Defining recertification and revalidation

What is recertification?

In New Zealand and around the world, regulators consistently use the terms *recertification* and/or *revalidation* to describe their systems for ensuring health practitioners are competent and fit to practise.

The Medical Council of New Zealand defines recertification as:

… mechanism used to ensure doctors are competent to practise within the scope in which they are registered. Recertification should provide assurance to the public and patients that practising doctors are competent and safe to practise.⁴

The Pharmacy Council of New Zealand’s *Recertification for practising pharmacists policy* states that:

… recertification is one of the mechanisms through which Council ensures pharmacists are competent to practise on an ongoing basis within their scope of practice. [The policy goes on to state that] the recertification audit provides the public with further reassurance that Council is ensuring practising pharmacists are maintaining their competence.⁵

The Osteopathic Council New Zealand states that:

… practitioners themselves are best placed to judge what Continuing Professional Development (CPD) they require to maintain and develop their ongoing competence. Practitioners are expected to identify their learning needs and undertake activities that are relevant to their scope/s of practice … The CPD year runs form 1st April to 31st March. This coincides with the renewal of annual practising certificates, a process referred to as recertification.⁶

In the United Kingdom, the General Dental Council (GDC) defines recertification as:

completing the required number of hours of CPD and being able to produce certificates to prove this upon request.⁷

It should be noted that the GDC and Council’s definition of recertification are seeking to achieve, different albeit interrelated outcomes. The stated objective of the GDCs use of CPD is to ensure its practitioners remain up to date. In contrast, for Council, the driver is competence.

In the United States of America:

certification and recertification has been described as processes that enable physicians to demonstrate achievements and competencies that are beyond the minimum standards required for licensure.⁸

What is revalidation?

Depending on your profession and the country in which you practice, a regulating authority may use the term revalidation in addition to or in place of recertification. However, the latter is the term most familiar to oral health practitioners in New Zealand, primarily due to the term recertification being used in the Act.

As with recertification, revalidation is a mechanism that allows health professionals to demonstrate they remain up-to-date and fit to practise. It also provides reassurance and reinforcement of a practitioner’s performance, and encourages continued improvement.⁹
In Canada, revalidation is defined as a coordinated system of education and assessment that will give physicians insight and information about their practice and their performance throughout their medical career. Its purpose is seen as continuous improvement that strengthens the accountability of the professional to the public.\textsuperscript{10}

In the United States of America, revalidation is used to describe the progress a practitioner must undertake to re-enter the Register after a period of non-practice.

In addition to participation in continuing education or CPD, revalidation also encompasses activities such as: clinical audit, presentation of evidence of clinical performance, structured reflection upon practice and evidence of consequent change in practice implicitly for the better.\textsuperscript{5}

This view of revalidation is reinforced by a 2014 study that states doctors must demonstrate they have collected and reflected upon supporting information on issues such as CPD, significant adverse events, a review of complaints, and compliments and feedback from patients and colleagues.\textsuperscript{11}

**What can we learn from the literature about recertification and revalidation?**

There are two lessons about the way health regulators have defined and are using recertification and revalidation in their work.

The first is that the literature contains some elements that are common to both recertification and revalidation systems. These are that practitioners are:

- engaging in a system of education and assessment\textsuperscript{12 13 14}
- demonstrating competence to hold a practising certificate\textsuperscript{1 14 15}
- participating in and completing a prescribed amount of CPD and peer review activities\textsuperscript{17 19 18}
- proving participation in CPD activities\textsuperscript{18 20 10}
- reviewing adverse events as a means of improving individual practice\textsuperscript{21 22 23 24}
- reviewing feedback (both compliments and complaints) from patients and colleagues as a means of improving individual practice\textsuperscript{25 26 27}

However, it should be noted that despite ongoing global interest in recertification and revalidation, the research also highlights a lack of unified agreement surrounding the definition, mechanisms and appropriate design of these systems.\textsuperscript{15 14}

The second lesson is there are some key assumptions that underpin both approaches. In the New Zealand context, some of these assumptions may not carry the same weighting as a regulatory authority’s statutory obligations and responsibilities. However, they are valid and should be acknowledged. The assumptions identified in the literature that underpins recertification and revalidation is that they:

