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# Towards Self-governance for Healthcare Professions in Ukraine

Considering the legal, ethical, and public policy implications, drawing on UK and international experience.



# Towards Self-governance for Healthcare Professions in Ukraine

**On 24th February 2022, the Russian Federation launched a full-scale invasion of Ukraine, resulting in substantial civilian casualties, the displacement of millions of people, and widespread destruction of public services—including in the health system.<sup>1</sup> In addition, the war has reduced the availability of human resources, due to internal and external migration, with the total number of health workers falling by 13.7% in 2022.<sup>2</sup> It has also undermined the population’s ability to pay for health care, while pushing up the costs of medicines and other critical supplies.<sup>3</sup>**

In spite of these pressures, the Ukrainian health system has demonstrated extraordinary resilience—testament to the dedication and professionalism of its workforce. The vast majority of health facilities are fully functioning, even in the most conflict-affected areas.<sup>4</sup> And, in these areas, the process of recovery is already underway.<sup>5</sup> The government of Ukraine’s plans for recovery go beyond mere reconstruction. They incorporate plans for institutional change—one example of which is a proposal to re-balance power across the state, health workers, and civil society, in relation to the regulatory apparatus for the healthcare professions.<sup>6</sup> Specifically, a draft Bill, entitled *On Self-Governance in the Sphere of Health Care in Ukraine*, has been developed by the Ministry of Health in cooperation with Members of the Verkhova Rada (the Ukrainian parliament), and has undergone a public consultation process.<sup>7</sup>

The intended effect of the Bill is to enhance the self-governing role of the healthcare professions in several key regulatory functions—all of which have traditionally been undertaken by the state. These include:

- overseeing the registration

and licencing of professionals;

- setting standards for professional education and training;
- setting professional and ethical standards; and
- dealing with, and acting upon, concerns raised about professionals.

The draft Bill is due to be considered by legislators in the coming months and is at the time of writing the subject of sustained public debate in Ukraine.

To inform that debate, an online seminar took place on 20th July 2023, bringing together legislators and regulatory stakeholders in Ukraine and the United Kingdom, alongside academic researchers in law, ethics and public policy (see Appendices 1 and 2). The event, organised as part of a collaboration between the Taras Shevchenko National University of Kyiv and the University of Edinburgh, had the following objectives:

- (i) to consider the legislative proposals in detail;
- (ii) to share insights between participants, drawing on both domestic and international experiences; and
- (iii) to identify ways in which

the reform proposals could be strengthened, to ensure they support the further development of the healthcare professions, while enhancing public accountability.

This Policy Brief begins with a brief overview of the current regulatory regimes in Ukraine and the UK, and proceeds to set out the objectives and content of the forthcoming Bill. It then summarises the main themes that emerged during the seminar, and concludes with a series of policy considerations, which may help to inform ongoing debates related to this critical area of health system reform in Ukraine.

## 2. Comparing professional regulation in Ukraine and the UK

### 2.1 Ukraine

Over the last decade, the structure of Ukraine’s health system has changed dramatically. In 2017, a single-payer system was introduced, headed by the National Health Service of Ukraine (NHSU). This is mandated to ensure universal access to high-quality services. As part of this reform, primary care services have been strengthened, while specialist outpatient and inpatient

services have been streamlined, laying the foundation for greater efficiency in service delivery.<sup>8</sup> These reforms also reflect a commitment to refocus the role of the state vis-à-vis other social actors. For example, formerly ‘state’ health care institutions have been re-constituted as communal non-profit enterprises (Komunalne Nekomertsiyne Pidpryemstvo, or KNP), with considerable operational and financial autonomy from central and local government authorities. The role of private health care providers has also increased. Such providers are eligible to enter into contracts with the NHSU to deliver health services, and those that do so provide care to patients free at the point of use, alongside (and on the same terms as) their non-profit counterparts.

As a result of the reforms, the levers of influence available to the state—to ensure that services are safe, appropriate, and effective—are changing. Increasingly, those levers derive not from ownership or direct control, but from the type of regulatory regime in place. As a result, the adequacy of that regime, in terms of its impacts on professional competence and behaviours, are matters of major importance for population health and the public interest more generally.

Currently, the Ministry of Health (MoH) retains a prominent role across all four of the regulatory domains cited in Section 1 above (namely: registration and licencing; standards for education and training; standards for professional and ethical conduct; and the conduct of disciplinary procedures). The capacity of the MoH to perform all of these roles—alongside its many other responsibilities—is limited, and thus there are many gaps and limitations in the regulatory arrangements. Perhaps most notably, and in contrast to

international norms, there is no individual licensing of healthcare professionals in Ukraine.

