Demonstrating Continuing Competence, Demonstrating Continuing Trustworthiness

Paul Kavanagh | Medical Council of Ireland

Why continuing competence?

The regulator’s challenge

Continuing competence and Irish doctors

The doctors’ dilemma!

Demonstrating Continuing Competence, Demonstrating Continuing Trustworthiness

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Why continuing competence?

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

But

• Is mistrust in doctors growing?

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???


Why continuing competence?

References

Council on Licensure, Enforcement and Regulation
Why continuing competence?

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

The regulator's challenge

- Continuing competence and Irish doctors
- The doctors’ dilemma!

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

CONTINUOUS
- Internal
  - Professionalism
  - Peer Pressure
  - Patient Expectations
- External
  - Clinical Governance
  - Quality Assurance
  - Annual Appraisal
  - Performance Management
  - Complaints
  - Litigation
  - Regulator and continuing competence

Further Assessment (some)
Fitness to Practice
Episodic Assessment (All)
Renewal

Further Assessment (some)
Fitness to Practice

The Regulator's challenge

<table>
<thead>
<tr>
<th>Country</th>
<th>Model</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia, NSW</td>
<td>Learning</td>
<td>Mandatory</td>
</tr>
<tr>
<td>New Zealand</td>
<td>Learning</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Canada, National</td>
<td>Learning</td>
<td>Voluntary</td>
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<tr>
<td>Canada, state boards</td>
<td>Assessment</td>
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<td>USA, state boards</td>
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<td>Italy</td>
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<tr>
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<tr>
<td>France</td>
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<tr>
<td>Belgium</td>
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<td>Voluntary</td>
</tr>
<tr>
<td>Sweden</td>
<td>Learning</td>
<td>Voluntary</td>
</tr>
</tbody>
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Role for European Union?

The Regulator’s challenge

- Heterogeneity.....  ?

- What works?
- What CAN work in your context?
- What CAN you deliver next?

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

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

<table>
<thead>
<tr>
<th>Type of Activity</th>
<th>Minimum Credit Per Year</th>
</tr>
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<tbody>
<tr>
<td>External maintenance of knowledge and skills</td>
<td>20</td>
</tr>
<tr>
<td>Internal practice evaluation and development</td>
<td>20</td>
</tr>
<tr>
<td>Personal learning</td>
<td>5</td>
</tr>
<tr>
<td>Research or teaching</td>
<td>2 desirable</td>
</tr>
<tr>
<td>Clinical audit</td>
<td>1</td>
</tr>
</tbody>
</table>

**Activities and process adapted to be relevant to your day to day practice**
Continuing competence and Irish doctors

- Blameworthy behaviour - FTP and sanction
- Performance problem - assess and remediate
- Systems failure - systems analysis and learn

Continuing competence and Irish doctors

- Patient harm
- Clinical Knowledge/skills
- Health
- Education & training
Proportionality?

- Performance assessment
- Fitness to Practice inquiry

Targeting

- Health outcomes
- Performance feedback
- 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

Disciplinary Procedure: Figure 4: 31% make changes to my practice as a result of this CPE review.

Continuing competence and Irish doctors
Third International Congress on Professional and Occupational Regulation, Demonstrating Continuing Competence, Demonstrating Continued Trustworthiness

27-28 June, 2013

Council on Licensure, Enforcement and Regulation

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....

- 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.”
Third International Congress on Professional and Occupational Regulation, Demonstrating Continuing Competence, Demonstrating Continued Trustworthiness

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
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St George I et al, Fam Med 2004

The doctor’s dilemma

Who should we prioritise for regulatory attention?

All or some .... If some, who?
"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."

Onora O'Neill, 2002
Third International Congress on Professional and Occupational Regulation, Demonstrating Continuing Competence, Demonstrating Continued Trustworthiness

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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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