**Healthcare regulation: deciding when statutory regulation is appropriate**

**March 2022**

This consultation considers how the powers to introduce and remove professions from regulation might be used in the future. It seeks views on the criteria that should be considered in assessing which professions should be regulated. These criteria will form the basis of assessing whether professions should be brought into, or taken out of, statutory regulation.

**Q1: Do you agree or disagree that a qualitative and quantitative analysis of the risk of harm to patients is the most important factor to consider when deciding whether to regulate a health or care profession?**

Agree

Disagree

I don’t know

**Q2: Do you agree or disagree that proportionality, targeted regulation and consistency should also be considered in deciding whether to regulate a health or care profession?**

Agree

Disagree

I don’t know

Open text answer:

Clearly defined, proportionate and independent professional regulation is vital in order to protect patients, clinicians, and public confidence in the healthcare system.

However, it is important that we minimise red tape and excessive barriers to ensure that regulation does not make it too difficult or time consuming for GPs to enter or remain in the profession. The bureaucracy of regulation can act as a barrier to the effectiveness of healthcare systems, limiting clinical flexibility and confidence. It can also increase non-clinical workload, taking doctors and other staff away from delivering patient care. Excessive bureaucracy can therefore result in staff leaving the profession as it takes them away from being able to do their job: providing care to patients. The more GPs that leave the profession, the more difficult it is for existing GPs to uphold high standards of care, and as retention is already a significant issue amongst the GP workforce currently, unwarranted regulation should not contribute towards exacerbating this. Although targeted regulation is important, the rigidity of the system means that GP's ability to provide a core service to the public can become limited.

In terms of consistency in the regulation of medical professions, the RCGP has long argued that the specialist and GP registers should be merged, a position supported by the BMA and the GMC. Beyond this, as long as it remains possible to quickly and easily differentiate between the scope of practice of different professionals who share a regulator, for example doctors and Physician Associates, the RCGP does not take a view on whether this should be achieved through a single, annotated register, or multiple registers.

**Q3: Do you agree or disagree that the currently regulated professions continue to satisfy the criteria for regulation and should remain subject to statutory regulation?**

Agree

Disagree

I don’t know

Open text answer:

As a representative body for General Practitioners, we can only comment on regulation regarding GPs and other roles in general practice. The RCGP's overriding priority is to uphold the highest standards in general practice and in order to do this, we agree that GPs should remain subject to statutory regulation. This is due to the frequency of interaction that GPs have with members of the public who have undifferentiated or potentially serious medical conditions. However, as mentioned previously, it is important that this regulation does not hinder GP's ability to carry out their roles effectively.

**Q4: Do you agree or disagree that currently unregulated professions should remain unregulated and not subject to statutory regulation?**

Agree

Disagree

I don’t know

Open text answer:

Currently, there are no additional roles within general practice that we think should be subject to statutory regulation. However, we continue to support the statutory regulation of Physician Associates (PAs) and we are concerned about the lengthy, drawn-out process of implementing regulation for this role. Further action should be taken to speed up this process.

The RCGP supports proposals for the GMC to become the statutory regulator of PAs and AAs, and it is appropriate that these professions are regulated in a way which is consistent with the wider regulatory approach. We support the GMC's decision not to allow cross-subsidies between the registration fees of doctors and those of PAs and AAs.

Additionally, it is important to note the role of medical students who are preparing to join a highly trusted profession, and particularly in the later stages of a medical degree, will be in patient facing situations, where high standards of safety must be maintained. It is appropriate that students meet the standards of professionalism set out by the Medical Schools Council and the GMC, however, we would not support the establishment of student registers for undergraduate medical students, as these standards should be maintained by medical schools. Similar standards of professionalism would be appropriate for students in other regulated roles.

We cannot comment in any detail on the regulation of professions outside of general practice, as this is outside of our remit.