This means that professionals may only provide health services if:

- they are employed by a healthcare provider licensed by the MoH; or
- they are registered as a private entrepreneur (a so-called Fyzyczna Osoba-Pidpryemets, or ‘FOP’) and hold an MoH licence to provide medical services.

These arrangements restrict professional autonomy and place the responsibility for ensuring that professionals meet standards for education, training, and ethical conduct on employers; their actions in response to any shortcomings are likely to vary. As a result, these arrangements fail to serve professional interests—and also fail to protect the public.

Further, regulations relating to standards for higher education and continued professional development are issued by the MoH with limited involvement of healthcare professionals and the associations that represent them. This raises potential concerns about the extent to which the regulations are fit-for-purpose, as well as issues of transparency. In addition, all healthcare professionals are obliged to observe MoH-defined medical standards and clinical protocols; healthcare providers must ensure that these are followed. However, healthcare professionals and their associations play little role in the development of these guidelines. Further, the capacity of the MoH and the State Expert Centre (to which the MoH has delegated some of its powers) is limited. As a result, MoH-approved standards and protocols for the treatment of many diseases are absent, and those that do exist are updated irregularly—such

that they are misaligned with contemporary clinical practices.

Currently, there is no overarching set of ethical standards for healthcare professionals. Many individual professional associations specify ethical standards that their members are supposed to observe. However, the number of such associations is very large (e.g., dentistry alone has more than 100 associations), such that each association (and thus, each set of ethical standards) covers only a fraction of the relevant workforce. In addition, in the absence of monitoring or enforcement, it is not clear that such rules have an impact on professional behaviours in practice. As a result, disciplinary action related to any (non-criminal) breach of performance or ethical standards is a matter solely for employers (e.g., a healthcare professional may be subject to disciplinary action only for failure to perform in accordance with his/her job description and related criteria). The sanctions that may result include dismissal from the place of employment, but the dismissed person may then be employed by another employer, or become a ‘FOP’, practising on an independent basis.

For all these reasons, the introduction of healthcare professionals’ self-governance may be desirable. There have been numerous proposals to take this forward but, for various reasons (such as a lack of agreement on the content of the relevant laws, and the absence of political will), none of these has, so far, been implemented.

### 2.2 UK

The UK, like Ukraine, provides healthcare free at the point of delivery via the National Health Service (NHS). Delivery of healthcare is coordinated by respective governments within the four UK nations (England, Northern Ireland, Wales, and Scotland). The

UK's regulatory journey has been ongoing for over 150 years and the shape of regulation continues to change and develop in line with the changing socio-political context. For example, there has been a move away from the regulators' governing bodies being chosen almost exclusively from the relevant professions—today many regulators have an equal number of lay and professional Members of Council.<sup>9</sup>

Currently, the regulation of health and social care professionals is mainly delivered by ten statutory regulators, most of which operate on a UK-wide basis and are overseen by the Professional Standards Authority for Health and Social Care (PSA). These regulators are summarised in Figure 1 below and span health and social care professions.<sup>10</sup>

**Figure 1: UK statutory regulatory bodies**

General Chiropractic Council (GCC)	General Pharmaceutical Council (GPhC)
General Dental Council (GDC)	Health and Care Professions Council (HCPC)
General Medical Council (GMC)	Nursing and Midwifery Council (NMC)
General Optical Council (GOC)	Pharmaceutical Society of Northern Ireland (PSNI)
General Osteopathic Council (GOsC)	Social Work England (SWE)

The precise form of regulation is aligned to the individual professions which are governed by the relevant regulatory body. There is no single piece of omnibus legislation that governs the operation of these regulators; rather, each regulator operates in accordance with its own statutory framework. Broadly, however, the regulators' key functions are to:

- oversee the registration and licencing of professionals;
- set standards for professional education and training;
- set and maintain professional standards; and
- deal with concerns raised about the professionals for

whom they are responsible.

Regulated professionals must be included in the relevant register if they are to practise in the UK.<sup>11</sup> These registers are made available to the public online via the regulators' websites. To remain on the register, professionals need to keep up to date with current standards of practice and may be required to provide evidence of this to their regulatory body. Some professionals, such as doctors, nurses, and midwives, are required to revalidate their licence with their regulator over a specified period of time (for example, every three or five years). This rigorous process includes providing evidence of matters such as fitness to practise, ongoing adherence to professional standards, and CPD.

