9:00 – 9:15 am	**Welcome and Introductions**
9:15 – 10:15 am	**Promoting Respect in the Workplace Requires Collaboration and a Plan**
	Dr. Gerald Hickson - *Founding Director, Center for Patient and Professional Advocacy* Patients who receive care from physicians who model patterns of disrespect for others and established safety practices are more likely to experience avoidable medical and surgical complications and death. Families experience "non-physical" harm with emotional, psychologic and financial consequences. In addition, physicians who model unprofessional behavior have excess malpractice claims experience when compared with same specialty colleagues. Team members who work with these physicians, report diminished job satisfaction and are more likely to seek employment elsewhere. Cost associated with failing to address clinical team members modeling unprofessional behaviors are substantial but can be mitigated with leadership commitment and a plan. For over 25 years, the Vanderbilt Center for Patient and Professional Advocacy (CPPA) has partnered with hospitals and health systems in the US and Australia (more than 250 sites with over 100,000 physicians) in conducting research, training peer professionals and partnering to develop the tools and define the processes to identify, intervene and support the 2 to 4% of the professional workforce who model disrespect and threaten outcomes of care. The good news is that just over 90% of physicians identified as high risk will respond to a tiered intervention model, the Vanderbilt Professional Accountability Pyramid, to guide sharing of stories and data. Sharing begins with a respectful, non-judgmental, peer delivered "cup of coffee". If subsequent reports suggest emergence of a pattern, the Pyramid directs escalation to an "awareness" intervention, also delivered by a peer messenger supported by specialty specific comparison data to encourage the professional to pause and reflect why their practice seems to stand out. For the small number of clinicians who are unable or unwilling to respond, combining leader directed corrective action plans with appropriate resources for these clinicians including coaching, health screenings and potentially treatment, encourages action prior to the need for disciplinary interventions and associated consequences. Participants in the session will be introduced to two physicians with patterns of complaints as reported by patients, families and safety reports as submitted by co-workers. At this point, neither physician has responded to peer delivered feedback. If you had a medical leadership role where these physicians practiced, what might you consider as potential next steps? What additional performance data might you want to review in developing a management plan? Would either of the physicians qualify for an FPPE? And under what circumstances, if any, should a physician's performance data be shared with other hospitals where they work, or with any regulatory agency with interest in licensing professionals? The session is designed to be interactive utilizing electronic polling. Please come prepared to vote, ask questions and share ideas/concerns.
10:15 – 10:45 am	*Break*
10:45 – 11:45 am	**Panel: Technology and the Regulatory Workplace**
	Dean Benard – *President and CEO, Bernard + Associates Inc.* **Paul Byrne** – *Head of Registration, CORU – Health & Social Care Professionals Council* **Russ Harrington** – *Chief Operating Officer, College of Immigration and Citizenship Consultants* Moderator: **Jimi Bush** – *Director of Quality and Engagement, Washing Medical Commission* Technology can help streamline processes, reduce workloads, and allows for greater work-life balance, except when it doesn't. This panel discussion will explore the benefits and drawbacks of our increased reliance on technology in the regulatory workplace and what you can do to support your staff and registrants.

11:45 am – 1:00 pm	**Networking Lunch**
1:00 – 2:30 pm	**Part I: Facing the "Wicked Problem" – The global crisis in wellbeing and the role of the regulator**
	Abby Migliore - *Administrative Director for Discipline/Compliance Monitoring, Alabama Board of Nursing* **Lise Betteridge -** *Registrar and CEO, Ontario College of Social Workers and Social Service Workers* **Kym Ayscough -** *Executive Director, Regulatory Operations, Australian Health Practitioner Regulation Agency* **Essene Cassidy -** *Outgoing President, Nursing and Midwifery Board of Ireland* From burnout to compassion fatigue, workers worldwide have been experiencing unprecedented levels of stress in their work and personal lives. The health and wellbeing of workers should be of concern to regulators, as high levels of stress and anxiety can impact licensee/registrant performance and quality of care, resulting in harm to service users. Assessing the scope of the problem is a first step, but where do we go from there? What existing policies and programs can regulators utilize in the journey toward innovative and systemic approaches to addressing burnout, vicarious trauma, and other workforce issues? How does this "wicked problem" impact other workforce trends? Through an examination of surveys, studies, articles and firsthand accounts of licensees'/registrants' experiences of vicarious trauma, stress, anxiety, loneliness, powerlessness and an inability to cope, this interactive session brings together regulators from four countries to discuss these important questions and share examples of how regulators can face the "wicked problem" by proactively supporting practitioners and delivering on their public protection mandate.
2:30 – 2:45 pm	*Break*
2:45 – 4:15 pm	**Part II: Facing the "Wicked Problem" – The global crisis in wellbeing and the role of the regulator**
4:15 – 4:30 pm	**Closing Remarks**

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