

Recertification: Is it about time?

Editorial

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Recertification of the specialist is now common practice in the Western World and in Australasia. Should such a system be introduced in the Arabian Gulf Region? The answer to this vexed question, which is bound to stir much debate and even engender hostile reaction, needs a careful consideration of the arguments for and against such a practice.

Firstly, what is 'recertification'? It is a process by which a professional body testifies intermittently to the competence of each of its members, either with or without a period of formal retraining.¹ Logically, one can be recertified only if one has been certified in the first instance², and recertification should be the responsibility of the body that issued the certificate in the first instance. It is questionable whether a certificate of competence, once issued, could be withdrawn, even though a licensing body could withdraw the license of any person who does not meet the requirements of continuing licensure through incompetence, negligence or malpractice.

The concept of 'time-limited certification' arose to overcome the problem created by a lifetime guarantee of competence when, clearly, competencies are not static, when new competencies are required to maintain professional competence, and when previously acquired competencies may no longer be appropriate. Several specialty boards have introduced time-limited certification to avoid giving such lifetime guarantees.^{3,4,5} Time-limited certification promotes self-improvement, which collectively results in improved practice of the specialty. It has been argued that, while the original certificate was granted after a stringent system of training and examination, the same cannot be achieved in subsequent certifications.⁶

Should the countries of the Arabian Gulf Region introduce systems of recertification in the various medical specialties? There are those who insist that skills developed are retained for life, and that the professional is able to maintain his/her competence without being monitored by peers. While only a minority of specialists may be incompetent, society will automatically seek them out and ostracize them from practice. The lack of clear and uniform standards for practice is another obstacle to recertification. In any case, asks the antagonist, has not the specialty lasted for centuries without recertification?

On the other side of the coin, there is no doubt that ensuring the maintenance of competence through systems of recertification would go a long way in setting and maintaining professional standards, in fostering learning throughout a lifetime of practice as knowledge and technology continue to grow, and in improving patient care. Recertification reassures the public and the employer, both of whom are entitled to seek the highest standards of care from their doctors, that they get the best value for their efforts. In an age of increasing litigation and high insurance costs, the recertified doctor is more likely to be legally accountable, as the recertifying body would provide baseline standards against which incompetence may be judged.

How then can recertification be implemented? Basically, there are two broad categories of methods: (i) those which depend on the periodic demonstration of competence (e.g. performance at examinations, practice audit or outcome measures, such as success rates, survival rates, etc.); (ii) those which provide evidence of attempts to maintain competence (e.g. participation in continuing education activities, research, presentations and publications, teaching of junior colleagues, involvement in quality assurance activities and completion of self-assessment tests). Each of these methods has its own advan-

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tages and disadvantages, which this editorial does not attempt to delineate. Careful study of the literature on the experiences of those who have introduced methods of recertification should be undertaken before this region embarks on a particular method to suit its context.

Many readers are undoubtedly aware of the international standards for undergraduate medical education developed by the World Federation for Medical Education, which would be the focus of its next World Conference in Copenhagen, in March, 2003. Perhaps many are not aware that the Federation is now in the process of developing standards for postgraduate education, and it is a matter of time before a similar process is extended to the phase of continuing education. It is time that each medical specialty in this region takes the lead in setting standards for its own practice, and ensuring that its members meet these standards, before they are imposed by higher authorities.

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