Professional and ethical standards of practice are set by the regulators and updated over time in consultation with registrants and wider publics,<sup>12</sup> alongside resources which provide guidance to professionals on meeting these

standards. An example of this is the GMC's Good Medical Practice, which describes "what it means to be a good doctor" and sets standards in four domains: knowledge, skills and performance; safety and quality; communication, partnership and teamwork; and maintaining trust.<sup>13</sup>

Concerns or complaints are dealt with via regulators' 'fitness to practise' processes. These may be raised by patients or their families, employers, or other bodies such as the police, and will be taken forward by regulators, broadly speaking, in cases where the professional's actions may pose a risk to patients or may harm public con-

fidence in the profession. The fitness to practise process is not intended to be punitive (although it may be experienced as such). The key question is whether the professional's current fitness to practise is impaired;<sup>14</sup> as such this can take into account steps that a registrant has taken to remediate their practice (as explored further below).

The precise details vary as between the regulators but, as an overview, concerns may be investigated by the regulator, who can decide to take no further action or to conclude the process with the issue of a warning (dependent on the regulatory body) or by agreeing undertakings with the professional. More serious concerns may be referred on for consideration by an independent Fitness to Practise Panel or Tribunal, which, in accordance with the outcomes available to the regulator, may take steps such as placing conditions on the professional's practice or suspending their practice for a specified period of time, or, in the most serious cases, removing their name from the register so they can no longer practice.

The role of the PSA is to oversee the regulators from a position of independence, and to provide assurance to Parliament and to the public that these regulatory bodies are undertaking their functions appropriately.

The UK regulatory framework, which varies across the professions, has been described as complex and piecemeal, which is largely a consequence of its incremental development over time. However, it should not be viewed as static; the framework continues to evolve and develop over time. There have been various proposals for reform, including a 2021 consultation on a comprehensive overhaul of the regulators' primary legislation. This is directed to enhancing

consistency between the regulators in some key respects, while also allowing greater autonomy for the regulators to set out the details of their own regulatory procedures.<sup>15</sup>

### 3. Proposals for reform in Ukraine

The draft Bill would, if enacted, provide a mandatory framework for the self-governance of the healthcare professions in Ukraine.

Specifically, it would create five 'Chambers' as independent organisations for professional self-governance, made up of representatives from the relevant profession. There would be separate chambers for: 1) pharmaceutical professionals, 2) family medicine doctors (i.e., General Practitioners), 3) specialist doctors, 4) dentists, and 5) nurses, midwives, and allied health professionals.

Key functions of the Chambers would include:

- Managing and overseeing the registration and licencing of relevant professionals, by issuing certificates that provide professionals with the right to practise. Professionals would apply to be added through the online state portal by providing appropriate documentation. The register of licenced professionals would be made publicly available on the Chambers' websites.
- Developing and maintaining professional standards. This would include participating in the creation of standards for the provision of medical care, and the development and approval of a code of ethics for professionals.
- Working with relevant institutions regarding the standards for medical education and CPD.
- Cooperating with other state

bodies, trade unions, and public and private organisations on matters of public health protection and the performance of professional duties.

- Participating in the development of further regulation and legislation relating to issues pertinent to the professions, such as professional standards and education, and to make proposals for amendments to legislation pertaining to healthcare.

The Chambers would have various bodies and organs to deal with these functions, which are summarised in Figure 2 below.

Figure 2: UK statutory regulatory bodies	
Name	Key functions
General Meeting of Representatives	This would be the highest governing body of the Chamber and would include representatives of the profession. It would be convened annually (with extraordinary meetings where required), and be responsible for approving the Chamber's Charter and the Code of Ethics, and manage the election of members to other bodies.
Supreme Council	This would be the Chamber's governing body, which would elect a Chairperson for a term of three years (and a maximum of two terms).
Higher Scientific Council	This would oversee industry standards and set standards for education of its members, alongside CPD in light of contemporary developments in clinical practice
Ethics Commission	This would consider complaints against professionals, undertake disciplinary procedures (including formal sanctions such as warning, suspension, or termination of a certificate), and deal with any subsequent appeals.
Audit Committee	This would oversee the financial and economic activities of the Chamber and publish information on its financial activity.
Specialised committees	These would be formed as required and specified by the Chamber.

