

## Debate: Revalidation of Sri Lankan Doctors:

### Why it should be voluntary

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Revalidation of doctors means certifying them as up to date in knowledge and skills and fit to practice. When it is a statutory requirement, failure to revalidate results in loss of license to practice. This is the general accepted meaning of the word revalidation world over. All developed countries such as UK, USA and Australia have adopted their own systems of revalidation of doctors. This trend has been adopted in other regions including Asia with countries such as Thailand taking a lead in implementation of revalidation. If revalidation is being increasingly implemented in other countries, one may ask why not for Sri Lankan doctors. In this article relative merits and demerits of the revalidation proposal for Sri Lankan doctors is discussed and propose that at this point in time it needs to be voluntary.

In countries where it is already implemented, revalidation process involves two main steps as follows.

1. Collection of relevant information related to the field of one's practice (This means participation in relevant continuing professional development (CPD) activities and activities which enhance other attributes of a doctor).
2. Appraisal or Peer review which involves checking on what has been collected, for their relevance to the individual's practice by an appraiser or a responsible officer, who usually is a senior colleague designated by the medical council. During appraisal the focus will be on the outcome of what is collected and how the doctor reflect on what is collected. Aim is to see a change in practice with a view to improve in quality. Mere participation in CPD and collection of information is considered insufficient for this purpose.

General Medical Council (GMC) of the UK gives broad guidance on the information that doctors should collect by enumerating six categories;<sup>1</sup> continuing professional development (CPD), quality improvement activity, significant events, feedback from patients or those to whom you provide medical services, colleague feedback and compliments and complaints. Its emphasis is more on quality than the quantity of information one collects.

With regard to specialist doctors, GMC has authorized respective medical specialty bodies to appraise their members and to recommend them to the GMC for revalidation. Specialist medical bodies have developed their own guidance on the information one must collect and have also quantified the CPD activities in terms of total credit value needed for a year. One credit in CPD generally means one hour of CPD activity and there is a broad international agreement on this definition. There is also wider acceptance of a cut off level of fifty credits as the annual requirement for revalidation.



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Following the developments in the region, the Sri Lanka Medical Association (SLMA) too proposed the mandatory revalidation of the Sri Lankan doctors in year 2003. This proposal caused much uproar in the medical profession as it was considered a threat against the profession. However this ignited a much vibrant dialogue in the profession on this topic which hitherto had never been discussed. The strongest protest came for the Government Medical Officers Association (GMOA). They had a very strong and valid reason for their protest as there wasn't even a regular and organized CPD programme covering all doctors practicing in Sri Lanka, especially those in remote areas. Such a proposal therefore could potentially result in cancellation or suspension of many members' license to practice for failure to revalidate. The reason the SLMA, the premier national medical body in Sri Lanka made such a drastic proposal like mandatory revalidation way back in 2003, was to open a much needed, yet neglected dialogue on introducing a formal continuing professional development (CPD) programme for doctors at national level, so that they remain up dated and fit to practice. SLMA was fully aware that revalidation which involves appraisal at individual level was not feasible with the available resources in Sri Lanka. A leading article on revalidation of Sri Lankan doctors in the Ceylon Medical Journal by the then president of the SLMA emphasized that establishing a mechanism for island wide CPD should be the priority before implementing compulsory revalidation<sup>2</sup>. This view coming from the SLMA itself helped alleviate lot of anxiety regarding revalidation, especially among the non specialist doctors who are provided with minimum or no facilities at all to engage in CPD activities. Having realized the sincerity of the motive behind the SLMA's proposal, the GMOA too agreed in principle that we as a profession should aim at voluntary CPD without contemplating on revalidation. Ministry of Health pledged its support by way of funding such a national CPD programme.

Finally a consensus evolved and the SLMA's proposal lead to the establishment of the Central CPD Committee (CCPDC) under the umbrella of the SLMA. Its mandate was to prepare a blueprint for a National CPD Programme for Sri Lankan doctors. All groups of doctors including specialists and non specialists were represented in the CCPDC of the SLMA. After much deliberation and discussion for several years the task was accomplished with the publication of the booklet titled " National CPD Certificate – Information and Guidance Book."<sup>3</sup>Proposed mechanism for National CPD Certification was laid down identifying two path ways, one for specialists via respective college/ specialist medical body and the other for non specialist doctors, via proposed District CPD Committees . Ministry of Health funded the whole project including three pilot projects in three different districts as an initial feasibility study . National CPD certificate is issued upon submission of a portfolio with evidence of participation in relevant CPD activities worthy of fifty Credits. Initial validity period of certificate is one year. This cycle has to be repeated yearly if one wants to continue to retain the certified status in CPD.

The main hindrance to the implementation of proposed National CPD Programme has been the poor uptake or participation by the doctors in CPD activities. This is understandable as there is neither compulsion nor incentive for doctors to participate in CPD. It is here the proponents of revalidation argue their case as a way out because that will compel the doctors to engage in CPD activities. However such a proposal carries the inherent danger of repetition of history with a howl of protest from the profession again and even negating all the progress the profession made so far towards implementing voluntary CPD Certification at national level. One way out of this impasse is to propose incentives to

those who get CPD Certification via National CPD Programme. Innovative ideas are needed from within the profession as to how best we could persuade doctors to participate in this National CPD Programme. Specialist colleges can offer incentives by way of subsidized rates for various courses and for their annual academic sessions, for those who are CPD certified. Similarly award of fellowship status of the colleges could also be linked to CPD Certification. Incentives for non specialist doctors could be in the form of expedited promotions in grades and priority in the selection processes for special situations such as award of scholarships.

What needs to be done now is to find ways of encouraging doctors to participate in the proposed National CPD Programme leading to CPD certification on voluntary basis, rather than reintroducing much feared and once rejected concept of compulsory revalidation. Judging from the history, priority should therefore be to introduce a doctor friendly incentive driven mechanism for CPD at national level before proposing Revalidation.

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#### References:

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2. Seneviratne Epa S. Revalidation of Sri Lankan doctors. Ceylon Medical Journal 2003; 48 (3): 65-67.
3. Sri Lanka Medical Association Publication. National CPD Certificate – Information and Guidance Book 2010.