Regulation Matters:
a CLEAR conversation

Episode #50: 2021 Regulatory Trends – The Year in Review

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Line Dempsey: Welcome back to our podcast, Regulation Matters: a CLEAR conversation. I'm your host, Line Dempsey. I'm currently the chief compliance officer with Riccobene Associates Family Dentistry here in North Carolina. And I'm also CLEAR's president-elect.

As many of you are aware, the Council on Licensure, Enforcement and Regulation, or CLEAR, is an association of individuals, agencies, and organizations that comprise the international community of professional and occupational regulation. This podcast is a chance for you to hear about important topics in our regulatory community.

Now, we're very excited to note that this is episode number 50 of our podcast! I can't believe we've been doing this 50 times. We've been bringing these podcasts to you monthly since June of 2018, with a couple of bonus episodes that were thrown in there along the way, and I've been very fortunate to be a part of every one of those.

We really hope that our listeners have enjoyed this podcast as we've heard from excellent speakers and addressed a wide range of topics. And to name just a few, some of the things that we've looked at are current research in professional regulation, investigative tips from CLEAR Award winners, working with subject matter experts and content developers, regulators using behavioral science, the role of public board members, regulatory modernization, what it feels like and means to be a good regulator, and some special episodes about the regulatory response to COVID-19 that has affected all of us. We've been able to share some really great information with the regulatory community, and it's been a privilege.

So, today for episode 50 here in February of 2022, we'd like to take a look back at trends in professional regulation over the past year. We have as our guests today a lot of CLEAR past presidents, and as I'm getting ready to become one this late summer/early fall, I'm excited to be with this number of people. I don't even know that we could actually do this in person because I think there's a rule in our regulations to not have this many past presidents together in one space, but we do have some great people with us. And we'll start with Cory Everett Miskell. We also have Michael Salvatore, Kym Ayscough, Ginny Hanrahan, and Ronne Hines. We have quite an international group

representing the US, Canada, Australia, and Ireland, so we are super happy to have you with us today. So, welcome everyone.

Guest speakers: Thanks, Line. Delighted to be here.

Line: Well, we are very happy to speak to you. And let me also thank our listeners for joining us today.

So, let's jump right in with one of the ongoing topics from 2021. And that's disciplining practitioners for COVID misinformation or disinformation. CLEAR has reported on several examples of regulatory organizations issuing statements that practitioners can be disciplined and even face licensure revocation for spreading disinformation about COVID 19, vaccines, and related safety guidelines. Now, CLEAR hosted a well-attended webinar on the topic that you presented at, Ronne. So, can we start with that and talk a little bit about that?

Ronne Hines: Sure, so thanks so much for having us, Line. The problem of COVID misinformation/ disinformation has been a problem for Colorado and many states from the beginning of the pandemic. The umbrella or centralized nature of occupational regulation in our state has meant that we've been able to address that in a more coordinated way, I think.

Initially, DPO's response was really focused on education outreach and just really listening to licensee concerns. So, I think the hope is we're going to continue to address every licensee information question around the executive orders in a really changing environment. So, I think again we're focused on education and outreach, but I would definitely appreciate every other jurisdiction's approach to this issue.

Michael Salvatori: Thanks for that introduction to the topic Ronne. I think, for me, the topic's of particular interest in Canada and in the teaching profession, because we often look with beginning teachers at the conduct and the parameters around freedom of expression. In a course I'm teaching right now to beginning teachers, we've looked at that notion of our fiduciary responsibility as teachers and role models working with impressionable and vulnerable persons or students, and the friction or the tension between that fiduciary duty and our own individual rights to freedom of expression. And we've been looking at it against the backdrop about the pandemic right now, and where, in some cases, controversial views about vaccines with government restrictions are in the media, so we were looking at it from the teacher point of view.

In other professions in Ontario, as recently as last week, our provincial Minister [of Health] asked the regulatory body for physicians to examine the conduct of several prominent physicians who have been disseminating information that's counter to the government science table.

So, for me, I think the issue really highlights that maybe as regulators, as a community, we need to better define what are the parameters; where is that? How do we navigate the space between our rights to our ideas or freedom of expression and expressing those when we have a fiduciary duty to

the public interest? And I think perhaps to even look at what happens when the public that we're charged with the responsibility of protecting sees us making statements that might be considered counter to public protection.

