

Continuing Professional Development – a Surrogate for Recertification?

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Abstract

Medical practitioners are certified as competent when they graduate from medical schools. They are certified as competent specialists after they have completed the various specialist training programmes. To maintain specialist status, the commonest requirement is mandatory continuing professional development (CPD), and in some places, continuing medical education (CME), which has been perceived by some as inadequate because it is passive, and skills and professionalism are excluded. In order to sustain the standard of medical practice and to assure quality of care, some registration organisations require that recertification be conducted not only through CPD, but written and oral examinations as well. In this manner, the criteria for quality medical care, which are evidence of professional standing, lifelong learning and self-assessment, cognitive functioning and evaluation of performance in practice, are fulfilled. CPD should involve educational activities of the medical practitioner's choice and be capable of enhancing his or her practice at any particular period of time. Well-structured, well-designed and validated CPD can be considered as a surrogate for recertification.

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Introduction

The Hong Kong Academy of Medicine is a statutory body set up in 1993 with the objectives of fostering the development of postgraduate medical education and continuing medical education, the study and practice of medicine and its specialties, and medical research. It is concerned with the standard of specialist practice in Hong Kong and has been taking the lead in maintaining the standard of medical practice in the Hong Kong Special Administrative Region.

The medical registration body, the Hong Kong Medical Council, has had a Special Register (SR) since 1998. All applications for the SR are discussed at the Medical Council's Education and Accreditation Committee, which is assisted by the Academy in the vetting of qualifications and training of the applicants. For inclusion in the SR, there are 2 criteria stipulated by the Medical Registration Ordinance (MRO) Section 20K.¹ The first criterion is that the applicant is a Fellow of the Hong Kong Academy of Medicine and has been certified to have completed the postgraduate medical training and continuing medical

education (CME) requirements for the relevant specialty. The alternative criterion is that the applicant has been certified by the Academy having achieved a professional standard comparable to that recognised for the award of the Academy Fellowship.

Section 20L of the MRO clearly spells out the CME requirement for persons in the SR. It says that "a registered medical practitioner whose name is included in the SR shall undergo such continuing medical education relevant to the specialty under which his name is included in the SR as may be determined by the Academy of Medicine".¹ The Academy thus has the responsibility and the mandate to determine the CME programme for the maintenance of standard of specialist medical practice, and for the certification of doctors to remain on the SR, the Maintenance of Certification.

A doctor has his first certification upon graduation from his undergraduate study through a number of assessments and examinations. The second certification is awarded by the Academy after he has fulfilled the required training programme and passed the basic and higher (exit)

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examinations. He becomes a Fellow of the Academy of Medicine and a specialist in a particular field of medical practice.

The important question to raise is, “Can a once-a-lifetime or twice-a-lifetime event (examination) ensure lifelong medical practice of skill, competence and quality?” The obvious answer is “no”, as we all know that medicine advances in leaps and bounds. It has been found that medical information in the 21st century doubles once every 75 days. What is learnt today could be obsolete tomorrow.

The President of the American College of Physicians addressed the question “Why maintain certification?” by saying that demonstrating quality is a critical part of our profession’s societal obligation. Achieving and maintaining certification sends a respectful message to our patients about how the profession sets standards and upholds public expectations.² The next task is to find the best way to carry out “Recertification” or “Maintenance of Certification”.

CME is perceived to focus only on updating medical knowledge and to do nothing else for skills, competence and quality of care. Continuing professional development (CPD), on the other hand, is the development of competencies relevant to the practice profile of a practitioner that may change over the years, and professional development endeavours are directed at enhancing the quality of specialty care.³ The Federation of Royal Colleges of Physicians of the UK, comprising the Royal Colleges of Physicians of London, Glasgow and Edinburgh, says CPD is the educative means of updating, developing and enhancing knowledge, skills and attitudes in work, and the satisfactory outcome of CPD is the delivery of safe standards of practice of the highest quality. The Royal Australian College of Surgeons is of the view that CPD advances the individual doctor’s surgical knowledge and skills for the benefit of patients. The Maintenance of Professional Standard Program statement attests that the participant engages in activities to maintain and enhance knowledge and skills.⁴ The Royal College of Obstetricians and Gynecologists feels that professional expertise demands a continuing awareness of new concepts, values and technologies through CPD. Only then can improved patient care and outcomes follow. CPD enables the reputation of the profession to be enhanced and remain excellent.⁵

It is evident from the aforementioned statements from prestigious colleges that CPD is the key step in the maintenance of standards of practice including knowledge, skills, attitudes, quality healthcare, as well as the reputation of the profession and accountability to the public. CPD is an essential element in Recertification or Maintenance of Certification.

What then are the CPD contents? The Royal College of Physicians and Surgeons of Canada mandates its Fellows

to earn 400 credits during 5 years of part-time or full-time practice by participating in educational activities of their choice.⁶ The objective is to achieve active learning. There are 6 educational options:

1. Accredited group learning activities similar to CME;
2. Other learning activities such as journal reading;
3. Accredited self-assessment programme;
4. Practice review and appraisal;
5. Structured learning projects; and
6. Education development, teaching and research.

The Royal College of Physicians started CPD in 1996 and it includes 12 domains:⁷

- A or B – Grand rounds, clinical and interdisciplinary meetings;
- C – Local audit meetings;
- D – Hospital postgraduate meetings;
- E – Other activities which should be approved by a CPD Advisor and specified in the Diary;
- K – College-based educational events;
- L – Specialist society or association meetings;
- M – International or overseas meetings organised by approved bodies;
- N – Regional and national audit meetings;
- O – Professional Development Courses;
- P – Teaching and presentations at approved meetings;
- Q – Examining postgraduates;
- R – Other CPD-approved meetings and activities such as self-directed CPD, including educational visits to experts in centres of excellence, distance learning, participation in peer review schemes, approved projects or research, including publication in peer-reviewed journals.