Each Chamber would have a statute, approved by the General Meeting, which would confirm its structure and composition, process for acquiring memberships, its functions and powers, and decision-making processes. The implementation process would be carefully sequenced, with the Chamber of Dentists acting as an initial pilot project, followed by the Chambers for pharmacists and medical doctors in subsequent years, assuming that the initial pilot is successful.

### 4. Discussion themes and policy options

As participants in the seminar

recognised, the successful implementation of the Bill, should it become legislation, will require collaborative working across a wide range of stakeholders. This will be necessary to build trust in the new system, and to facilitate consent and buy-in from both professionals and publics—something that is considered crucial to its success. To feed into this ongoing process of legislative and regulatory reform, key themes of the discussion are provided below, alongside considerations for various policy options going forward.

#### 4.1. The purpose of the reform and its communication to stakeholders

Various participants emphasised the importance of being clear on the purpose of the legislation and the framework for self-governance it will engender. Only if this clarity of purpose is established and is understood by all stakeholders (including professionals, publics, and politicians) can the required structures be created and institutionalised. Navigating the tensions between, on the one hand, supporting the profession and, on the other, protecting the public, is a central challenge in all regulatory

regimes, internationally. One risk of self-regulation in this regard is that healthcare professionals may use it to protect themselves or their colleagues, and to serve their own professional self-interest, such that patients' rights are overlooked and public confidence in the regulatory regime is undermined.

However, it was also recognised that, if professionals feel unduly or unfairly burdened by the regulatory regime, they will lose trust in it. Moreover, while society has a legitimate interest in ensuring that professions are regulated, and standards are maintained, a question remains as to how individuals will be supported to adhere to defined standards (rather than simply penalised for failing to do so).

As an example, when considering how to approach self-governance, participants suggested that the Chambers will need to consider their approach to supporting professional activity. Consideration will need to be given to how resources will be directed to addressing harms after the event (for example, when a patient complaint is received), versus trying to tackle potential issues on a more preventative basis (for example, supporting best practice before more serious concerns arise). When it comes to designing a Code of Ethics, navigating this approach requires decisions around which positive behaviours should be included so that they are encouraged and reinforced, and, conversely, which negative behaviours should be explicitly discouraged.

A related question is the extent to which regulatory consistency between the healthcare professions is feasible or desirable. In the UK, regulation has been described as fragmented, with different regulatory bodies having some different powers. Some UK-based participants expressed the view that as much

consistency as possible, from the outset, is desirable. If standards of practice and behaviour are set out differently across the various professions, this can lead to inconsistency in expectations within multi-disciplinary teams, to the detriment of patient rights.

On the other hand, some participants also discussed the importance of flexibility in the regulatory approach. It was noted that regulators ought to be able to respond to the particular needs of their profession and may be better placed to recognise those needs than a more 'generalist' regulator. Achieving an appropriate balance, then, between consistency across professions and flexibility in accounting for specific professional needs, will be a key consideration for the future development of the Bill.

#### 4.2. Tackling political interference and corruption

A key aim of self-governance is the potential it affords for tackling bureaucracy, political interference, and corruption. It was noted that many of the functions that would be taken up by the Chambers currently sit with the MoH (albeit final decisions as to exactly what would be delegated are still to be made). Participants emphasised the importance of the independence of regulatory bodies from the state. From the UK experience, this is seen to be beneficial in enabling regulators to set their own priorities without political interference.

Participants also focused on the process for registration and licencing, and how human interference or corrupt practices in this regard can be eliminated. Some participants suggested that this remains a risk within the Chambers, and felt that using an Online Portal and verification of documentation electronically and automatically will be important to remove the 'human

element' from decision-making, and thus the related problems of bureaucratic inertia and the aggravation of corruption risks.

In addition, participants emphasised the importance of moving away from a model of licensing focused on institutions and locations, and towards one focused on individual professionals. This is seen by some participants as facilitating greater autonomy among medical professionals. However, concerns were raised that this may lead to the centralisation of expertise in the hands of a few select medical specialists (and their autonomy should not be to the detriment of the profession at large).

Other elements which participants felt required consideration were the number of Chambers. With four different chambers for the medical profession, this could cause challenges for those who practised across Chambers (e.g., those who are both dentists and family doctors), especially if regulated standards and processes differ between them.

