



Policy on principles for the approval of alternative recertification programmes provided by groups other than Branch Advisory Bodies.

Policy Statement

When groups, such as Independent Practitioner Associations (IPAs) or hospitals, wish to have their own recertification programmes recognised by the Medical Council as an alternative programme already provided by the corresponding Branch Advisory Body (BAB), their programmes will be assessed according to the following six principles:

Principle 1: The proposed programme must meet the Medical Council Criteria for recertification.

Principle 2: The number and geographical spread of the medical practitioners to be involved in the programme should be large enough for them to be able to develop, operate and manage a recertification programme and to minimise the effects of any local aberrations in the provision of care.

Principle 3: The applicant should have sufficient educational expertise to develop and manage a recertification programme.

Principle 4: If the group applying for recognition of its recertification is a commercial organisation, any potential for a conflict of interest when it comes to setting standards of care must be minimal.

Principle 5: There must be evidence of need for an alternative programme to the one already provided by the BAB.

Principle 6: The appropriate BAB should assess the programme and advise on whether they consider that the recertification programme is of the standard required to ensure the ongoing competence of medical practitioners they have certified or approved for vocational registration.

Background

1. Two groups of general practitioners have applied for approval of their own recertification programmes. In both cases these groups were IPAs seeking to provide a recertification programme for their members. The Institute of Australian Psychiatrists NZ Inc also applied for, and was granted, recognition of their recertification programme.

Possible groups who could in the future apply for recognition of a recertification programme, but do not themselves certify medical practitioners or act as a BAB to Council are:

- GP IPA groups
- Public or private secondary and tertiary care institutions

-
- Special interest groups who do not have a vocational registration programme, but who have taken up an area of special expertise post vocational registration, e.g. medical acupuncture, musculoskeletal medicine.

2. This policy applies to emerging vocational branches which currently have no recognised BAB.

Notes on the six principles

Principle 1: Does the proposed programme meet the Medical Council Criteria for the Recognition and Approval of Vocational Branch Recertification Programmes?

Rationale

These are the standard criteria for recognition of recertification programmes and hence should be applied to all programmes, irrespective of the body providing the programme.

Principle 2: Is the number of medical practitioners to be involved in the programme large enough for them to be able to develop, operate and manage a recertification programme? Is the geographical spread of the medical practitioners sufficient to minimise the effects of local aberrations in the provision of care?

Rationale

There are advantages of a smaller size in terms of a greater sense of ownership by participating medical practitioners and in allowing for a small subspecialty or special interest group to promote a higher standard of care in that area. Similarly a limited geographical area has the advantage that it can be more attuned to the needs of local medical practitioners and the local population.

However, there are disadvantages if the group is too small or geographically isolated. The ongoing development and maintenance of a recertification programme is a costly and time consuming business. Duplication of effort by many small vocationally similar groups is not good use of professional time and energy. In a small isolated group where the members are well known to each other, there is a risk of collusion and consequent general lowering of standards. Conversely there is also a risk of elitism developing which could exclude other medical practitioners from participating.

Local purchasing arrangement for health care could also have a greater influence on standards of care where there is no national body setting the standards for recertification. The public would normally be better served by groups working together providing some core recertification activities for all medical practitioners in the branch and some specialised activities for special interest groups and subspecialties.

Principle 3: Does the applicant have sufficient educational expertise to develop and manage a recertification programme?

Rationale

Although it is easy to copy the standard format of a recertification programme, the way activities are provided and approved and the ongoing development of the programme require educational expertise. BABs have a wealth of educational experience, and more particularly educational assessment experience, that they have developed over the years from providing vocational training and assessing medical practitioners for primary certification. Evidence of educational expertise would normally be required of a group offering a new programme. Strong linkages with other groups to ensure ongoing development of educational expertise would also be required.

Principle 4: If the group applying for recognition of its recertification programme is a commercial organisation, what potential is there for a conflict of interest when it comes to setting standards of care?

Rationale

Commercial organisations usually have the advantage of having more funding available for the development of quality improvement and audit activities than a College or Society. However, there is a danger that the underlying principle on which performance is measured may move from what is best patient care to what is most cost effective care.

There is a potential for a conflict of interest when granting recertification certificates if an organisation has responsibility both for determining whether a medical practitioner is performing to an appropriate standard and for influencing medical practitioners' spending for budgetary purposes (especially in budget holding situations). Programme results and activities may not be freely shared with other bodies seen to be in competition, thus decreasing the opportunity for colleagues to learn from each other in the ongoing development of such programmes.

Finally medical practitioners involved in such programme who have ethical and philosophical concerns resulting from the above difficulties could abrogate their personal sense of professionalism in order to adapt to the situation, with resulting loss of satisfaction in their work.

Principle 5: Is there evidence of need for an alternative programme to the one already provided by the BAB?

Rationale

Wherever possible the Medical Council would prefer to promote collegial relationships and sharing of expertise. Therefore if a group were to set up an alternative recertification programme to one already in existence and recognised by the Medical Council, they would be expected to provide evidence of ways in which the current programme was not meeting their needs.

Principle 6: Does the BAB consider that the recertification programme is of the standard required to ensure the ongoing competence of medical practitioners they have certified or approved for vocational registration?

Rationale

The BAB has a better knowledge of the branch and is therefore better able to assess the appropriateness of the standards set by the new recertification programme than is the Professional Standards Committee whose membership covers only four branches of medicine. Involvement of the BAB might also encourage a collegial relationship between the BAB and the new provider, including the possibility of the BAB meeting some of the requirements for recertification that the smaller group may not be able to meet (e.g. 'a process for identifying and retraining medical practitioners whose competence is found wanting'). As part of this review process the two groups may find enough common ground to work together rather than providing two separate programmes.

However, BABs may need to be encouraged to understand why they should put their resources into assisting in the assessment of an alternative recertification programme to their own. Also the new provider may question the impartiality of the BAB in assessing their recertification programme, so the Council also needs to make its own assessment of the programme against the Criteria for recertification.

Procedures

1. Groups, other than BABs, enquiring about the possibility of having their recertification programmes approved by the Medical Council, will be given a copy of the above principles and asked to provide details about these areas in their submission.
2. The Education Committee will use the above principles to assess such recertification programmes, and then make their recommendation to Council.
3. The Medical Council will charge for assessing alternative recertification programmes.

Recommended by:	Professional Standards Committee
Approved by Council:	15 April 1999
Updated for HPCAA:	April 2004