



**Demonstrating Continuing Competence,
Demonstrating Continuing Trustworthiness**

- Why continuing competence?
- The regulator's challenge
- Continuing competence and Irish doctors
- The doctors' dilemma!



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Why continuing competence?

Why continuing competence?

- Crisis of public trust?
 - “more accountability!”

But

- Is mistrust in doctors growing?

Why continuing competence?

Profession	2011 (%)	2012 (%)
Doctors	81	92
Teachers	76	76
Professors	77	77
Television/News Readers	63	63
The Gardai	64	76
Scientists	61	70
The Ordinary Man/Woman in the street	41	67
Judges	64	71
Civil Servants	45	53
Clergymen/Priests	41	50
Journalists	31	41
Business Leaders	27	40
Politicians	25	32
Trade Union Officials	15	35
TDs	12	27
Politicians generally	NA	14


Source: B&A for the Medical Council, 2012

Why continuing competence?


Behind the public's point of view is a *frame of reference* that defines how they think about doctors

Patient..... "aren't you doing this already?"

Doctor 14.2% reported knowing an "impaired" doctor




Why continuing competence?



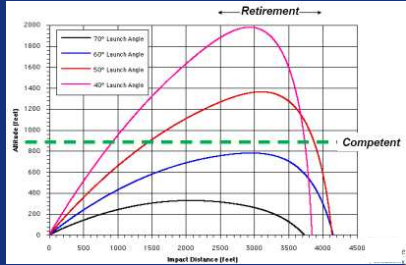

Practice makes perfect???

- Studies in which length of time in practice or age was associated with lower performance for all outcomes.
- Studies in which length of time in practice or age was associated with lower performance for some outcomes; no effect was found for other outcomes.
- Studies in which there was a concave relationship between length of time in practice or age and performance.
- Studies in which no association was found between length of time in practice or age and performance.
- Studies in which length of time in practice or age was associated with higher performance for some outcomes; no effect was found for other outcomes.
- Studies in which length of time in practice or age was associated with higher performance for all outcomes.




Source: Choudry et al Ann Intern Med. 2005;142:260-273.

Why continuing competence?

Why continuing competence?

Modern systems of professional accountability must include accountability for maintenance of competence if trust is to be effectively maintained.



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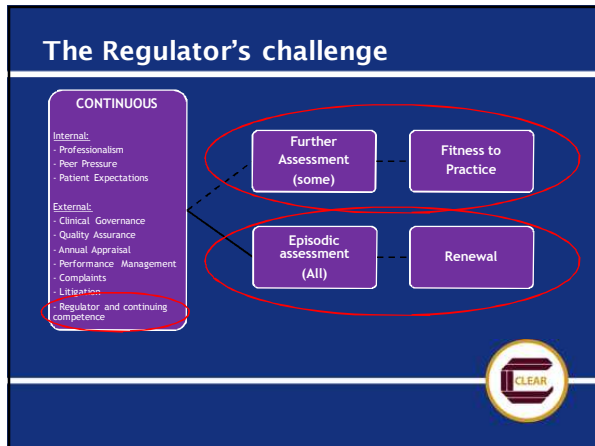
The Regulator's challenge

Learning model
"shift the curve"
Improvement for all
Formative

Assessment Model
"tackle the tail"
Responsive or all?
Summative



St George I et al, Fam Med 2004



The Regulator's challenge

Country	Model	Status
Australia, NSW	Learning	Mandatory
New Zealand	Learning	Mandatory
Canada, National	Learning	Voluntary
Canada, state boards	Assessment	Mandatory
USA, state boards	Assessment	Mandatory
Italy	Learning	Mandatory
Netherlands	Assessment	Mandatory
France	Assessment	Mandatory
UK	Assessment	Mandatory
Belgium	Assessment	Voluntary
Sweden	Learning	Voluntary

Role for European Union?