Kym Ayscough: So, it's Kym, and I find that really interesting, Michael. It's the same kind of discussions we've been having in Australia, and certainly, as a health practitioner regulator, this has been a key issue for us since the beginning of the pandemic. And I think what we recognize is that registered professionals have a very influential position in society. And so, much like Ronne's example, our focus has been on really just reminding professionals like us about the expectations that already exist in the codes of conduct, for example, expecting that practitioners use their professional judgment informed by the best available evidence in their practice, and that includes in the information that they share directly with patients or, more broadly, with the public. And it certainly includes the information they provide around public health issues like COVID- 19 and vaccination.

One of the things I've been kind of interested in since hearing a recent discussion with Professor Zubin Austin, who a number of people in the regulatory community will be very familiar with. And he's been talking for a number of years now about this concept of ungovernability among the regulated professions.

And I think this is one of those issues where we start to be really tested as regulators to understand, are we looking at that? Are we looking at that blurring of the barrier between cutting edge practice, which will, in fact, drive regulatory reform, and the concept of ungovernability--those who are not susceptible to the usual regulatory tools around guidance and influence and coming back to the center, if you like, of expectations.

And for me, what that means is, as a regulator, we've had to think about the full scope of our regulatory toolbox, starting from that place of influence and education, but ultimately for some practitioners needing to look at the extreme opposite end of the scale, I guess, and whether removing somebody's right to practice is in fact what's necessary to fulfill that public protection mandate.

Ginny: So, in Ireland and in Europe, I've been looking into this, and I did a little bit of research into what's been happening.

And I think we also, of course, as regulators, are reminding people about their requirements to meet under the codes of professional conduct and ethics. But I think it is quite fascinating if we look at the Nursing and Midwifery Council in the UK who regulates 745,000 nurses. There's been one strike off because of this, and there's been a smaller number of cases that have been referred to them.

And the General Medical Council who have over 300,000 registrants, of which they would generally receive about 8,500 complaints a year, 1,500 going into hearings, there's been estimates between three and seven doctors who have been complained about.

And there was one case where they actually did find against a GP, but actually, when it went into the court, which happened in the end of December, the judge has gone away to consider whether his rights to freedom of speech have been impacted or not.

So, I think it's quite an issue, a moral issue for people, but I think we have to put it into perspective as to the numbers of our health and social care professionals who are just getting on with work and using the codes of conduct and the guide.

But, Kym, I am fascinated and would love to hear more about Zubin Austin's "ungovernable," because, of course, these are the numbers that give you the absolute headaches, not the thousands and thousands who are working well.

Line: Thanks, Ginny. Well, another trend that continues to get attention, particularly here in the States, is mobility. In 2021, several states enacted universal licensing laws or joined licensing compacts. 2021 also saw the beginning development of five new licensure compacts. So what examples are you seeing as jurisdictions address mobility of licensing professionals? And maybe we'll start from with the Australian perspective first. So, Kym, why don't you start on that and then anybody else that wants to jump in afterwards.

Kym: Thanks, Line. So, certainly as far as the majority of health professions go, I guess many people think that Australia has kind of nailed this issue of mobility, because, with the creation of our national registration scheme in 2010, practitioners across the 16 regulated health professions in Australia register once and can practice anywhere in the country. So, one registration fee, one set of standards, one regulatory agency supporting the regulatory boards for each profession.

So, internal to Australia, those challenges of mobility around recognition and registration are solved. But I think what we are experiencing, as are most health regulators around the world, is an emerging health workforce crisis really. Not only to respond to the immediate emergency of COVID, but looking into the foreseeable future, we can see a really significant health workforce crisis. And Australia, like many other countries, we don't actually produce sufficient health practitioners within our borders to meet the needs of our healthcare services, so we look internationally.

And I think one of the questions I have is whether health professionals are going to continue to be mobile internationally. And if they're not, then how do we solve that local crisis? And then, on the flip side, I think we're seeing really innovative models of care emerging. So, having practitioners working offshore is not unusual. So, in Australia, we're in a different time zone, and people have taken advantage of that. So, there have long been services where scans that are taken in Australia during the day are read overnight in the UK, and the results are available the next morning.