- reassure the public that practitioners are maintaining their competence\textsuperscript{7 28 15}
- require practitioners to keep their professional knowledge up to date\textsuperscript{29 20 31}
- provide practitioners insight and information about their practice\textsuperscript{22 23 24}
- encourage practitioners to engage in a process of continued improvement that strengthens their accountability to the public.\textsuperscript{35 15}

A 2010 study cited Professor Mike Pringle, Clinical Lead for Revalidation in the Royal College of General Practitioners, who said

... it cannot be right that a young doctor becomes fully registered at about 30 years old and then has no further check for 35 years or more. Revalidation is a positive demonstration that a doctor is keeping up to date and continues to be fit to practise.\textsuperscript{37}
Factors to consider when reviewing or implementing a recertification framework

Whether reviewing or implementing a new recertification framework, the test for the health regulator is to develop and deliver a system, which is effective (i.e. it safeguards public safety), consistent, and fair in its requirements and treatment of practitioners.  

In part, the literature confirms that practitioners have limited awareness and/or understanding about health regulation legislation and health regulation mechanisms. In 2008, five years after the Act was enacted, Dr Goodhew stated in an article that most... dentists received an annual practising certificate bill and an occasional newsletter from the Dental Council and are happy not to have more contact.  

In some cases, the development of recertification and revalidation frameworks has only generated suspicion and scepticism on the part of practitioners. These perceptions and attitudes, whether valid or not, present a significant challenge for regulators. How does the regulator take the profession along with them? Especially if the choices are between retaining the existing system or updating or implementing a new recertification framework for practitioners?  

On this point, the literature is clear. It is not possible to impose a new system against the will of practitioners and contrary to values that are considered essential to the system. Instead, regulators must:  

- clearly articulate the purpose, drivers and definition of recertification;  
- consider the intensity of its approach to recertification, including who it will target and who it will benefit;  
- decide whether recertification will be purely formative (i.e. support individual learning), summative (i.e. set minimum standards of performance), or contain a mixed method of assessment;  
- consider how recertification will address emerging trends in practitioner conditions (e.g. the growing numbers of practitioners working across borders or cases of sanctioned practitioners who are continuing to work in different countries).  

In 2006, Sutherland & Leatherman stated that professional regulation serves five objectives. It seems reasonable that these objectives could also guide a regulator’s development of a recertification framework. That is, to implement a recertification framework that will:  

- improve quality of patient care  
- set standards of clinical competence for practice  
- foster continuing education and development required for professional excellence (which may mean different things for the regulator, professional body or association and practitioners) over a lifetime of practice  
- identify the competence and fitness to practise of the individual practitioner  
- reassure patients and the public about the competence of those belonging to healthcare professions.  

The literature also refers to the place and use of auditing tools to assess practitioner competence. However, the evidence on the effectiveness of auditing tools as a means to assess competence and fitness to practise is mixed. On the one hand researchers state that taking part in regular clinical audits is part of good clinical and professional practice; and that it has been shown to be effective when practitioners are not performing well to begin with.  

On the other hand there is research stating there is little (but not necessarily no) evidence about the impact of inspection regimes on practitioners. Nevertheless, the research does acknowledge two
points. One—that inspections rarely uncover issues (performance or otherwise) that are not known to managers. Two—that the mere threat of an inspection can improve performance.³

Revalidation may not reliably detect poorly performing practitioners

Two messages about the reliability of detecting poorly performing practitioners can be taken from the literature. These are that:

- there is limited evidence to suggest revalidation achieves its stated aims, including the detection of poorly performing doctors⁴³ ⁴⁴
- randomised controlled trials concerned with screening have not found revalidation to be effective for detecting poor performance in doctors.⁴⁵

The findings from this research provide a cautionary message for regulators about their roles and the actions and systems they put in place to achieve these. On the one hand, how does a regulator identify, at the earliest possible opportunity, practitioners who are not compliant with their standards? Moreover, what do they do if, as the literature suggests, the current processes (i.e. periodic screening) to identify and deal with at risk practitioners is ineffective?³⁶ ⁴⁶

To be clear, researchers do not dispute the need to identify at risk practitioners early and to address their needs in a timely manner. What they are asserting is that regulators need better tools and mechanisms to identify at risk practitioners and better programmes for providing help to those who need it.⁴⁷ ⁴⁵
Reference List

Please note that the majority of the references listed in this discussion document are hosted on external websites and Council cannot guarantee the links will remain current. Please contact us on comms@dcnz.org.nz if you require any of the referenced documentation.


