

Factors to consider when reviewing or implementing a recertification framework

Whether reviewing or implementing a new recertification framework, the test for the health regulator is to develop and deliver a system, which is effective (i.e. it safeguards public safety), consistent, and fair in its requirements and treatment of practitioners.³⁸

In part, the literature confirms that practitioners have limited awareness and/or understanding about health regulation legislation and health regulation mechanisms. In 2008, five years after the Act was enacted, Dr Goodhew stated in an article that most

... dentists received an annual practising certificate bill and an occasional newsletter from the Dental Council and are happy not to have more contact.³⁹

In some cases, the development of recertification and revalidation frameworks has only generated suspicion and scepticism on the part of practitioners.³⁸ These perceptions and attitudes, whether valid or not, present a significant challenge for regulators. How does the regulator take the profession along with them? Especially if the choices are between retaining the existing system or updating or implementing a new recertification framework for practitioners?

On this point, the literature is clear. It is not possible to impose a new system against the will of practitioners and contrary to values that are considered essential to the system.^{40 38} Instead, regulators must:

- clearly articulate the purpose, drivers and definition of recertification^{15 10 41}
- consider the intensity of its approach to recertification, including who it will target and who it will benefit^{15 9}
- decide whether recertification will be purely formative (i.e. support individual learning), summative (i.e. set minimum standards of performance), or contain a mixed method of assessment¹⁵
- consider how recertification will address emerging trends in practitioner conditions (e.g. the growing numbers of practitioners working across borders or cases of sanctioned practitioners who are continuing to work in different countries).⁴²

In 2006, Sutherland & Leatherman stated that professional regulation serves five objectives. It seems reasonable that these objectives could also guide a regulator's development of a recertification framework. That is, to implement a recertification framework that will:⁸

- improve quality of patient care
- set standards of clinical competence for practice³⁹
- foster continuing education and development required for professional excellence (which may mean different things for the regulator, professional body or association and practitioners) over a lifetime of practice
- identify the competence and fitness to practise of the individual practitioner
- reassure patients and the public about the competence of those belonging to healthcare professions.

The literature also refers to the place and use of auditing tools to assess practitioner competence. However, the evidence on the effectiveness of auditing tools as a means to assess competence and fitness to practise is mixed. On the one hand researchers state that taking part in regular clinical audits is part of good clinical and professional practice; and that it has been shown to be effective when practitioners are not performing well to begin with.^{15 19}

On the other hand there is research stating there is little (but not necessarily no) evidence about the impact of inspection regimes on practitioners. Nevertheless, the research does acknowledge two points. One—that inspections rarely uncover issues (performance or otherwise) that are not known to managers. Two—that the mere threat of an inspection can improve performance.⁸

Revalidation may not reliably detect poorly performing practitioners

Two messages about the reliability of detecting poorly performing practitioners can be taken from the literature. These are that:

- there is limited evidence to suggest revalidation achieves its stated aims, including the detection of poorly performing doctors^{43 44}
- randomised controlled trials concerned with screening have not found revalidation to be effective for detecting poor performance in doctors.⁴⁵

The findings from this research provide a cautionary message for regulators about their roles and the actions and systems they put in place to achieve these. On the one hand, how does a regulator identify, at the earliest possible opportunity, practitioners who are not compliant with their standards? Moreover, what do they do if, as the literature suggests, the current processes (i.e. periodic screening) to identify and deal with at risk practitioners is ineffective?^{46 45}

To be clear, researchers do not dispute the need to identify at risk practitioners early and to address their needs in a timely manner. What they are asserting is that regulators need better tools and mechanisms to identify at risk practitioners and better programmes for providing help to those who need it.^{47 45}

Reference List

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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