Continuing Medical Education in Portugal: A New Era?

Formação Médica Contínua em Portugal: Uma Nova Era?

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The explosion of medical knowledge, based on scientific research of progressive higher quality, allowed the profession to have a success that marked the first quarter of the XX century and intensified the good outcomes until present time. One of the consequences was an increase in life span of some 50 years during this period, with reductions in mortality for a significant percentage of diseases and cure for many others.

On the center of this authentic revolution are medical doctors, working in health systems of different configurations, professional relationships and priorities. Regardless of the context where the individual doctor works, his/her professional autonomy is a central tenet of his societal insertion.

Society, however, gives doctors autonomy based on the notion of self-regulation and maintenance of clinical competence. This requires more than regularly updating medical knowledge and clinical skills, as "…doctors are expected to act professionally and to display a range of behaviors and relationships underpinned by core values, such as integrity, compassion, and working in partnership with patients and other healthcare professionals".[2]

We all believe that maintaining professional competence is essential for high quality patient centered care, and that a Continuing Medical Education (CME) program (currently referred as 'Continuous Professional Development - CPD) is essential to do just that.[3] This is so because there is evidence that CME/CPD - through a diverse group of techniques including academic detailing, auditing with feedback, patient involvement, practice reminders, clinical practice guidelines and leader opinions - can improve patient outcomes.[4] Based on this, a lot of countries have CME/CPD programs in place.

A CME/CPD program should also be the basis for a Recertification process, a subject of much discussion and lots of controversy within our medical community. Regardless of what any of us think of the best way to maintain our competence, if we intend to guarantee patients and society alike that we provide good care, then it looks almost impossible not to build a formal process of keeping and renewing our professional license and communicate those efforts to the public.

Notwithstanding the greater acceptance of the need for an efficient program of CME/CPD, the problem remains in terms of which tools and using what methodology are we going to assess medical practitioners for recertification purposes. This is a major problem, due to the complexity of medical practice: for example, to be able to holistically assess a full and complete medical practitioner, the certifying board (in our case the Medical Association - Ordem dos Médicos) must be able to build a system that should be at the same time valid (measuring what it is supposed to measure), reliable (giving the same results in different contexts and different examiners), rigorous (using strong and proved methodology based on evidence), and, last but not least, transparent (making clear from the beginning the objectives of the process and giving to the individual doctor access to all the information used for his/her assessment). The focus of Recertification should essentially be on appraisal (and not assessment), on benefits the doctor would get (instead of punishment), on development/excellence (instead of getting minimum standards) and, above all, on guarantying patient safety.[5]

To highlight the complexity of a system like this, one has only to imagine two distinct cases: the first a General Practitioner working in a primary care center, seeing 20 - 30 patients a day in an ambulatory setting. The second is an Interventional Cardiologist, spending all of his time at a Cath Lab doing catheterizations, percutaneous transluminal coronary angioplasties, etc. The type of assessment, the methodology used, and the outcomes selected are completely different, and yet we should have both, if we want to be fair and rigorous in this type of high stake examinations.[6]

To complicate things, this system should be able to analyze and classify in a standard way the multiple facets of a medical doctor: 1) scientific knowledge (through a formal examination of the specific area of expertise); 2) clinical reasoning (trough analysis of clinical cases with complex diagnostic and management options);

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3) practical skills (through direct observation for example using an objective structured clinical examination/ OSCE); 4) personal relationship with patients (through direct questioning of randomly selected patients); 5) attitudes and professionalism with patients, relatives and health care team (through observation of behaviours and feedback from these groups); 6) team work and integration in the professional group (through questioning of health care professionals contacting with the doctor on a daily basis); 7) self-learning abilities (evaluating searching methodologies and the use of this information in clinical care) and, finally; 8) ethical practice (using examples of complex cases in bioethics).

All this will need financing, certainly a major problem! We believe that the money to pay for such a system should be public, so to minimize conflict of interests. And that this approach should be used on all practice contexts - public, private, social, etc. – so to encompass all medical professionals.

Regardless of what type of CME system or Recertification modalities we will be able to design, we believe that we are at the crossroads of clinical practice in Portugal. The results of our efforts to build and implement an efficacious method to keep our clinical competence is at the center of our professional ethos, in order to guarantee the most important result for us all: the best possible care for our patients.

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