Leading article

Revalidation of Sri Lankan doctors

Establishing a mechanism for islandwide CPD should be a priority

The Sri Lanka Medical Council (SLMC) recently proposed legal amendments to the Medical Ordinance to make revalidation a legal requirement for doctors in future. Revalidation is already a legal requirement in many developed countries such as the USA, Australia, Canada and UK. In our region, Singapore made CME compulsory for renewal of license to practice from January this year. The Medical Council of Thailand decided on revalidation recently (1). Revalidation is regular demonstration by doctors that they remain fit to practice and, when made a legal requirement, it becomes a condition for renewal of doctors' license to practice.

Why are we witnessing this worldwide trend for revalidation? Medicine is a fast changing field and doctors need to be regularly updated. Similarly, patients' needs also change and this too needs to be reflected in good medical practice. The very definition of a "good" doctor is changing. Criteria not included in the original Hippocratic Oath, such as being updated, following accepted guidelines, and setting goals or objectives are being added to the definition of a "good doctor". The BMJ responded to this by publishing a theme issue on "What's a good doctor and how do you make one?" (2).

Two notions have become central to good medical practice. Firstly, doctors need to continually monitor the care they offer, checking on what they actually do and identify areas needing improvement (3). Secondly, the best care should be wrapped around the patient rather than the patient fitting into the care that is offered (4). These are newer challenges of modern day medical practice. Revalidation evolved in response to such changing needs of both doctors and patients. In many countries revalidation of doctors includes appraisal and continuing professional development (CPD) as its major components. Appraisal consists of setting objectives or goals and giving feedback on performance. There is strong evidence that feedback on performance, setting goals and CPD are all associated with improvement in performance and reduction in errors across all employment sectors (5,6). Well organised health care sectors in many developed countries provide infrastructure and facilities to undertake periodic appraisal of doctors and offer them opportunities for CPD. Introduction of the National Service Framework (NSF) in the UK for major areas of clinical care such as coronary heart disease, diabetes and cancer is one example of providing doctors with opportunities for in-service appraisal. Each NSF provides guidelines and goals within a defined area of clinical care. Strategy too is provided in the NSF itself for doctors to achieve the set goals and to receive a feedback on their performance (7). For example, one goal in diabetic care is to screen all diabetics for retinopathy at least once a year and to check HbA1C level once in
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four months. Part of the strategy to achieve goals may either be financial incentives or extra facilities to develop their practices. The obvious question we have here is whether the Sri Lankan health sector could offer this infrastructure and facilities to revalidate local doctors.

How did the Sri Lankan medical community react to the revalidation proposal of the SLMC in the light of these facts? Judging from the responses of various medical professional colleges and associations, it is a mixed one. This should not surprise. Responses of doctors in Thailand have been similar (1). Resistance by doctors towards measures promoting quality assurance and improvement, though it may seem paradoxical, is found across all countries and health care systems (8). Several reasons have been suggested. One major argument against revalidation in Sri Lanka is the lack of infrastructure and mechanisms in our health care system to offer appraisal and CPD to doctors. But the argument in favour of revalidation is also the same. It is argued that by opting for revalidation, health authorities will be compelled to provide much needed, yet neglected, opportunities for professional development of doctors. Another argument in favour is that, as revalidation is becoming a worldwide trend, doctors will soon be asked to give details of their last revalidation when they apply for training and jobs abroad. There are already indications to this effect in some websites. Certainly there is merit in all these arguments and one needs to be cautious in rejecting them, as that could create resentment and resistance in one segment of the profession. Doctors should not be made to feel that revalidation is thrust upon them, as this could lead to rejection. Further, rushing into revalidation without first putting a mechanism for their professional development can undermine its objectives and revalidation may become only an administrative requirement to be fulfilled. One compromise formula therefore would be to concentrate on setting up a mechanism for islandwide CPD for all doctors including the ones in remote areas, as a priority. Later on, revalidation would serve as a catalyst to encourage doctors’ participation in these CPD activities and hence ensure the continuity and success of such programs.

Other reasons for doctors’ resistance to revalidation also need to be addressed. Lack of understanding of quality improvement among doctors and lack of role models too may play a part. Medical professional colleges and associations should take the lead and educate their members on these newer dimensions in medical practice on which they haven’t had formal training. As a long term measure, teaching on continuous quality improvement should be included in the core curriculum of undergraduate medical education. This will allow them to learn continuous quality improvement as core skills. In fact, continuous quality improvement is emerging as a new academic discipline in its own right (4).

The Sri Lanka Medical Association (SLMA) has given leadership in this matter by rallying all medical professional colleges and associations to form a Revalidation Committee (9). This provides much needed assurance and confidence to doctors that their destiny is still in their hands. The approach by the committee to this matter seems right. The primary objective of the committee has been declared as establishing a mechanism for islandwide CPD for doctors. Implementation of revalidation will be delayed till a mechanism for CPD is worked out. Appraisal has been excluded, at least for the time being, giving priority to CPD. These measures should enhance doctors’ confidence further. Proposed district level revalidation committees will serve as accreditation bodies. Such district committees should not be mere administrative bodies. Rather, they should play an active role in organising CPD activities in the
districts. They will be well placed to identify the learning needs of the doctors which reflect patients’ needs. In the districts, one basic principle in CPD is to identify the learners’ needs. For example, in a district where snakebite is common, there will be greater need for CPD on this topic. Such an approach would no doubt bring to light the deficiencies in the service sector and result in improvements of service, and ultimately benefit patients too. The Revalidation Committee has got support from the Director General of Health Services of Sri Lanka who has agreed to find the necessary funds. Funding should not be a problem since part of the funds allocated in the health budget for training and research is regularly returned unutilised.

Caution is needed in implementing any new project. Revalidation is no exception. With the approach being adopted by the Revalidation Committee headed by the SLMA, revalidation should be viewed as something feasible and worthwhile, and should receive wider support from the medical community of Sri Lanka. Organising discussions and seminars on this topic islandwide would help achieve this objective. The medical press also has a role to play in this matter. Sri Lankan doctors will be showing a way forward to the other countries in the region if we succeed with this proposal.

References

(Competing interests: SSE is Chairman of the Revalidation Committee of Medical Professional Colleges and Associations of Sri Lanka.)

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Integrity of scientific research (1)

"Rather fail with honour than succeed by fraud", with this quote from Sophocles, starts a thorough and thoughtful report Integrity in Scientific Research: Creating an Environment that Promotes Responsible Conduct, published by the US Institute of Medicine last month. This report was compiled by a special committee, formed last year in response to a request by the US Office of Research Integrity. It indicates a further step away from dealing with individual episodes of research misconduct to the ultimate goal of fostering responsible research conduct.

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