Imagine the case of a doctor in his mid-50s. He has had a great career and is appreciated by his colleagues. He seems to get along well with his patients and is able to give quick diagnoses, often based on his first clinical impressions. However, a resident in training recently approached him suggesting an alternative treatment option that he had never heard of before and which seemingly offered a better outcome for the patient.

Our imaginary doctor starts doubting himself and his own practice. His younger colleague appears to know more about new technologies and therapies and he also notices that some younger colleagues are applying different communication techniques when talking to patients and their relatives. He reflects on his years of experience and how he is highly specialised in his field. Shouldn’t he be able to make better clinical judgments? Shouldn’t he be delivering higher quality care than his younger colleagues?

Despite individual differences, physicians’ competence is suggested to decline with age. Staying up-to-date with recent developments in the medical field remains a challenge which all healthcare professionals have to face and which can be met with the aid of different learning opportunities. However, older physicians are certainly experienced and have high levels of diagnostic skill that enable them to recognise patterns and make critical decisions. Moreover, experience is obviously not the only aspect that affects a healthcare professional’s competence; the context and clinical case also play a major role in the quality of care delivered. Other factors that influence a professional’s performance are engagement in self-directed learning and continuing training and development. It is thus vital that all healthcare professionals engage in lifelong learning and professional development based on their individual learning needs.

THE CONCEPT OF LIFELONG LEARNING

Lifelong learning can potentially contribute to ensuring high quality care while guaranteeing up-to-date healthcare service delivery. This is where continuing medical education (CME) and continuing professional development (CPD) come into play. CME and CPD both describe the intentional, on-going, self-directed and systematic process of lifelong learning. CME focuses particularly on acquiring knowledge whereas CPD puts more emphasis on strengthening skills, as well as attitudes and personal growth. They both describe
Research into quality issues in CME has concluded that regulations and legislation have much less effect on physicians’ participation in continued learning than their actual professional desire to remain competent and deliver good patient care. Trained healthcare professionals, experienced in their field and intrinsically motivated, are assumed to learn in a self-directed, problem-oriented and socially-relevant manner. Experience in the field undoubtedly increases year-on-year and most healthcare professionals feel the urge to provide their patients with the best care. The question then arises as to what extent formal and informal learning activities can be incorporated into a busy work schedule-do they pay off? In practice, it might appear that engaging in continued learning and training is time-consuming and expensive. It might even be seen as clinically irrelevant, with no emphasis on procedural skills and being an insufficient reflection of clinical competences and diagnostic reasoning. Indeed, such views clearly affect the acceptability and thus effectiveness of continued learning; however, it can balance out overall with positive effects on practice performance and patient outcomes.

At the end of the day, it is more important that learning activities are chosen according to the individual’s needs and that they meet any shortcomings in knowledge or practice. Furthermore, it is important to strike a balance between cognition-focused activities and skills-focused activities and doing so can help induce a change in performance which
ultimately leads to better patient care. There are three quality characteristics which are important to consider when choosing educational activities. Activities which are 1) personal, 2) needs-based, and 3) followed-up with reflection or mentoring are supposedly the most effective. There are many tools and activities offered by different providers, including the ERS. In addition to attending courses and conferences, ERS training programmes in spirometry, EBUS and respiratory sleep incorporate mentoring and feedback as part of the training programme.

Recertification can provide the opportunity to improve quality of care—a concern most healthcare professionals should share. A recent review of the maintenance of certification (MOC) in internal medicine has shown that board-certified physicians score lower on patient mortality and higher on meeting standards for quality of care. Another study has concluded that, within the field of anaesthesiology, board-certification is important for good surgical outcomes.

MOVING TOWARDS INTERNATIONAL RECERTIFICATION

A physician’s quality is not entirely determined by his or her competences but also by the contextual and cultural environment of the working team and the (healthcare) setting. This has become particularly important in recent times due to the cross-border mobility of physicians. Although recertification can help as a national quality measure for care delivered, it can also help healthcare professionals seeking employment abroad.

In other professions or markets, the international acceptance of certificates, annual performance reviews and competence checks, as well as recertification, are increasingly the methods by which internationalisation is accomplished. For example, in aviation, the European Civil Aviation Conference has replaced national requirements for licensing by issuing internationally valid joint aviation requirements. The Society of Actuaries has released international standards for CPD, training and practice so as to classify actuaries internationally and to offer a recertification/assessment process. These examples illustrate that international certification is possible and can help to overcome the challenges of cross-border mobility faced by many professionals.

Within the healthcare sector, more and more healthcare professionals are leaving their country of origin to seek work elsewhere. As well as adapting to the challenges of a new culture, they also have to provide evidence of their professional competence. Taking examinations with an approved benchmark curriculum, such as the Diploma in Adult and Paediatric Respiratory Medicine offered by the ERS under the HERMES (harmonised education in respiratory medicine for European specialists) system (figure 2), can help in providing proof of such knowledge. The HERMES diploma is widely accepted across countries and serves as a tool for international standards. Indeed, medical knowledge is often regarded as rather universal even though healthcare systems, disease epidemiology, patient requirements and professional competence might differ between countries. Of course, efforts can still be made towards the standardisation of skills and competencies training and the assessment thereof, and the ERS is moving in this direction with the introduction of an international programme for CPD.

Recertification at an international level may enhance global cooperation and could potentially ensure the standardisation of quality of care, both Europe-wide and world-wide. In times of professional, societal and political pressure this is an especially important goal. Furthermore, the medical field is constantly on the move and developing in new directions. As such, there is considerable need for healthcare professionals to keep up-to-date with recent developments and advances. Therefore, the onus is on medical specialists to keep asking themselves how recertification (through means of international exams or CPD programmes) can affect both quality of care and personal development.

CONFLICT OF INTEREST

Sharon Mitchell is an employee of the European Respiratory Society.

RECOMMENDED READING


Hays RB, Davies HA, Beard JD, et al. Selecting performance assessment
BENEFITS OF CME AND CPD

C. SEHLBACH AND S. MITCHELL