That seems fine, but more recently, we've seen things like practitioners running the emergency department of remote hospitals entirely offshore. So, practitioners who have never set foot in Australia running these critical parts of our healthcare service. We don't have extra-territorial

jurisdiction, so we can't actually regulate those practitioners, and that has thrown up a range of interesting questions for us, again thinking about our public protection mandate. Who's responsible for public protection in those kinds of models of care? So, I think they're emerging challenges that many, certainly in the healthcare sector, are going to be paying attention to.

Ronne: So I would just add for Colorado, we've seen a little bit of everything, right? We've seen where we're part of every compact that the United States has right now. We have the new LPC; the Licensed Professional Counselors that have the new compact. We're seeing others coming our way for sure, and we also saw a new piece of legislation last year with House Bill 1326, where we created our credential portability program. So, we're making sure that applicants can come in, and we're trying to make mobility a focus. With our work on military licensure, military spouses are able to come in for free for three years, so I think we've had a ton of work in this area for sure.

Ginny: Thanks, Ronne. I suppose I'm going to take the broader picture. I think it's quite interesting and very scary when you look at the estimates of the need for healthcare professions as designed by the WHO. So, for example, WHO was actually saying that it's likely that it's going to be creating an extra 40 million new healthcare jobs by 2030, but in fact, we will still be 18 million healthcare professionals short. And if I bring that down, they're estimating there'll be a shortage of 9.9 million physicians, nurses, and midwives.

So there are very big challenges, and then you actually look at the impact of the areas, and where, as Kym has said, they're not producing enough doctors. In Europe we're the same. We're looking at people coming from other areas and the impact that's going to have on the provision of healthcare. So, that's really very, very worrying and even within Europe. For example, in Finland and in Ireland, we have between four and five nurses per physician, whereas areas like Greece and Georgia have got one nurse per physician. So, there's a whole issue, and indeed we are seeing moves to how we're delivering our healthcare to moving it away and bringing much more involvement of assistants and other type of personnel, which I think is something we're going to have to look at worldwide on that. In Europe, it's quite interesting in that we are looking at mobility in Europe and the plan we have--this recognition of qualifications--trying simplify it, although on the ground it's not so simple. But I think the biggest change we've seen is Brexit where, for example, among the medics, there's been a drop in doctors; I think they have about 9.2% are overseas doctors in the UK, which is the lowest they've had since 2012.

So, you can see that there are some changes being made. From a nursing point of view, the European nurses have reduced their numbers, but they have increased from coming from the Philippines and India. So, I think across the world, we are feeling this that there is a shortage, particularly as our population in the older areas like the States, Canada, and Australia and the UK, our populations are aging. But we're pulling from India and Africa and the Philippines and places like that, so I think there's a lot more conversations we have to have about this. Mobility is not equal, in that the richer countries are probably pulling people out of the health services in the poorer countries, so that's also

another problem. So, I think this is a real challenge that we are going to be dealing with for quite a long time.

Line: Yeah, I agree. It's one of those things, even trying to increase access to care for underserved areas, that was always [an issue]. From the Dental Board perspective in North Carolina, we would allow credentialing of practitioners so that they could come to those underserved areas, and they all usually ventured to the larger metropolis areas. So, it's certainly an ongoing issue that I think we will continue to look at.

Now I think regulators' journey--and I think this is a great word for that: journey--to address diversity, equity, and inclusion kind of started really in 2020 and really kind of became a focus in 2021. And that's been evidenced by our strong interest in CLEAR presentations that we've done, surveys that we've sent out, as well as conversations around the issue of DEI. Regulators continue to learn more from each other as they navigate this journey. So what examples are you seeing as regulators of addressing DEI? And again, let's start from Australia.