Sources: McKee M et al, Clin Med 2008; Alsop 2006

- ### The Regulator's challenge
- Heterogeneity..... ?
 - What works?
 - What CAN work in your context?
 - What CAN you deliver next?
-


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Continuing competence and Irish doctors

- Before...
- Probably a good idea but...
- Variability
- Roles Who's in charge?
- External environment and health system reform




Continuing competence and Irish doctors




2006 Consensus Statement

- Proposes 3 strands
 - CQA - CPD/Clinical audit
 - Professional Practice Review
 - Multisource feedback
 - Performance Assessment - response to concern
- Input into MPA 2007




Continuing competence and Irish doctors




Number 25 of 2007
MEDICAL PRACTITIONERS ACT 2007


PART 11 MAINTENANCE OF PROFESSIONAL COMPETENCE	
91.	Duty of Council in relation to maintenance of professional competence of registered medical practitioners.
92.	Appeal to Court against Council's decision under section 91(a) or (b).
93.	Duty of Health Service Executive and other employers in relation to the maintenance of professional competence of registered medical practitioners.
94.	Duty of registered medical practitioners to maintain professional competence.
95.	Confidentiality.




Continuing competence and Irish doctors




Type of Activity	Minimum Credit Per Year
External maintenance of knowledge and skills	20
Internal practice evaluation and development	20
Personal learning	5
Research or teaching	2 desirable
Clinical audit	1

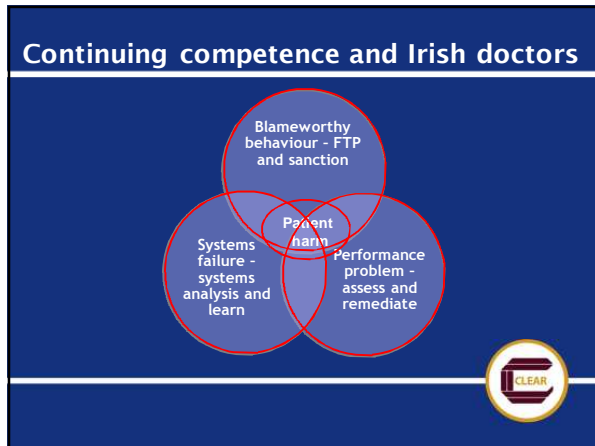


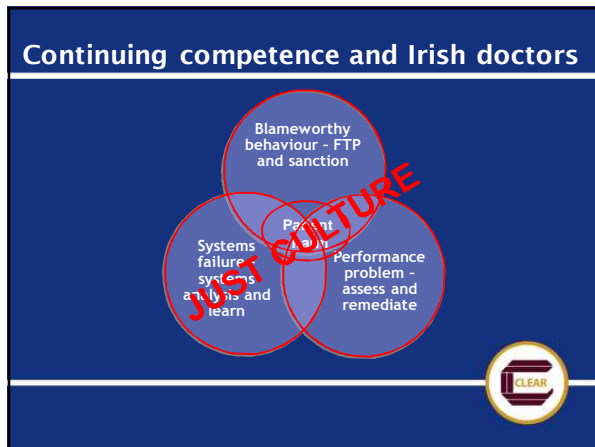
Continuing competence and Irish doctors

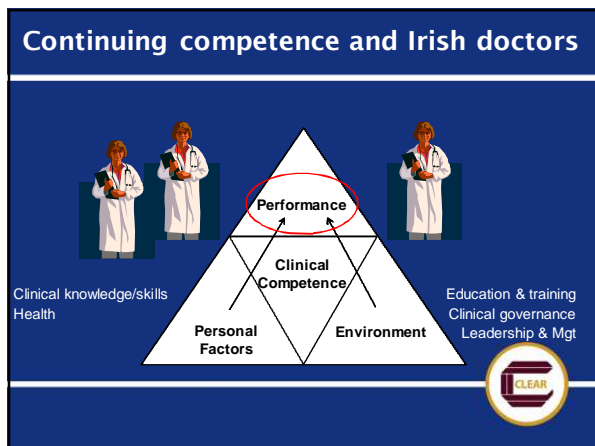


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Continuing competence and Irish doctors

Proportionality?



