

What do the lessons about competence and fitness to practise mean for recertification

On the issue of the use of assessment tools, the Academy of Medical Royal Colleges noted that assessors have specific needs, which must be addressed. The Academy was specifically concerned that assessors needed to be:⁷³

- well trained and supported in using the assessment tools required of them
- supported in giving feedback to those who needed to improve their practise
- given sufficient time to carry out their role.

There are four additional messages from the literature that can be applied to the development of a recertification framework. These four messages are that:

- no single agreed approach to compliance emerged from the research
- evidence-based approaches are important for practitioner buy-in and compliance
- multifaceted approaches to recertification may help practitioners to maintain and/or improve their competence and fitness to practise
- recertification frameworks must be flexible to overcome some of the barriers impacting on competence and fitness to practise.

These four messages are discussed in further detail below.

There is no single agreed approach to compliance

The literature and the Dental Council's ongoing discussions with its international regulatory counterparts shows there are numerous approaches to compliance. In part, these differences can be explained by whether there is a statutory framework in each jurisdiction that sets out regulatory authorities' roles and responsibilities. They can also be explained by the size of the organisations, the number of practitioners being regulated and the resources (financial or otherwise) available to a regulatory authority to complete its tasks and activities.^{68 10}

Significantly, the literature establishes two points. First, no singular approach works best under all circumstances. Second, there is no unified theory (and therefore practical approach) to compliance and enforcement.^{68 8 40 42 17} This is in part due to a lack of agreement on definitions, mechanisms and appropriate design,^{15 67 11 84 87 22 88} and further because a compliance and enforcement regulatory system needs to be flexible enough to account for changes in societal and economic factors affecting enforcement.⁶⁸

It can be argued that no person chooses to be incompetent. Instead, the argument is that a person is incompetent because they do not know how to be competent. A slightly different perspective recognises that competency means different things at different ages and stages of a person's life, or indeed their career. To account for these different perspectives on recertification it is likely that the regulator would be moving away from one-size-fits-all competency assessment models.¹¹

Evidence-based approaches are important to practitioners

In the last decade, regulatory authorities around the world have reviewed or implemented new recertification and/or revalidation frameworks for their practitioners. One of the key lessons that researchers and regulators have ascertained is that evidence-based approaches are important to practitioners. This includes a practitioner's:^{57 31 14 89 80 48 90}

- support for and buy-in when they are asked to engage in new systems or changes to existing systems and ways of working

- ability to gauge the effectiveness of an approach or their own levels of improvement based on the regulator's approach to recertification, competence and fitness to practise matters.

Nevertheless, one of the most significant challenges for researchers and regulators alike is identifying robust and scientifically sound evidence demonstrating links between an adopted approach and a positive change in practise. On the issue of acquisition and retention of knowledge, attitudes, skills, behaviours and clinical outcomes, the literature states that no firm conclusions on the effectiveness of educational approaches can be drawn.⁸⁴

Multifaceted approaches may help to maintain or improve competence

The literature indicates that multiple techniques, including case-based learning, are more likely to be associated with improvements in practitioner knowledge.⁸⁴ The literature also found that the most effective way to change doctors behaviours was through mechanisms (such as peer review) involving personal contact with people (both in teams and individually),⁵⁷ including the public.^{42 57}

Findings from a 2012 study by Scraggs et al also found that:⁵⁷

- multifaceted strategies linking audit and feedback, reminders, outreach visits and patient involvement, demonstrated improvements in performance (and to some extent though less consistently, health outcomes)
- linking educational activities to other approaches such as research evidence, guidelines/protocols and internal/external performance monitoring could encourage changes in physician behaviour
- personal characteristics, such as a belief in having control over life events and personality dispositions, can have an impact on the decisions and behaviour of doctors
- information overload and heavy workloads have been documented to affect the ability of doctors to adjust their behaviour and make good decisions.

Recertification must be flexible to overcome competence and fitness to practise barriers

Researchers have argued that recertification frameworks must be flexible enough to meet the needs of regulators, practitioners and the public. The literature also refers to competence and fitness to practise barriers that must be considered in the development and implementation of recertification frameworks. Some of these barriers (also discussed in other parts of this literature review) include the:

- difficulties associated with measuring competence and the need for regulators to have mechanisms that are neither cumbersome for practitioners or expensive for regulators to use⁴⁷
- need to have mechanisms that systematically identify competence and fitness to practise issues, rather than relying on existing approaches where it is possible for at risk practitioners to remain undetected due to chance and insufficient resources to appraise all practitioners regularly¹⁵
- need to ensure practitioners are engaged in all aspects of their profession.¹¹

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Please note that the majority of the references listed in this discussion document are hosted on external websites and Council cannot guarantee the links will remain current. Please contact us on comms@dcnz.org.nz if you require any of the referenced documentation.

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