Kym: Thanks, Line. Yes, so as a national regulator, we've actually been on this journey for a number of years actively, since about 2017. And working with a number of Aboriginal and Torres Strait Islander peak organizations, academics, and individuals to understand, first of all, the experience of Aboriginal and Torres Strait Islander people in the healthcare system and to think about what we as a regulator could do to try to ensure that the healthcare system and healthcare delivery in Australia is safe, so that patient safety is the norm for Aboriginal and Torres Strait Islander people, and it is delivered in a way that is culturally safe, with cultural safety being determined by those Aboriginal and Torres Strait Islander people as the patients. So, we actually have a published Aboriginal and Torres Strait Islander health and cultural safety strategy as a scheme that's supported by us scheme-wide, so a boards and AHPRA statement of intent about what we are setting out to do. And then internally as an agency, we have a reconciliation Action Plan, which is about what we as an agency are going to do in the way we operate our own business, if you like, including an employment strategy and very direct strategy to ensure that there is stronger Aboriginal and Torres Strait Islander representation on our regulatory boards.

And I think, having been on that journey for a number of years probably positioned us well in the pandemic to respond when it became clear that our Indigenous Doctors' Association was raising concerns that Aboriginal and Torres Strait Islander people were being denied safe healthcare at the beginning of the pandemic and being denied testing on the basis of racial stereotypes about lack of self-hygiene control and those sorts of things, for example. So, our CEO, on 17th of April 2020, published a statement which was absolutely clear to say that there is no place for racism in healthcare in this country, that racism from registered health professionals will not be tolerated. And the statement really encouraged people who'd experienced concerns to raise those with the regulator and again provided a reminder to practitioners that the codes of conduct with which they are expected to comply quite clearly condemn discrimination of any kind and racism in practice.

And I think it's been the engagement over a number of years with those peak bodies and key individuals that positioned us to be able to make such a strong and clear statement at a critical time.

Ginny: So, thanks, Kym. That's really very, very interesting. We are in a smaller way moving, and the only thing I wanted to bring up was the interest in the makeup of our boards and our registered Council. So, currently, I run 12 boards for different professions, and I have a Council, and actually, what's interesting for us is what everybody's trying to work towards 40% of the boards being male or female. And we're missing that on many bases because actually most of us are female, which I suppose is understandable because most of the professions are female, so that's quite an interesting one. So, we're very lucky we have what's called a public appointment system. We've been talking to them about the need to consider the balance but also representative from people with disabilities, different sexual orientation, different ethnic areas. So I think, for me, it's the start of that journey, but I think it's really an important part for us to do, and we are looking to do much more work with our registrants on how we're going to try and look at DEI and how we'll bring that much more into the fold.

It's not as big an issue in Ireland, as you've had in the States, so it's been great learning for us. But it is something we need to have, start that conversation. We have quite a large Nigerian community that have come to live in Ireland in the last 15 or 20 years, and it's marvelous to hear these Nigerians with these wonderful Irish accents and blending music and doing all this fantastic stuff. But, yeah, it's a topic that we are starting to work on, but we're not really very well developed, thank you.

Cory: Ginny, I think that is so interesting; this is Cory Everett Miskell. I just want to provide that United States perspective. I really appreciate that you're looking at the profile of your professions to look at if they're over-represented by one group or under-represented by another group, and I think that's work that all of us need to be doing. As it relates to the United States, I think I would be remiss, let's say, if we did not mention a presentation by Dr. Peter Blair at CLEAR's recent winter symposium, which presented some really intriguing findings from his research about the leveling effect that licensure has on pay inequities. And it particularly helps reduce the wage gap between white men and women and people of color, particularly black men. I think that was really intriguing and pointing to some of the benefits that licensure brings to the table to help address DEI concerns.

As it relates to the United States, we also incarcerate more people than other countries do, and so we also need to be looking at what type of barriers are we erecting for people that are perhaps misrepresented or more affected by other policies outside of licensure. So, for example, communities of color are more likely to be incarcerated. If we're creating extra barriers for people with criminal convictions, that has an impact on the overall profile of the profession and the ability for somebody to be served by someone that looks like them and has shared experience.

Line: Well, thanks for that perspective as well. So, I know that there's been initiatives to reduce regulatory burden, and that continued to gain momentum over the course of 2021. There've been a lot of jurisdictions that have been reviewing their regulated professions and occupations to identify

regulations that are maybe no longer necessary and can be eliminated. I know several boards in North Carolina have done that. But there is also a trend towards reducing barriers to those with a past criminal record. So what examples are you seeing related to reducing barriers to licensure? And, Michael, let's start with you.

