

Mandatory revalidation is the key to safe healthcare

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Sri Lanka has a history of licensing to practice medicine and surgery since the early stages of introduction of western medicine to the country.¹ This licensing process presently enforced through the Sri Lanka Medical Council (SLMC) has to a larger extent provided a safe environment for the public. However, in the recent years questions have been asked on the adequacy of this safety net, with calls for a relook at the status quo.

Apart from several judicial decisions in the recent past enabling the licensing of medical graduates in Sri Lanka with lower qualifications, concerns on granting time unlimited certification of competence based on the first medical degree is also becoming a point of contention. Although SLMC requires the medical practitioners to re-register every 5 years, it is only a routine process to update the contact details and not a review of the already granted license to practice. Current re- registration does not require any competency-based assessment to certify that the medical practitioner is indeed fit to practice. Thus, in the current context a person obtaining the full registration after completion of internship could continue to practice medicine and surgery throughout his/ her life unless the SLMC withhold the registration or remove him/ her registration due to proven professional misconduct.

Continuing Professional Development (CPD), is to help improve the safety and quality of care provided for patients and the public.²In general CPD is referred to the process of tracking and documenting the skills, knowledge and experience that one gain, both formally and informally as he/she work, beyond any initial training. Hence, CPD becomes a gateway and pathway to improve safety and quality of the services provided to the public. In addressing the question of granting time unlimited certification or time limited certification, CPD becomes the main deciding factor.

Many countries across the world have shifted to time limited certification of medical practitioners requiring revalidation of their competency and to ensure they are fit to practice medicine and surgery. However, as stated above the current Sri Lankan system does not mandate CPD and thus, unable to revalidate medical practitioners on a competency basis. Several attempts were made to establish CPD in the health system in Sri Lanka during the last two decades, however, this has not materialized due to several reasons.³It is important to look at the arguments put forward against the revalidation process through CPD and the applicability of such reasoning in current context.

Many who oppose mandatory CPD and revalidation claim that years of experience and volume of practice that go together help the medical practitioners to gain adequate competency to deal with even complicated health issues of their patients. However, the evidence from global literature does not support this claim. Norcini et al ⁴ clearly demonstrated that practice volume does not mitigate the increase in patient mortality associated with physician's time since medical school graduation.



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They found each decade since graduation from medical school was associated with a 4.5% increase in relative risk for patient mortality even after adjusting for institutional and personal characteristics. They concluded that volume alone nor the years of experience sufficient to ensure that a physician keeps up with rapid changes in the practice environment and recommend the need to find ways to support and encourage learning. This is supported by many studies.^{5,6} Currently majority of the medical practitioner in Sri Lanka are employed by the ministry of health and only a fraction is employed full time in private sector. They all could be easily reached through government mechanisms or through the Private Health Institution Regulatory Council. In addition, there are many other options; trade unions of medical practitioners, Sri Lanka Medical Association, professional colleges and other associations where medical professionals are members. Many opportunities are available to establish and execute a CPD programme through these avenues to any medical practitioner stationed anywhere in the country. The argument of poor access to medical officers stationed away from urban centers cannot be defended.

Medical practitioners cannot deny the possibility of engaging in CPD activities based on a digital platform. Mobile subscription in Sri Lanka has increased from one million in 2003 to 32 million by 2018 and all provinces are covered for internet services at present⁷, clearly showing the penetration of the mobile services and the use of such services across the country. Availability of new technologies has changed the landscape and possibilities of effective delivery of CPD even to the most rural locations in the country.

The key is to establish a compulsion to engage in CPD throughout the work life of a medical practitioner through provision of incentives and enforcing legal requirements.

Time bound certification of competency to practice is a definite compulsion for medical practitioners to engage actively in CPD. It warrants the medical officers to be regularly updated with evidence and value based current trends in practice to create a safe environment for the public. Hence, the Sri Lanka Medical Council need to pursue on mandatory revalidation process with the support of the medical establishment to initiate a minimum package of CPD for medical practitioners as the first step. It is also importance to establish transparent and credible processes within the SLMC and other partnering organizations in the revalidation process.

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