

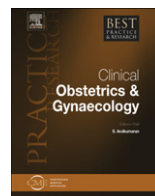


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Recertification and continuing professional development: The way ahead

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The arguments in favour of recertification have been made cogently. Doctors in the UK on the whole continue to enjoy the trust and respect of their patients and the general public, but the Shipman enquiry led by Dame Janet Smith questioned the validity of the existing system. Following a lengthy discussion, the Chief Medical Officer of England published his proposal for professional regulation: *Trust, assurance and safety – the regulation of health professionals in the 21st century*¹ was published in February 2007. This document laid out the principles of revalidation for all doctors practising in the United Kingdom. The purpose of revalidation is principally to ensure that doctors update their knowledge and skills, and that they are fit to practise. This mechanism of revalidation will ensure that health professionals will be able to demonstrate their continued fitness to practise by collecting supporting data. The medical revalidation has two components: relicensure and specialist recertification. From 16 November 2009 all doctors are expected to have a licence to practise to enable them to remain on the Medical Register, and this licence must be renewed every year. This process will be managed by the General Medical Council (GMC). Recertification will apply to all specialist doctors, including general practitioners, requiring them to demonstrate that they meet the standards that apply to their particular medical specialty. The Royal Colleges have been delegated to set these standards, and approved by the GMC. Recertification will take place every five years. Recertification will be underpinned by enhanced appraisal, multi source feedback, and a robust continuing professional development programme.

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Introduction

The arguments in favour of Recertification have been made cogently.¹ Doctors in the UK on the whole continue to enjoy the trust and respect of their patients and general public, but the Shipman enquiry led by Dame Janet Smith questioned the validity of the existing system.² Following a lengthy discussion, the Chief Medical Officer of England published his proposal for professional regulation: *Trust, assurance and safety – the regulation of health professionals in the 21st century*¹ was published in February 2007.³ This document laid out the principles of revalidation for all doctors practising in the United Kingdom. The purpose of revalidation is principally to ensure that doctors update their knowledge, skills, and fitness to practise. This mechanism of revalidation will ensure that health professionals are able to demonstrate their continued fitness to practise by collecting supporting data. Medical revalidation has two components: relicensure and specialist recertification. With effect from 16 November 2009 all doctors are expected to have a licence to practise which will enable them to remain on the medical register, and this licence must be renewed every year. This process will be managed by the General Medical Council (GMC). Recertification will apply to all specialist doctors, including general practitioners, requiring them to demonstrate that they meet the standards that apply to their particular medical specialty. The Royal Colleges have been delegated to set these standards, and approved by the GMC. Recertification will take place every five years. This article describes the approach adopted by the Royal College of Obstetricians and Gynaecologists (RCOG) to support the recertification of obstetricians and gynaecologists.

Current system of postgraduate training in the United Kingdom

Under the auspices of the Postgraduate Medical Education and Training Board (PMETB), radical changes have led to the streamlining of training, regular on-site assessments, and the development of special skills for certification as a specialist. During these years of training, doctors have to demonstrate that they have acquired the necessary skills and competences which are judged by using workplace-based assessments, 360 degree feedback, and their annual review of competence progression (ARCP). Finally, they have to pass the final examination of the “Membership of the Royal College of Obstetricians & Gynaecologists (MRCOG)”.

In the UK, certification is the only method of gaining specialist registration in order to take up a consultant post. Certification can be acquired by presenting either a certificate of completion of training (CCT) or, for doctors trained overseas, a certificate of eligibility for specialist registration (CESR).

Why do we need recertification?

Although our current system of training doctors to be specialists is now heavily regulated, this is not matched by the current systematic assessments of performance during the course of specialists' careers. All obstetricians and gynaecologists practising in the UK are expected to take part in continuing professional development (CPD) activities. However, concerns have been expressed about the effectiveness of various types of learning supporting the CPD activities.⁴ It has also been suggested that the thresholds of optimum performance are set by each individual's personal qualities such as abilities, mental capacity, and innate talents.⁵ In one review, 62 out of 63 studies showed that physicians' performance deteriorated over time⁶ making continuous focused learning important in medical practice. This issue of relatively poor performance became relevant following the publication of the reports of inquiries into underperforming and errant doctors (Shipman, Ayling, Neale and Kerr/Haslam Inquiries).^{7–9} For this reason professional regulation is now perceived as a vehicle for identifying and dealing with such doctors. In order to optimise the benefits of recertification, the underlying rationale should be not only to identify the small number of doctors who pose a risk to their patients but also to support the large number of doctors who are committed to the goals of lifelong learning and continuous improvement that are the hallmarks of professionalism. The huge expansion of knowledge and rapid pace of technological development in modern times have challenged clinicians to keep up to

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