Michael: Thanks, Line. And, as I was listening to my colleagues respond to one of the earlier questions, I think this discussion compliments that discussion about mobility, and I was thoughtful about some of Kym's comments about the needs, given the strain the pandemic has placed on professions generally and especially in healthcare.

One perspective that I would bring to the topic comes back to the pandemic and perhaps a silver lining of the pandemic (if not silver, perhaps nickel, or maybe just tin). I think many professions felt the strain of the pandemic on the workforce, certainly healthcare workers. In Canada, part of the strain on the system has been the number of professionals carrying the burden, critical shortages in many areas, and other areas, certainly teaching. In all of those professions, the government is beginning, or we're seeing signs that the government is collaborating with the respective regulatory boards to allow interim or temporary licensure, especially for internationally educated professionals who have come to Canada and who have not yet been able to practice in some cases, because of the regulatory burden, because of the complexity of the certification requirements. And so we're seeing that now, in both nursing and teaching in Ontario--in nursing with provisions for internationally educated nurses to begin to practice before they have full licensure, the supervised practice, and for beginning teachers who haven't completed a program yet, to begin with an interim license. And I think that if we're able to be creative and facilitate licensure as an emergency or a contingency measure, and to do so with confidence in the public interest, I think there's value in looking at what elements, what processes can we adopt and perhaps adapt as permanent models. And I'm thinking that models like apprenticeship and supervised practice, employment-based education programs, or programs of professional education may help us make some of these practices that we've adopted during the pandemic as contingencies mainstream, and not just emergency measures. And I certainly have an interest in looking at that possibility.

Ronne: So, I might just jump in. I agree, Michael. DPO, our division, constantly looks at where we might improve processes, where we might focus on rehabilitation, and what that internal quality looks like. Especially where we have a workforce shortage. So, we definitely focus on our military members. We have military spouses coming into the state. But we really are just focused on reducing those internal timelines, right? And that can be challenging. So I'd be interested to hear how Kym or Cory or Ginny might have some thoughts on that.

Cory: Yeah, thanks, Ronne. That's a monumental task, right? And I think the complexity and volume that regulators deal with can create some difficult timelines that don't necessarily align to some of our workforce priorities.

I think, when I talk about reducing barriers, I always think of this in two categories. There's stuff that requires a statute and rule change, and there's some stuff that makes a big impact that requires no change to statute or rules, right? And some of the most, I think, influential probably fall in that second category. This comes down to educating board members. When we're talking, for example, Line, you had mentioned looking at barriers for people with criminal records. Our board members that get elected or appointed to boards don't specialize in the justice system and probably are not very familiar with it, and I daresay they need this education on what other barriers are disproportionately impacting populations, like the immigrant population and the low-income population, the military population, right? So, simply educating board members to what's going on in regulation generally beyond just what's happening in their profession is very influential.

I've also seen technology be a massive game-changer. But states invest a lot of money in technology for education, for the justice system, for other major social priorities. But often, we've seen regulation lag behind in technology. But when the state can come forward, or a jurisdiction can come forward to invest in that, it reduces the regulatory footprint pretty dramatically, without ever touching a regulation.

So, I think some of those are very important to look at. The other -- we have examples like in Utah where the boards and DOPL have done the very difficult work of looking at what criminal records or arrests are actually relevant to practice and what do we maybe not need to look at, right? So, can we stop spinning our wheels on something that just isn't really applicable here?

There are some other really great examples; I think Michael brought up a really great one about interim licensure. New Hampshire has a fast-track process where, if you kind of hit certain criteria, if you're 90% of people who otherwise qualify and don't have something that the board really needs to consider, you can get that license right away, and you can continue to practice, while the licensure process takes place, right? So, we still mitigate the risk of having somebody in practice, we still have oversight of them, we know who they are and where they're working, but we don't necessarily need to withhold their right to get to work while we engage our fiduciary responsibilities.

Ginny: Thanks, Cory. I'm going to talk about two things. One: just about how we manage criminal records here in Ireland. So, one of the nice things is a few years ago, there was a decision made and legislation put in place that for minor convictions has been gone for seven years, they were completely taken off the records. So, that's made things a bit easier, and I think does deal with things like the indiscretions of youth. Because we certainly were getting the ones where the guy went out to the pub one night with a gang of friends and did something silly. So, they're gone.