Performance assessment Fitness To Practice Inquiry



Continuing competence and Irish doctors

Targeting



Health Procedure Performance Procedure Disciplinary Procedure

Right touch
Protect patients –
Support good practice



Continuing competence and Irish doctors

- Periodic assessment/screening for all?
- Multisource-Feedback
 - New - not used in training - and contentious
 - Pilot in primary care and secondary care

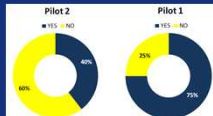



Figure 4: I will make changes to my practice as a result of this MSF review



Continuing competence and Irish doctors

- Where are we and where next?
- Two cycles - enrolment & engagement...
 - But some variation by gender, age, country of qualification & specialist/generalist status
 - Annual retention / no license




Continuing competence and Irish doctors

- Mood was receptive and remains so....


Response	Percentage
Strongly agree	~75%
Agree	~25%
Disagree	~0%
Strongly disagree	~0%

Response	Percentage
Strongly agree	~65%
Agree	~35%
Disagree	~0%
Strongly disagree	~0%



Continuing competence and Irish doctors

- Some evidence of early impact....
- “There was a freebie in the local hotel with an hour and a half lecture and a dinner, and you did that two or three times every so often and that was your CPD sorted out”.
- “The days of passing your medical degree and being deemed fit for practice for the rest of your life without any further checks, I think are over.”



Continuing competence and Irish doctors

- “I think (doctors) started off being quite circumspect about it (MPC), but there is a general sort of acceptance that it’s a requirement and most of them that I have come across are participating in it quite willingly and know that it’s necessary and can see the benefits of it. Their opinion has moved from being circumspect, to being just part of what it is to be a doctor in Ireland, which I think is where it should be.”
- “The mandation of professional competence would never have happened without the lead of the Medical Council.”



Continuing competence and Irish doctors

- Ready for further development?
- Over 2/3 agree MSF useful
 - Professionally led and not stand alone tool
- Over 50% support differing requirements across categories and focus on patient safety activity



Continuing competence and Irish doctors

	Programme	Learning Model	Assessment Model			
			Responsive Assessment	Periodic Assessment	Screening Assessment	Screening High Risk Group
Ireland	Maintenance of Professional Competence	✓	✓	*	*	*
Canada	Royal College of Physicians, Alberta	✓	✓	*	✓ PAR Peer review	*
New Zealand	Recertification and Continuing Professional Development	✓	✓	*	✓ Peer review	*
UK	Revalidation	✓	✓	*	✓ Peer review	*
USA	Maintenance of Competence	✓	✓	✓	*	*




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The doctor's dilemma

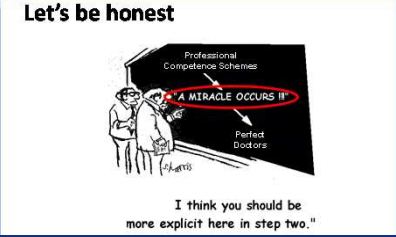
Who should we prioritise for regulatory attention?

All or some
If some, who?




The doctor's dilemma

Let's be honest




I think you should be more explicit here in step two."




The doctor's dilemma

"Plants don't flourish when we pull them up too often to check how their roots are growing; professional life may not go well if we constantly uproot [it] to demonstrate that everything is transparent and trustworthy".




I'm absolutely committed to getting the right result!

Onora O'Neill, 2002




The doctor's dilemma

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also expected regulation that professionalism flourish

The doctor's dilemma




CONTINGENCY

DIALOGUE DETERMINES EMPHASIS



Demonstrating Continuing Competence, Demonstrating Continuing Trustworthiness

- Why continuing competence?
 - A question of trust - share authentic sense of urgency
- The regulator's challenge
 - What works ... what can work for you?
- Continuing competence and Irish doctors
 - Be careful how you start, then build from there
- The doctors' dilemma!
 - Hard choices - you can make "bold strokes" but the "sticky stuff" counts – change is a "long march"



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