Discussion also focused on the role of national vis-à-vis regional bodies. On the one hand, some participants were supportive of the current proposal not to devolve power to regional bodies, seeing them as a source of potential corruption. Others felt that some form of regional affiliation would be helpful, for instance to ensure that self-governance is led by those 'on the ground' and with an understanding of local realities. Although created in very different circumstances, an example in the UK of an interface between national regulation and the local context is the 'Responsible Officer' (RO) (established by the GMC). ROs work locally within healthcare organisations and may, for example, make recommendations about matters such as the revalidation of the doctors for whom

they are responsible. However, the ultimate decision as to whether to revalidate a doctor remains with the GMC as the national regulator.<sup>16</sup>

#### 4.3. Transparency and public accountability

Linked to the concept of corruption is the wider issue of transparency and accountability. Participants recognised that there are measures within the draft Bill that will support transparency and accountability; these include a public-facing register of licensed professionals on the Chamber's website, on which patients would be able to search for information about their health professional. While adhering to applicable data protection principles, policy makers ought to consider what information should be included in the register. In the UK, information made available to the public can include (dependent on the regulator):

- the practitioner's status in terms of their licence to practise, and their registration number;
- details on the type of registration they have;<sup>17</sup>
- the date that they were first registered; and
- any current restrictions on their practice, and their fitness to practise history (if any).<sup>18</sup>

As an example, doctors who have previously held a licence to practise but have been suspended or removed and are no longer allowed to practice are also included in the register. This allows patients to take informed decisions regarding seeking care from their doctor and for prospective employers to make checks on professionals they are considering recruiting.

An important question raised in relation to this theme was the extent to which patients and publics will be involved in the

work of the Chambers. This is not currently explicitly addressed in the Bill, although discussions are ongoing regarding this. Most participants agreed that patient/public involvement in the operation of the Chambers would be desirable to ensure that these stakeholders are able to inform the conduct of regulation and to ensure the system meets the needs of society as a whole. UK stakeholders noted that, from their experience, exclusive self-governance of the professions is not desirable, as it can lead to protection of professionals at the expense of patients. They emphasised that the UK experience indicates that maintaining some form of patient and public involvement is crucial in relation to matters including: (i) how the regulator is run, (ii) the standards it sets for the profession, and (iii) processes relating to fitness to practise. Participants pointed to this involvement as a crucial facet of maintaining public trust in the regulators.

Further, participants felt that practices within the Chambers will need to be transparent to help prevent corruption taking root in the new regime. For example, it was proposed that an Audit Committee for each Chamber may help to ensure financial transparency. Participants further suggested that it would be important to be clear on the relationship between the bodies within each Chamber and the lines of accountability, and to make individual processes within these bodies transparent, with checks and balances in place. From the UK experience, it is evident that the oversight of a 'meta-regulator', such as the PSA, can provide such a mechanism, helping to ensure that regulators are undertaking their functions appropriately.

A final key aspect of accountability relates to the processes for dealing with concerns about

professionals' fitness to practise. Currently, mechanisms for dealing with patient complaints in Ukraine (i.e., appealing to the MoH, local health departments or by petitioning the courts) were generally considered as inappropriate. For example, court litigation, which can be both lengthy and costly, is both insufficiently effective as a means of protecting patients, and also punitive for professionals (and would fail to promote learning among them). While it is anticipated that, as is the case elsewhere, only a very small number of professionals will be involved in fitness to practise processes, they often attract disproportionate attention, and become a major cause of anxiety and concern for professionals. It is therefore critical that such processes are fair and appropriate to adequately support professionals and to protect the public. UK stakeholders emphasised that the language 'fitness to practise' had been chosen carefully, as the process should consider whether the professional in question was safe to practice at the present time.

Participants also considered how to deal with allegations against professionals in such a way that can take account of contextual factors. It was noted that healthcare professionals practise within the context of not only teams, but also over-stretched health systems which are under acute pressure—an observation that may be relevant to Ukraine, given the operational and financial pressures that health workers are currently operating in. Some noted that the impact of these contextual factors on practice ought to be accounted for when considering professionals' fitness to practise.

Discussions also focused on the provision of public-facing information about disciplinary outcomes. Some considered this information to be confidential

to the professionals involved and felt that it would be difficult to persuade professionals that wider publication is necessary. However, others suggested this would be important to facilitate learning from mistakes and therefore better protect patients. From a UK perspective, disciplinary outcomes are made public specifically to facilitate learning and public trust. One option—to try and find a balance between these competing viewpoints—would be to provide anonymised outcomes, allowing learning to be gained but individual identities to be protected.

#### 4.4. Building back better—and securing the right to healthcare

Participants recognised that proposals to introduce self-governance are just one part of a wider process of building a health system in Ukraine that can achieve sustained progress towards universal health coverage, thereby realising the population's right to healthcare.