And, I think the other thing as well -- and thank you, you've hit the nail on the head about the training for board members. We talked to them about how is this--whatever the issue is-- how is that going to impact on their ability to do a job? And I have a beautiful case about a social worker who was a mature student who had an awful record in his teens and his 20s. He turned around and trained to be a social worker in his 40s. And he made a fantastic social worker because he absolutely lived that

experience. He knew what was going on; he had dealt with all of that. And, again, I think this is where we have to look at where sometimes life experience can really help make better practitioners.

The European one is quite interesting. In Europe, if you are a doctor, a nurse, a vet, a dentist, an architect, there's freedom of movement across Europe for those professions. Unfortunately, for the professions I regulate, there isn't; we have to do them on an individual basis. But my colleague, Margaret Hynds-O'Flanagan, is leading a piece of work we're doing where we're going to look at frequently seen qualifications to see if we can reduce some of the burden on those qualifications. So, we're just trialing that at the moment. So, in other words, if I have 10 or 20 applicants coming from one university, why do I need to do those separately? So, they are small things that we're doing, and all the time we're looking to try and speed up the process for getting people onto the register.

I think it was interesting and across I'm sure the same for everybody, the temporary register were put in place to try and get people on quicker. To allow them to work with COVID, but actually, the numbers across ourselves and the UK were really quite small and really didn't make a difference; it looked very good politically to do that. So, that's another one that I think about. Thank you.

Line: Thank you. Well, we've kind of touched on this a little bit just then, but another area, particularly in the US, that continues to see attention from regulators is reducing barriers to licensure for military members, veterans, and spouses. I know that North Carolina had a big initiative on that probably four or five years ago. But what examples are you all seeing now, and is this an important issue outside of the US as well. So, I guess let's get a US perspective and maybe an international one. Ronne, let's start with you.

Ronne: Sure, so, we've long been standing and looking at our military members-spouse response, but, in particular, for military spouses. So, we have our veteran occupational credentialing and licensing initiative. The division has gone through every single program and worked to enact rules and policy that really just focuses on how to make that happen. But I think the most impactful approach we've had has been for spouses. So, the House bill 1326 really did just focus on making sure that military spouses were able to come into our state for three years and able to do that for free. We've definitely been focused on the healthcare workforce, but however other states have approached that, that'd be interesting.

Cory: Yeah, I think the interesting thing about military service members, veterans, and spouses and the regulatory policies that address that very special population -- what's so intriguing to me is that the innovation in policy we've seen specifically for this population is now driving regulatory policy in other areas. So, for example, this whole idea of universal licensure recognition kind of started with military spouses and military service members and veterans. So, we were able to kind of cultivate that within the smaller population and then look at how does this apply to the broader population, solve other problems? So, I think this is a topic we've been dealing with for years; as Ronne has mentioned, this goes back to the early 2000s, and now I think this year we've really seen that kind of shift to look at how do we share this across the broader spectrum?

That underscores for me this point that if we look at how do we reduce unnecessary barriers to licensure for everybody actually helps spouses and military service members and veterans, and where much of that work is starting to be focused is looking at where are some of these spouses or the military service members actually applying for licensure? So, broadly I think Ronne is actually absolutely right; we're seeing that happen in health care. There's some other professions beyond nursing; we see a lot in cosmetology, in teaching, in massage, or some of the allied health programs, And, unfortunately, some of those areas don't have compacts developed, and you tend to see greater disparity in the requirements across state lines as it relates to the United States. And so, any effort that those professionals are kind of taking on to harmonize their requirements are really helping to have an impact on the military community. But I'd be interested if any of our international colleagues have a perspective on this.

Ginny: Well, I think the three of us have just put the note in that it's not an issue for us; we don't deal with this particular issue. So, I'm afraid I can't really add any wisdom to it. I mean, I've always been fascinated attending the CLEAR conferences over the years and seeing how this has moved and to see Michelle Obama's input on it and the impact, so I've kind of watched this one from afar. So, I'm sorry we can't contribute much.

