



president's perspective

Protecting the public through regulatory research...what is so new about that?

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Those of you who attended the Annual Meeting in Santa Ana Pueblo, NM last year probably noticed a significant theme in the program: evidence-based regulation. Evidence-based regulation is nothing new to FSBPT: we have been committed to basing our policies and resources on the best data available.

So what's different now? First, we've worked for years to establish strategic partnerships with other organizations with an interest in evidence-based regulation. Second, over the last few months the Board of Directors and FSBPT staff have worked to create the Healthcare Regulatory Research Institute (HRRRI). Third, we live and work in a political environment where regulators are increasingly being asked to justify their actions and sometimes their very existence.

Collaborative Effort

Over the last few years, FSBPT has strengthened several relationships with regulators and professional organizations both in the United States and around the world. One important partnership is the Healthcare Regulatory CEOs Group, comprising the executive leadership of:

- FSMB- Federation of State Medical Boards
- NCSBN- National Council of State Boards of Nursing
- ASWB- Association of Social Work Boards
- NABP- National Association of Boards of Pharmacy
- NBCOT- National Board for Certification in Occupational Therapy ,and
- ASPPB- The Association of State and Provincial Psychology Boards.

This collaboration builds on the excellent work we did in defining a framework for considering scope of practice changes among healthcare professions.¹ The seven health and social care professions comprising the group fully subscribe to the principle that regulatory policy should be based on valid, reliable and synthesized evidence. The group is committed to advancing regulatory scholarship by undertaking, publishing and utilizing regulatory research. The group's initial efforts are focusing on benchmarking

current research efforts across organizations, establishing a library of each group's influential research publications, establishing a bibliographic database of articles addressing regulatory issues, and identifying research initiatives the group can cooperatively support.

We're also keeping a keen eye on the research efforts of similar organizations outside of the United States. In Australia, for example, the Australian Health Practitioner Regulation Agency (AHPRA) has published an innovative and aspirational framework for prioritizing and conducting research.ⁱⁱ Similarly, the Health & Care Professions Council (HCPC) in the United Kingdom (UK) has published their own research strategy document and maintains a repository of their findings.ⁱⁱⁱ And we continue to work with other International Network of Physiotherapy Regulatory Authorities (INPTRA) members to consider, prioritize, and where possible collaborate on research. The newly formed INPTRA Regulatory Research Committee includes representatives from Canada, Australia, Nepal, as well as Mark Lane and myself. We're looking forward to sharing what we're learning!

Creation of HRRRI

Last year, the FSBPT Board of Directors made an important commitment to evidence-based research by electing to fund HRRRI. HRRRI's initial charge is to pursue research and education of the public to enhance healthcare regulation in support of public protection, and to create a forum for the exchange of information and ideas. Over the next few months, the Board and FSBPT staff will be working together to further define HRRRI's mission, focus, and strategy.

Creating HRRRI as a separate organization has several advantages. HRRRI will be able to have a separate organizational mission, strategy, and goals from FSBPT, providing clearer direction and better division of responsibility. Our hope is that HRRRI can operate with some degree of independence, affording their work a greater level of credibility than work conducted by FSBPT alone. Perhaps just as important are the financial aspects of the separation. FSBPT was unable to be considered for some federal grant programs that would not consider 501(c) 6 entities, but would consider funding grant requests from 501(c) 3. Additionally, funds given to FSBPT are not a charitable contribution; while funds given to HRRRI (a 501(c) 3 entity) are tax deductible. Lastly, there is always some risk encountered when partnering with government and private agencies to conduct research, and funding HRRRI as a financially distinct organization helps manage that risk.

That being said, we anticipate that the work HRRRI undertakes will be complementary to FSBPT research initiatives and member concerns. There are several important research initiatives that have come forth from the Leadership Issues Forums, Regulatory Trainings, and Annual Meetings, and we expect these meetings to continue to be a fantastic place to identify and prioritize new areas for advancing our understanding of regulation and the PT profession.

Striking the Right Balance

Going back to where we started, for those of you who attended our last Annual Meeting you will recall that, a key concern with evidence-based regulation is striking the right balance between regulatory force and the risk of an activity. We often hear near synonymous terms such as "risk-based regulation", a term often associated with Harvard Professor Malcolm Sparrow, and "right touch regulation", a term that is popular in the UK. These terms are slightly different ways to conceptualize the need to regulate risky practices, while allowing competent practitioners to provide needed and innovative healthcare services to the greatest extent possible.

In healthcare professions, striking that balance is a critical challenge. Even the simplest healthcare interventions, such as a simple blood draw, carry some risk (e.g., infection, uncontrolled bleeding). Patients who are in the greatest need of healthcare interventions often require the riskiest interventions (e.g., invasive surgery). Too much regulation, and we deny people the healthcare they need. Too little regulation and we allow incompetent or ineffective practitioners to harm the public. There is also the concern that we may tend to regulate practitioners in ways that are not meaningfully linked to the actual associated risk, and ignore those areas that are more critical to public protection.

Rigorous, independent research on the impact of regulation on healthcare professions is vital to understanding how we can best strike that balance. There are no easy answers. This is a tremendous undertaking, and may take years of diligent effort before our investment pays off. But we can't underestimate the importance of this exciting step in our pursuit of advancing our mission of public protection.

President Nancy R. Kirsch, PT, DPT, PhD, FAPTA received her PT degree from Temple University, her Masters in Health Education from Montclair University, Certificate in Health Administration from Seton Hall University, her PhD concentration in ethics from Rutgers University (formerly UMDNJ), and a Doctor of Physical Therapy from MGH Institute of Health Professions. She practiced in a variety of settings including in-patient rehabilitation, acute care, long term care and home care. She owned a private practice for twenty years and currently practices in a school based setting. In addition, she is the Director of the Doctor of Physical Therapy Program at Rutgers, The State University of New Jersey. Nancy has been a member of the New Jersey Board of Physical Therapy Examiners since 1990 and was chairperson of the board for 12 years. She served as an evaluator for FCCPT. Nancy has been involved with the Federation of State Boards of Physical Therapy in the following capacities: she served two terms on the Finance committee and also served on several task forces, in addition to the Board of Directors. Nancy has been active in the American Physical Therapy Association since she was a student. She served the New Jersey Chapter as Secretary and President, and as a delegate and chief delegate to the House of Delegates. She served the national association as a member of the ethics document revision task force. She also served a five year term on the APTA Ethics and Judicial Committee and the APTA Reference Committee. She received the Lucy Blair Service Award and was elected a Catherine Worthingham Fellow from National APTA and received an Outstanding Service Award and the President's Award from the FSBPT.

ⁱ "Changes in Healthcare Professions' Scope of Practice: Legislative Considerations", available at:

<https://www.fsbpt.org/Portals/0/documents/free-resources/ScopeOfPractice201202.pdf>.

ⁱⁱ <https://www.ahpra.gov.au/News/2018-01-12-research-framework.aspx>

ⁱⁱⁱ <http://www.hpc-uk.org/publications/research/>

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