - *weak governance may lead to misuse of regulation*

Steps in Regulatory Gap Assessment

1. Understand the local context
2. Identify the problem
3. Determine outcome
4. Assess the risk of harm
5. Deliberate on risk reduction options & associated impact
6. Develop and test new option
7. Manage capacity requirements
8. Monitoring & evaluation



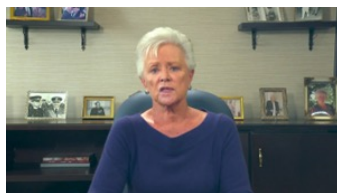
Regulation in the context of nursing and midwifery

2020: Year of the Nurse and the Midwife

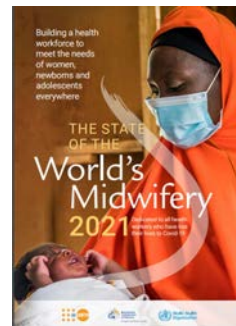
2021: Year of the Health and Care Worker

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun

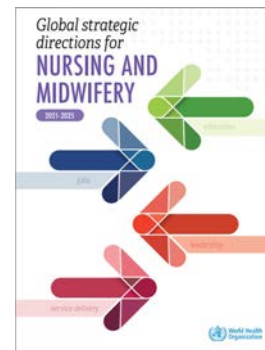
<--- 10 Global and Regional Consultations on proposed draft-->



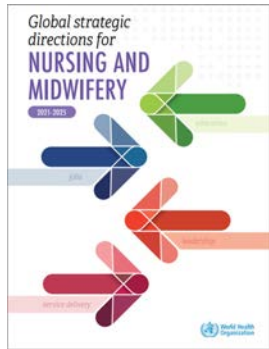
Resumed 73rd World Health Assembly. Request for updated Global Strategic Directions for Nursing and Midwifery



74th World Health Assembly Adoption with WHA74.15



Global Strategic Directions for Nursing and Midwifery 2021-2025



EDUCATION →

Strategic direction: Midwife and nurse graduates match or surpass health system demand and have the requisite knowledge, competencies and attitudes to meet national health priorities.

LEADERSHIP →

Strategic direction: Increase the proportion and authority of midwives and nurses in senior health and academic positions and continually develop the next generation of nursing and midwifery leaders.

JOB →

Strategic direction: Increase the availability of health workers by sustainably creating nursing and midwifery jobs, effectively recruiting and retaining midwives and nurses, and ethically managing international mobility and migration.

SERVICE DELIVERY →

Strategic direction: Midwives and nurses work to the full extent of their education and training in safe and supportive service delivery environments.

Policy Priority: Review and strengthen professional regulatory systems and support capacity building of regulators

Review legislation and regulations for optimized roles

Harmonize regulations; establish mutual recognition

Enable quality assurance for performance of regulators

Advance toward “live” and interoperable registries

NCSBN: Opportunities to engage

Research agenda

- Standardizing the taxonomy on health sector regulation
- Understanding health practitioner regulation and the practice gaps in diverse contexts
- Identifying the output, outcome and impact of health practitioner regulation
- Adopting gender and intersectional lens in regulation research
- Identifying the most cost-effective regulatory measures to secure public welfare
- Evaluation of the regulatory flexibilities and adaptations during the COVID-19 pandemic

Effective linkages with other regulators

- Collaboration and coordination across jurisdictions and occupations
- Strengthening institutional capacity of regulators in low- and middle-income countries

Engagement with WHO

- State of the World's Nursing report (targeted for 2025)





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<https://www.who.int/health-topics/health-workforce>