Line: Well, and I kind of figured that was the case with knowing the number of people that we have on this, but it might be something that we can encourage through CLEAR Communities and get some feedback back from there from other areas outside of the US that we might be able to do that. So, we'll definitely have that as an invite in our comments.

So, under the increased demand for healthcare services and restrictions to in-person visits due to the pandemic, the telehealth laws saw a huge focus in 2021, with jurisdictions providing clearer definitions and guidelines about who can perform services and related insurance reimbursement. Have there been new developments in telehealth in your jurisdictions? And, so let's start in Canada for Michael if you would.

Michael: Thanks, Line. I think it's emerging in Canada, and I was reading a report recently commissioned by Health Canada that really focused in the introduction on this notion of can-do, and I think that's been something that we've seen in all aspects of response to the pandemic is collaboration, optimism, and kind of throwing out in some cases or revising the rulebook when it comes to many aspects, and I think that includes care and looking to virtual care and making it work, And I know that many of us have probably experienced that ourselves. One of the first observations from the report was the author praising that "we can get it done" attitude and similar to comments earlier about overcoming some of the issues to certification. The report suggests that in Canada, the issues that have been impeding virtual access to virtual health care in the past have really dissipated or been alleviated through collaboration between private collaboration, crisis response, and I think governments being willing to make some changes.

There's also an acknowledgment in that report that care is care, and a view that as it states that virtual care is no longer the adjunct therapy; that it is care and is a reality. And again going back to my comments about the silver lining, this may be something that's here to stay, where we can see greater access to virtual care and greater confidence in virtual care. I think the road ahead, at least in Canada, is reconciling our system of provincial and territories responsibility for healthcare and a national or a pan-Canadian interest in the progress of telehealth. And I think looking at that national model might lead to national regulation of healthcare or consolidation of regulators from various health professions. So, sometimes something like this, like this notion of virtual care, might be the impetus that we need for greater collaboration for consolidation that can be, I think, beneficial for all and for healthcare generally.

Line: Ronne, do you want to talk on that too?

Ronne: Yeah, I would just add, I think Colorado's really faced a challenge. I'm sure every state has. But where we've really focused on telehealth for a long time, COVID and the pandemic has only accelerated that.

And just thanks to you, Line, for a special 50th episode! This is a really interesting time for us, right? So, thank you for your dedication, for the podcast, hosting every episode since the beginning for sure, but focusing on such important issues and how we provide services. So, thanks to you!

Line: Well, thank you. Well, I think this has been a great conversation, so I do want to thank each of you, Cory, Michael, Kym, Ginny, Ronne, for speaking with us today and being a part of this 50th episode.

Michael: Thanks for the opportunity. Appreciate it.

Cory: Thanks for having us, Line.

Ginny: Thank you, thank you, such an honor to be here for the 50th one, so we really appreciate it, and we look forward to the 100th one. No pressure, Line. No pressure, Line.

Line: Yeah, I hear you on that. We'll definitely do that.

Well, it really has been a pleasure, and I do want to remind our listeners that you can find more information on CLEAR's Regulatory News blog and read about a summary of the 2021 regulatory trends. But if you've missed any of our podcast episodes, all 50 of them are available, and you can catch up on those back episodes as well.

I also want to thank our listeners for tuning in for this episode. We invite you to continue this conversation through the CLEAR discussion forum. As I mentioned earlier, that might be a great place to get more perspective from the military licensure aspect from international communities. We really

would love to hear your comments and reactions to any news items and trends that we've talked about, and we'd love to continue this conversation in CLEAR Communities.

Now we'll be back with another episode of Regulation Matters: a CLEAR conversation very soon. If you're new to this podcast, please subscribe to us. You can find it on Podbean or any of your favorite podcast services. If you've enjoyed this episode, please leave a rating or comment in the app. Those reviews help us to improve our ranking and make it easier for new listeners to find us. Feel free to also visit our website, which is www.clearhq.org, for additional resources, as well as a calendar of our upcoming programs and events.

Finally, I'd like to thank our CLEAR staff, specifically Stephanie Thompson. She is our content coordinator and editor for this program. Once again, I'm Line Dempsey, and I hope to be speaking to you again very soon.

The audio version of this podcast episode is available at https://podcast.clearhq.org/e/2021_regulatory_trends_review.