In addition, the creation of the Chambers as public law entities with delegated authorities and real influence on the practice of healthcare has the potential to decentralise power in Ukrainian society, while enhancing transparency and accountability for both professionals and publics. For example, they can help facilitate the provision of care and practice without excessive hurdles and to support professionals to feel safe within their practice. Some UK participants noted that professional regulation could form part of a broader system—with layers of individual and team-level governance, through to organisational and professional governance. An approach which maintains governance across the system can help promote best practice and reduce risk to patients across all levels and can maximise opportunities for support for professionals.

Second, setting standards for education and requirements of continuing professional development (CPD) were raised as an important part of ensuring quality care for patients. Some participants noted that this starts with medical schools and raising standards for admission to ensure those who enter the professions have the proper motivation and high-quality education. Global standards on medical education may be useful to provide guidance on this.<sup>19</sup> CPD standards also required ownership by the profession, and self-governance had an important role to play in this. It was noted that part of this spoke to broader issues regarding the prestige of the professions within Ukrainian society. Some participants highlighted the need to further develop the skills and status levels of non-medical professions, and in particular nursing.

Third, participants noted that the Ukrainian health system needs to be capable of attracting and retaining high levels of talent for those trained in Ukraine or elsewhere. While the ongoing war has, as noted, resulted in many people (including many

healthcare professionals) leaving Ukraine, concerns remain that those trained in the country may continue to choose to work abroad if there is insufficient motivation to remain. Self-governance Chambers can be leaders in shaping this moving forward.

#### 5. Looking forward: key policy considerations

The draft Bill aims to ensure that the regulations governing healthcare professionals are defined by individuals and organisations (so-called 'Chambers') with the knowledge and skills required, creating the potential to enhance the quality and the acceptability of regulation (and thus, its impacts on the safety and efficacy of health services). Challenges to the public interest may emerge, however, if patient and public involvement in decision-making is absent or inadequate, or in circumstances in which professional self-interest is favoured ahead of public protection.<sup>20</sup> This challenge has proved to be an important focus of debate, both in Ukraine (contributing to a series of stalled reform efforts since independence in 1991), and internationally (including in jurisdictions in which

professional self-governance has been a long-standing feature). Indeed, in the latter case, the need to obtain an appropriate balance between professional self-governance and public accountability has been an important driver of reform.

The discussions in the seminar indicated broad support for

self-governance as part of the Ukrainian legislative agenda, but identified some crucial elements for consideration—either as part of the legislation or in subsequent policy interventions in support of its implementation. While the UK context is undeniably different, and each country's regulatory apparatus reflects different con-

textual challenges and opportunities, the discussions suggest that there are opportunities for cross-border learning between the two countries.

In taking forward the reform process in Ukraine, key policy considerations that emerged from the seminar include the following:

#### Policy Considerations

1. The purpose of self-governance should be communicated to professionals, patients, and broader society in terms of its place in the wider reform agenda, to enable well-informed and purposeful policy dialogue on the proposed Bill, and how this will be implemented. This will likely include careful consideration of the relationship between supporting professionals and protecting patients and publics.
2. The powers that will be delegated to the new Chambers should be clearly defined, and steps taken to ensure that they have the legal competence and resources (e.g., including funding and specialist human resources) required to execute those powers.
3. Over time, thought should be given as to what extent, and in what ways, consistency in approach between the professional Chambers can be encouraged and facilitated.
4. A focus on enhanced ethical and performance standards seems appropriate in Ukraine to increase public trust in the health system; however, over time, it will also be important to consider how learning from mistakes can be encouraged, alongside enhanced public-facing information on activities and outcomes.
5. To be sustainable, a system of self-governance must ensure transparency in its decision-making processes, and accountability to the professions, patients, and publics. In particular, new mechanisms for ensuring patient and public involvement in self-governance may need to be facilitated to achieve long-term public trust in, and support for, the self-governance arrangements.



