

Continuing education, professional development and physicians' recertification

The social context has been dramatically changed in the last decades, in the sense of rejecting any kind of privileges for social groups. Therefore, the medical profession is facing new and of paramount importance challenges I have recently analysed¹. One of the most significant consequences for the profession is the need of being accountable through the new social contract².

In view of other countries' experience in recent times, this means that the Spanish physicians have to be ready to tackle the establishment of professional requirements to maintain their status and/or licence to practice. According to the international literature, this implies talking about recertification in general terms or its equivalents revalidation/relicensure; in the Spanish context one can use the term "recolegiación". All these initiatives can sound very unpopular, but sooner or later they will have to be fully accepted by the physicians and, above all, by their professional associations.

The way could be ironed out if the previous experiences implemented in borderline but closely related domains, such as continuing medical education (CME) accreditation and competence assessment, are taken into account.

The later is not considered here, but I want to point out the very qualified initiatives carried out in Spain in the last years³. They could serve as useful tools when trying to put into practice any kind of recertification.

In relation to the CME accreditation, it constitutes a very active domain in Spain in recent years. During this period a large amount of experience has been accumulated, which could be extremely helpful for the introduction of the recertification process.

All those previous assertions are relevant because, as I have analysed elsewhere⁴, the different recertification approaches are based on a broad range of components, being the CME accreditation one of the essentials. At this point, it is interesting to emphasize that CME represents,

in fact, the individual effort in maintaining or improving the lifelong professional competence.

This component of permanent learning endeavour is nowadays better defined as "continuing professional development" (CPD)⁵. Though CME and CPD can be considered as synonymous, the later emphasizes the career development through the professional life and, so, better takes into consideration the professional work into the modern organizations, a landmark of the medical profession in present times.

We have seen that the individual learning effort and the recertification are closely connected what decisively supports the interest in putting the CME accreditation in the frontline. It is worth noting that the CME accreditation is mainly, but not only, aimed to introduce a guiding factor, the CME credit, which on one hand permits to classify the CME activities according to their educational value and, on the other hand, to testify the individual effort in CME.

After more than a five years' experience in accrediting CME activities⁶, the utilization of CME credits as essential component of a leading voluntary recertification experience in Spain is described in this issue⁷. The main outputs of the initiative are definitely encouraging and, hence, they constitute a robust support for the development of a recertification system among the Spanish physicians, in a less problematic panorama than someone proclaim.

All these considerations are particularly relevant when the "Ley de Ordenación de las Profesiones Sanitarias" (LOPS) just has been past by the parliament and published in the B.O.E. on November 22nd. This act is expected to become a crucial step in the regulatory process of the medical profession, just in the way I have described here.

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