Self-directed CPD is encouraged, for who knows better what the individual wants and needs to learn than him or herself? Distance learning that can be interactive will greatly facilitate opportunities of learning, and at the same time, formative and summative assessment can be done to enable the person to know his medical practice standard.

The American Board of Medical Specialties (AMBS) has 4 criteria for recertification:⁸

1. Evidence of professional standing;
2. Lifelong learning and self-assessment;
3. Cognitive expertise; and
4. Evaluation of performance in practice.

Criteria (2) and (4) are active CPD activities. Criterion (1) is represented by credential verification and criterion (3) is proven by examinations.

At the moment, not all the colleges in the AMBS employ CPD and examinations for recertification. Table 1 shows

Table 1. ABMS Member Boards: Recertification and Time-limited Certification

American Board of	Requirements for recertification						Time-limited Certificates	
	Written exam	Oral exam	Other assessment formats	Licence required	CME required	Application fees US\$	Year of implementation	Duration (y)
Allergy & Immunology	Yes	No	No	Yes	No	2000	1989	10
Anaesthesiology	Yes	No	No	Yes	No	700	2000	10
Colon/Rectal Surgery	Yes	No	No	Yes	Yes	950	1990	10
Dermatology	Yes	No	No	Yes	Yes	750	1991	10
Emergency Medicine	Yes (1)	No (3)	No	Yes	No	1390	1980	10
Family Practice	Yes	No	Yes	Yes	Yes	760	1970	7
Internal Medicine	Yes	No	Yes	Yes	No	825	1990	10
Medical Genetics	Plan in progress						2000	10
Neurological Surgery	Yes	No	Yes	Yes	Yes	Not established	1999	10
Nuclear Medicine	Yes	No	No	Yes	Yes	1000	1992	10
Obstetrics/Gynaecology	Yes	No	Yes (1)	Yes	No	180-1450 (1)	1986	6
Ophthalmology	Yes	Yes	Yes	Yes	Yes	1000	1992	10
Orthopaedic Surgery	Yes (1)	Yes (1)	Yes (1)	Yes	Yes	1500-1700 (1)	1986	10
Otolaryngology	Plan in progress						2002	10
Pathology	Yes	No	Yes	Yes	Yes	750	1997 (2)	10
Paediatrics	Yes	No	Yes	Yes	No	545-1090 (1)	May 1988	7
Phys Med & Rehab	Yes	No	No	Yes	Yes	500	1993	10
Plastic Surgery	Plan in progress		No	Yes	Yes	Not established	1995	10
Preventive Medicine	Yes	No	Yes	Yes	Yes	Not established	1997	10
Psychiatry & Neurology								
Psychiatry	Yes	No	No	Yes	No	1125	1994	10
Neurology	Yes	No	No	Yes	No	1125	1994	10
Radiology								
Diagnostic Radiology	Plan in progress						2002	10
Radiation Oncology	Yes	No	No	Yes		1200	1995	10
Radiologic Physics	Plan in progress						2002	10
Surgery	Yes	No	No	Yes	Yes	675	1976	10
Thoracic Surgery	Yes	No	Yes	Yes	Yes	1075	1976	10
Urology	Yes	No	No	Yes	Yes	1050	1985	10

(1) Options available
 (2) Initial certificates are not time-limited. Recertification is time-limited.
 (3) Only one exam is required for recertification. Candidates may choose either the written or the oral exam.
 To confirm current official policy of individual specialty boards, contact the respective board.

the requirements of the various Colleges and the time-limited certificates.⁸

Internal Medicine requires written examination and other assessment format activities but not oral examination, whereas Ophthalmology requires written and oral examination, other assessment formats and CME.

The Hong Kong Academy of Medicine has recently revised its CME programme and geared it towards CPD. Like CPD programmes adopted by other colleges and boards internationally, 15 items are included:

- Self-study
- Passive participation (CME)
- Active participation (presentations)
- Publications
- Research
- Development of new technologies or services

- Development of undergraduate teaching materials
- Postgraduate teaching
- Conducting examinations
- Quality assurance and medical audits
- Mortality and morbidity meetings
- Postgraduate courses
- Development of CME/CPD materials
- Activities for improvement of patient care
- Grand rounds in training units

Ninety credit points are required in 3 years and there is no minimum requirement for any 1 category. The objective is to allow specialists to adopt the CPD programme that is most appropriate for their practices. The President of the American College of Physicians is of the view that CPD must be credible and rigorous, yet easy to understand, relevant and flexible enough to apply to the entire range of

doctors' interests and careers.²

If CPD is to be the surrogate for recertification examination, the challenge ahead is not only promulgating the concept of CPD and lifelong learning, but also striving to improve CPD programmes to ensure that they are of standard and serve the purpose of professional development and recertification. The concept and attitude of lifelong learning and continued assessment are inculcated in present day undergraduate medical curricula. Young doctors will find no hardship in learning actively and being evaluated by their peers.

It is therefore incumbent upon the academic bodies to collaborate in the development of CPD programmes, and in the sharing of the best ways of Recertification or Maintenance of Certification. The development of an international consortium in CPD will not only save efforts in programme development, but will also ascertain the standard of CPD through international benchmarking. The ultimate goal is to benefit the public and the profession by

enhancing healthcare for society. This is the next lap in continuing professional development and professionalism.

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