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<sup>3</sup> Health needs assessment of the adult population in Ukraine: survey report, Copenhagen: WHO Regional Office for Europe; 2023, <<https://www.who.int/europe/publications/item/WHO-EU-RO-2023-6904-46670-68538>>

<sup>4</sup> HeRAMS Ukraine First Round Results November 2022 - January 2023; 2023

<sup>5</sup> Hellowell, M and Fishchuk, K, Case studies of health system recovery in Ukraine: focus on the role of the private sector. Copenhagen: WHO Regional Office for Europe; 2023, <<https://www.who.int/europe/publications/item/WHO-EU-RO-2023-7706-47473-69781>>

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<sup>8</sup> Breckenkamp, C, Dale, E, Doroshenko, O et al., Ukraine Health Financing Reform: Progress and Future Directions. World Bank, Washington, DC, 2021, <<https://www.who.int/europe/publications/item/WHO-EURO-2022-5657-45422-65003>>

<sup>9</sup> General Medical Council, Council Members, <<https://www.gmc-uk.org/about/who-we-are/our-council>>

<sup>10</sup> Although outside of the scope of this seminar, it should be noted that social care in the UK is regulated by different bodies in the four countries of the UK, only one of which (SWE) is overseen by the PSA.

<sup>11</sup> Doctors, who are regulated by the GMC, must also hold a licence to practice.

<sup>12</sup> General Medical Council, Consultations, <[Our current open consultations - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/consultations)>

<sup>13</sup> General Medical Council, Good Medical Practice, <<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice>>

<sup>14</sup> This is the relevant test for the vast majority of the regulators, although not all.

<sup>15</sup> Department of Health and Social Care, Regulating healthcare professionals, protecting the public: consultation response, February 2023, <<https://www.gov.uk/government/consultations/regulating-healthcare-professionals-protecting-the-public/outcome/regulating-healthcare-professionals-protecting-the-public-consultation-response-executive-summary>>

<sup>16</sup> For more information see NHS England, Responsible Officer FAQs, <<https://www.england.nhs.uk/professional-standards/medical-revalidation/ro-ro-faqs/#:~:text=As%20a%20responsible%20officer%20you,the%20GMC%20over%20relevant%20procedures>> The GMC also provide a Responsible Officer hub which hosts tools and guidance, <<https://www.gmc-uk.org/responsible-officer-hub>>

<sup>17</sup> For example, whether they are a nurse or midwife and have independent prescribing privileges; a doctor may be provisionally registered (if they are in early postgraduate training), fully registered or on the specialist register.

<sup>18</sup> See, for example, General Medical Council, Legislation and Licencing, <<https://www.gmc-uk.org/registration-and-licensing/the-medical-register/a-guide-to-the-medical-register/whats-on-the-medical-register>> or Nursing and Midwifery Council, Search the Register <<https://www.nmc.org.uk/registration/search-the-register/>>

<sup>19</sup> See World Federation for Medical Education, 'Basic Medical Education WFME Global Standards for Quality Improvement' (The 2020 Revision), <<https://wfme.org/wp-content/uploads/2022/03/WFME-BME-Standards-2020.pdf>>

<sup>20</sup> See Shipman Inquiry, Dame Janet Smith's Fifth Report, Safeguarding Patients: Lessons from the Past - Proposals for the Future, 9 December 2004, <<https://webarchive.nationalarchives.gov.uk/ukgwa/20090808160144/http://www.the-shipman-inquiry.org.uk/fifthreport.asp>>

## Appendix 1: Seminar Overview, Thursday 20th July 2023

<b>09:15 - 10:00 BST</b> 11:15 - 12:00 EEST	<b>Welcome and Opening Remarks</b>
<b>Session 1</b> <b>10:00 – 11:00 BST</b> 12:00 - 13:00 EEST	<b>Setting the Scene: an overview of the regulation of healthcare professionals in Ukraine and UK (current position)</b> <ul style="list-style-type: none"> <li>Speakers provided a brief summary of the healthcare system in Ukraine and the UK and the contours of the existent regulatory framework</li> <li>This provided an understanding of the impetus for reform in Ukraine and the key differences between the two systems and their regulatory journeys.</li> </ul>
<b>11:00 - 11:15 BST</b> 13:00 - 13:15 EEST	<b>Break</b>
<b>Session 2</b> <b>11:15 - 12:30 BST</b> 13:15 - 14:30 EEST	<b>Ukrainian legislative agenda: the introduction of a regime for the self-governance of healthcare professions</b> <ul style="list-style-type: none"> <li>Members of the Rada provided a summary of the Bill on self-governance and its key elements.</li> <li>Participants asked questions and provided feedback.</li> </ul>
<b>12:30 - 13:15 BST</b> 14:30 - 15:15 EEST	<b>Break</b>
<b>Session 3</b> <b>13:15 - 14:45 BST</b> 15:15 - 16:45 EEST	<b>Public and professional views on legislative agenda: challenges and opportunities</b> <ul style="list-style-type: none"> <li>Representatives from medical associations, patient organisations and civil society organisations provided their views on the proposals and key questions or insight they felt should be considered.</li> </ul>
<b>14:45 – 15:00 BST</b> 16:45 - 17:00 EEST	<b>Break</b>
<b>Session 4</b> <b>15:00 - 15:45 BST</b> 17:00 - 17:45 EEST	<b>Observations from regulating healthcare professionals in the UK</b> <ul style="list-style-type: none"> <li>UK regulatory stakeholders provided comments on the discussion to date, drawing on their experience of regulating healthcare professionals and aspects of this that could be considered.</li> <li>Final remarks to draw together insights were offered and next steps discussed.</li> </ul>
<b>15:45 - 16:00 BST</b> 17:45 - 18:00 EEST	<b>Close</b>

