TRAINING OF OUR DOCTORS

RECERTIFICATION — THE SPECIALIST

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All doctors, whether they practise general medicine or specialist medicine, have been through medical school during which time they acquired knowledge, skills, values and attitudes that fitted them to become doctors. Moreover, they also should have gained the ability to become life-long learners as they continue their practice of medicine. This is necessary because of the constant increase in new knowledge and advance of technology in medicine. Apart from the acquisition of knowledge and skills, the doctor has learned to be caring, dedicated and compassionate as he treats his patient. His calling is to a profession that requires him to be one who can serve his patients well and maintain his competence by scholarly endeavour (1).

Re-certification is the process by which the doctor is required to demonstrate to others that he is continually competent. There are two attitudes to the question of re-certification. One is that it is unnecessary since the trained doctor is able to continually learn by himself throughout his practising career and keep abreast of current knowledge. What is required is that the medical community offers opportunities for continuing medical education

which the doctor will use to keep himself competent. The second attitude is that the doctor is required to show his continuing competence by attendance at so many continuing medical education lectures or seminars, writing of articles and reading of journals or books (2). Some even require that he has to pass an examination at regular intervals.

In practice of medicine today there are strong arguments that the specialist doctor should demonstrate continuing competence. Firstly, the patient needs to be assured that the specialist he is consulting is giving the best advice and care especially as he has to pay the relatively high fees himself. Secondly, he has to satisfy his colleagues in the medical profession that he is practising competently in the specialty that he is in. Thirdly, the providers of medical care, namely the Ministry of Health or the private hospital board would require its doctors to practise a good standard of medical care.

In the United Kingdom, Australia, New Zealand, Switzerland and France there are no re-certification programmes. However, in the United States of America, the requirement of continuing medical education and re-certification have been in practice for some time. In 1969 the American Medical Association set up the Physician's Recognition Award by which doctors are given the award if they satisfy certain credit hours of medical education annually or bi-annually. Half of the 51 states in the USA have this requirement for re-licensure of physicians to practise. In the case of specialists, in 1973 the American Board of Medical Specialties at its annual general meeting adopted the following resolution: "The ABMS adopt, in principle, and urge the concurrence of its member boards with the policy that voluntary, periodic re-certification of medical specialists become an integral part of all national medical specialty certification programs and further, that the ABMS establish a reasonable deadline when voluntary, periodic re-certification of medical specialists will have become a standard policy of all member boards". Today, 13 of the 23 specialty boards have re-certification programs (Table 1).

In Singapore we have no re-certification programmes. Of the 2,641 doctors, 949, that is more than one-third have higher medical and surgical qualifications (Table 2). The proportion of doctors specialising will probably be increasing in years to come. Our local medical school began in 1905 and since 1970 our School of Postgraduate Medical Studies has been training our own specialists in the major discipline of medicine, surgery and dentistry. Of the 949 doctors with specialist qualifications, 398 are in government service, 115 in the university teaching units, 409 in private practice and 27 are not in active practice (3).

Since 1960 there are more private hospitals being set up and this has enabled specialists to come out to practise their specialty as private practitioners. The

TABLE 1: SPECIALTY BOARD RECERTIFICATION: CURRENT STATUS AND REQUIREMENTS

Specialty Board: American Board of	Date of Approval of Recertication	Written Exam for Recertification	License Required	CME Required	Recertification Interval	Date of next Recertification Examination	Time limit Certificate[5]
Allerge & Immunology	1977	Yes	Yes	Yes[3]	6 yrs	1985	No
Emergency Medicine	1979				10 yrs	1990	1980 – 10 yrs
Family Practice	1969 by ABFP	Yes[2]	Yes	Yes	6 yrs	1984	1969 – 7 yrs
Internal Medicine	1973 by ABIM	Yes	No	No		1986	No
Obstetrics & Gynaecology	1976	Yes	Yes	No	5 – 7 yrs	1986	1985 – 10 yrs
Orthopaedic Surgery	1980	Yes	Yes	Yes	6 yrs	1985	No
Pathology	1979	Yes[1]	Yes	Yes[4]	6 – 10 yrs	Indefinite	No
Paediatrics	1977	Yes	No	No	6 yrs	1985	No
Plastic Surgery	1976	Yes	Yes	Yes	6 – 10 yrs	Indefinite	1985 – 10 yrs
Surgery	1978	Yes	Yes	Yes[3]	7 – 10 yrs	1984	1976 – 10 yrs
Paediatric Surgery	1981	Yes	Yes	Yes[3]	7 – 10 yrs	1986	1975 – 10 yrs
Thoracic Surgery	1979	Yes	Yes	Yes	7 – 10 yrs	1984	1976 – 10 yrs
Urology	1980	Yes	Yes	Yes	10 yrs	1984	1985 – 10 yrs

1 Required in one of three separate pathways
2 Also requires satisfactory review of ambulatory (office) records as a prerequisite to the recertification examination.
3 Type or number of hours unspecified.
4 Requirement for two of three separate pathways.
5 Beginning in the years indicated, boards have issued, or will issue, time-limited certificates.

TABLE 2: SPECIALIST DOCTORS — SINGAPORE 1985

Internal Medicine	206
Paediatrics	76
Psychiatry	36
Dermatology	26
Public Health	78
Occupational Health	22
Radiology	33
Radiotherapy	5
Nuclear Medicine	4
Rehabilitation Medicine	4
Obstetrics & Gynaecology	136
General Surgery	92
Orthopaedic Surgery	46
Ophthalmology	27
ENT	23
Cardiothoracic Sugery	13
Plastic Surgery	13
Neurosurgery	11
Anaesthesiology	63
Pathology	28
Microbiology	7
Total Number	949

specialists are either practising alone or in small groups. They admit their patients into the private hospitals and take care of the patients themselves. They are only accountable to themselves and their patients as these private hospitals have no medical or surgical units with their own heads of department. No teaching of students or training of doctors are carried out in the private hopsitals. This is in contrast to the situation in government hospitals or university teaching units. It is in such a setting that it can be argued that the re-certification process, whereby the specialist doctor demonstrates continuing competence is especially required. This can be carried out in the following ways. Firstly, the specialist doctor can show that he has been keeping up with advances in the medical knowledge and technology by attending Continuing Medical Education lectures and reading journals. Secondly the private hopsitals can have regular clinical sessions where the results of treatment of all patients are reviewed by the doctors in that particular specialty. By this means the doctor's individual performance as well as the outcome of treatment of his patient can be assessed. The intended result is to help the specialist doctor to keep up to date and to be able to practise competently. Thirdly, if teaching of students and young doctors, and research into some clinical problems can be incorporated into the private hospital setting, quality assurance in medical care can be better achieved in Singapore (4).

REFERENCES

1. Association of American Medical College: Physicians for the 21st Century. J Med Education 1984; 59: 1-31.
2. Haynes R B, Davis D A, McKibbon A, Tugwell P: A Critical Apparaisal of the Efficacy of Continuing Medical Education. J Am Med Assocn. 1984; 251: 61-4.
3. Personal Communication. Ministry of Health, Singapore 1985.
4. Personal Communication. Sanazaro P J. 1985.