EDITORIAL

Revalidation:
Where Are We Heading?

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Over the last several months I have had the opportunity to be engaged in a number of discussions regarding the topic of revalidation. These discussions have taken a number of forms, ranging from formal talks and presentations by representatives from the College of Physicians and Surgeons of Ontario, the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada, to conference workshops and casual corridor conversations with colleagues. There have also been various online resources and website postings by key players and interest groups wrestling with the concept and declaring their respective personal and organizations positions and views on the topic. The positions generally seem to fall into one of three categories:

1. Opposition to the concept,
2. Support of the concept
3. Indifferenc due to either disinterest, apathy, or a sense of complacency

Those individuals who fall into the latter group appear to have given little attention to the issues and implications and therefore, have a less definitive position to declare.

Critical examination of the concept requires a clear definition of what revalidation means and what it is intended to address, or achieve. The definitions used and the interpretation of the concept frequently determines how people present their views in discussions.

In the broadest sense, revalidation is an exercise to demonstrate the maintenance of professional competence through goal-directed educational activities which can be assessed as having a positive impact on quality improvement in patient care.

It is incumbent upon each and every physician that they not only keep up to date, but that they use the knowledge and adjust their practice accordingly in the interest of patient care.

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Acceptance or rejection of revalidation seems to be a function of whether the emphasis is on the maintenance of professional competance through a regulated assessment component or the voluntary educational component.

One concern regarding revalidation is that it has been viewed as a bureaucratic, administrative movement, designed and imposed by regulatory authorities to ensure that physicians maintain a certain performance level and competency to justify continuation of their license to practice medicine. Those who clearly do not measure up to the "revalidation yard stick" will be stripped of their license to practice and cast from the garden of medical practice, never to wreak havoc on the unsuspecting public again. Most members of the medical profession agree that the numbers of physicians who would fall into this category are very low. The checks and balances currently in the system provide mechanisms to deal with the small number of practitioners who are not up to par. Revalidation should not be used for this purpose.

Another concern regarding revalidation is the tendency to see it as an unnecessary addition to an already heavy workload and as threatening to the individual practitioner who may find his or her ability to practice limited by regulations, red tape and more paper work. The need for yet another system to monitor ongoing professional educational activities, in addition to the existing programs of the Royal College of Physicians and Surgeons of Canada (MainCert) and The College of Family Physicians of Canada (MainPro), seems redundant.

Such limited views of the utility and application of the revalidation process naturally lead us to question the wisdom of dedicating such significant resources and expenditure of energy to revalidation. It would essentially be either a system to deal with a small number of physicians who, for whatever reason, have not maintained their clinical or professional competence, or a system to parallel, or replace existing educational programs developed by the professional colleges.

A contrasting view of revalidation recognizes its potential value to the majority of physicians and the profession as a whole. It provides a mechanism for the profession to maintain autonomy of self-regulation through a program of voluntary participation, which demonstrates to the public a commitment to ongoing professional development.

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Regulatory authorities recognize that there is a greater public demand for professional accountability to ensure that members of a self-regulated profession can demonstrate that members maintain their competency and skill level in a milieu where knowledge and technologies are ever-changing. The public wants to know that the physician in practice is as good as they were when they first received their license to

practice upon completion of the MCC, CFPC or RCPSC examinations. The concept of "once licensed, forever licensed" is no longer accepted as it was in the past.

It is also anticipated that the process will complement existing educational programs for continuing education (CE) and continuing professional development (CPD). All physicians recognize that the scope of medical knowledge and technologies are continually evolving and changing. It is incumbent upon each and every physician that they not only keep up to date, but that they use the knowledge and adjust their practice accordingly in the interest of patient care. Physicians *must* take an active role in their individual CE and CPD to make it meaningful to their own scope of practice and to their patients. This requires an ongoing process of learning, relearning, application and reflection, with the ultimate outcome being a positive impact on the quality of patient care.

From the perspective of the academic departments of Continuing Health Science Education, the prospects of revalidation are both exciting and intimidating. There will be a significant role to play as providers of CE and CPD opportunities. We will need to be able to provide the right programs, at the right time, to the right target audience. This is no different than the task with which we are now charged; the only variance will be the volume and demand for these programs.

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Continuing Health Science Education programs will need to develop their own infrastructures and funding mechanisms to accomplish these tasks. In addition, physicians will look to these programs for direction and structure in their own individual learning. They will be looking for content as well as a process to make the most of applied learning. An equally important role for the continuing health science education programs will be to provide a mechanism and service to facilitate the ongoing documentation of CPD as an element of the revalidation process. The challenge will be to move beyond simple record keeping to the provision of tools to assist individual physicians in the reflection and evaluation exercises of the directed educational process to assess the impact on practice patterns and patient care.

Another key role for the Continuing Health Science Education programs will be to engage the group of physicians who have not embraced lifelong learning and professional development as integral elements of their professional activities. The leadership role and mentoring process will be an important service provided by the academic programs of continuing education. Without the infrastructure and services provided by their programs, the implementation and even the success of revalidation will be greatly impaired. We owe it to our colleagues to support them in the process and our colleagues owe it to their patients to participate.

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