## Appendix 2: Seminar Participants

### Ukraine

Dr Artem Dubnov, Deputy Chairperson of the Committee of the Supreme Rada of Ukraine on the Health of the Nation, Medical Care and Medical Insurance.

Oksana Dmytriieva, Deputy Chairperson of the Committee of the Supreme Rada of Ukraine on the Health of the Nation, Medical Care and Medical Insurance, the Honored Medical Doctor of Ukraine

Dr Radmyla Hrevtsova, Associate Professor, Public Administration and Health Law, Institute of Law, Taras Shevchenko National University of Kyiv. For more information see: [https://docs.google.com/document/d/1Nyiw6QnDqLqkP4bGQsqWqr6fksQijZhjf-Ykg1NF\\_w/edit](https://docs.google.com/document/d/1Nyiw6QnDqLqkP4bGQsqWqr6fksQijZhjf-Ykg1NF_w/edit)

Dr Ivan Soroka, President of the Ukrainian Medical Club

Professor Roman Cregg, President of the Ukrainian Medical Association of the UK. For more information see: <https://www.umauk.org/>

Inna Ivanenko, Executive Director, Patients of Ukraine. This is a non-governmental organisation which actively protects the rights of patients in Ukraine. For more information see: <https://patients.org.ua/en/>

Liubov Hura, Ukrainian Health Centre. The UHC is a think tank based in Kyiv, Ukraine, which provides consultancy, analytics and educational services. For more information see <https://uhc.org.ua/en/home/>

Victoria Tymoshevska, Executive Director, Health Solutions for Open Society. Health Solutions is a non-governmental organisation and foundation that works towards building human capacity and leadership among health professionals. For more information see <https://healthsolutions.ngo/eng>

Tetiana Gavrysh, Co-Founder, Health Solutions for Open Society, Managing Partner, ILF Law Firm. For more information see <https://www.ilf-ua.com/en/>

### UK

Dr Annie Sorbie, Senior Lecturer in Law, Head of Subject Area in Health Medical Law and Ethics, Deputy Director of the Mason Institute for Life Sciences and the Law, Edinburgh Law School, University of Edinburgh. For more information see: <https://www.law.ed.ac.uk/people/annie-sorbie>

Dr Mark Hellowell, Senior Lecturer, School of Social and Political Science, University of Edinburgh. For more information see: <https://www.sps.ed.ac.uk/staff/mark-hellowell>

Dr Edward Dove, Reader in Health Law and Regulation, Deputy Director of the Mason Institute for Life Sciences and the Law, Edinburgh Law School, University of Edinburgh. For more information see: <https://www.law.ed.ac.uk/people/dr-edward-dove>

Ruby Reed-Berendt, PhD Candidate, Deputy Director of the Mason Institute for Life Sciences and the Law, Edinburgh law School, University of Edinburgh.

Christine Braithwaite, Director of Standards and Policy, Professional Standards Authority for Health and Social Care. This body oversees ten health and care regulators, which regulate various health and social care professionals (for example, doctors, nurses, pharmacists amongst others). For more information see: <https://www.professionalstandards.org.uk/what-we-do>

Vibha Sharma, Head of Regulation Policy and Inquiries, General Medical Council (GMC). The GMC regulates the medical profession in the UK, including setting standards for the profession, overseeing medical training, and managing licencing and registration. For more details see <https://www.gmc-uk.org/about/what-we-do-and-why>

Professor Donna O'Boyle, Professional Regulatory Adviser, Scottish Government. For more information about the Directorate of the Chief Nursing Officer, which leads on matters including health professionals and workforce regulation, see: <https://www.gov.scot/about/how-government-is-run/directorates/chief-nursing-officer/>



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