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# Maintaining skills and ensuring fitness to practice in European countries

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LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



European  
**Observatory**  
on Health Systems and Policies



# Declaration 1:

- I have no conflict of interest in relation to this presentation



Declaration 2:

I apologise for this lot

They do not represent me

# Health professionals are special...

- They are allowed to do all sorts of things that others can't
  - Touch and feel you
  - Cut you open
  - See you naked
  - Give you potential poisons
  - Bathe you in radiation (x-rays)
  - Ask you intimate questions
- So, in return, we expect them to meet, and continuously comply with high professional standards

Although not everyone agrees

- “Perhaps professional practices, competitive restrictions, productivity”
- “Restrictions should be removed”

Speech

## Celebrating 60 years of the Institute of Economic Affairs (IEA)

From: Department for Business, Innovation & Skills and The Rt Hon Sajid Javid MP  
Part of: Business enterprise  
Published: 19 June 2015  
Delivered on: 18 June 2015 (Original script, may differ from delivered version)

The Business Secretary pays tribute to leading British think-tank the IEA, and discusses the importance of defending the free market.



Let me start by congratulating the Institute of Economic Affairs (IEA) on its 60th birthday.

We all know how hard it is to get economists to agree on anything.

As President Reagan said, if Trivial Pursuit was designed by economists it would have 100 questions...

...and 3,000 answers.

But I'm sure everyone here tonight agrees that it's an amazing achievement for a think-tank to reach its diamond jubilee.

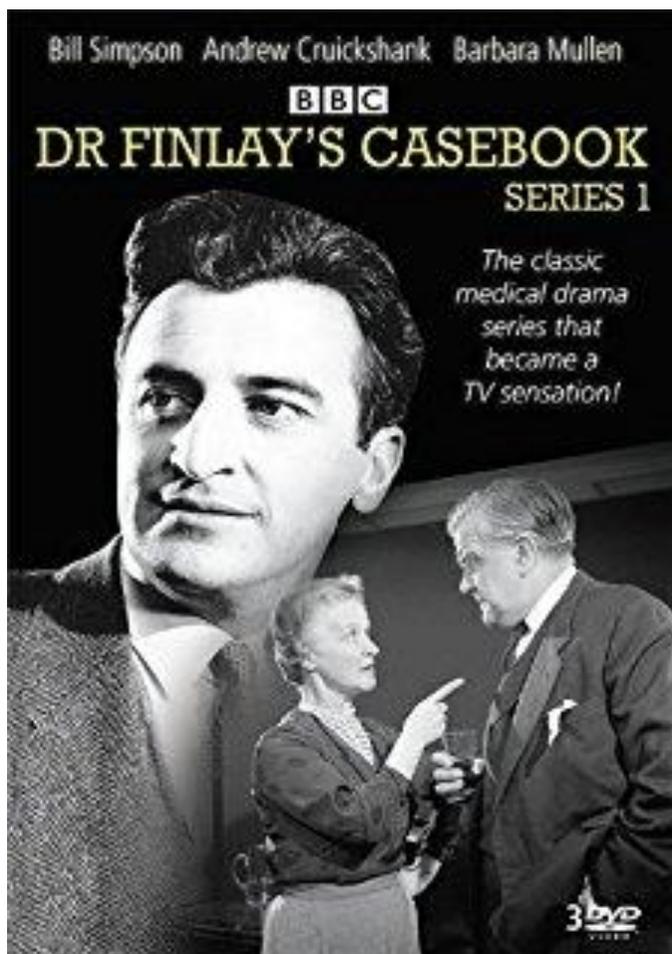
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How to abolish the NHS

RICHARD WELLINGS

Then and now....



# The changing nature of medical practice

- Growth of complex multi-morbidity
- Advances in medical technology
- Explosion in medical knowledge
  - Pharmaceutical
  - Technological
  - Organisational
- Informed (or misinformed) patients via internet
- Recognition of benefits of integrated management
- Importance of team working
- Need for life long learning

# And in Europe....

- Provisions to enable free movement of health professionals date back to 1974
- Based on principle of mutual recognition
- A doctor in Poland is just as qualified as a doctor in Belgium
- But how do we know?
- Left up to regulators in each Member State to determine whether the doctor meets its criteria to practice
- Very basic core standards, largely relating to length of study
- Only now discussing how to ensure quality

# First question.... Do doctors do the same things everywhere?

- Some specialities exist in some member states but not in others
  - Dermato-venerology in France/ Dermatology and STDs separate in UK
  - Who does endovascular surgery? Surgeons/ interventional radiologists/ cardiologists/ others?
- Are the constellation of activities, and corresponding skills, in primary care the same everywhere?
- Who does what? Doctor or nurse?
  - Chronic disease management in primary care mainly nurse-led in UK
- Are there niche activities that have led to new professional groups?
  - Electrophysiology technicians

# Obstetrics & gynaecology: a case study in England, Italy, & Belgium

- *“Uro-gynaecology is absolutely unrecognised in Belgium, while in Holland and France it is”*
- Distinct sub-speciality training (e.g. foetal medicine, gynae-oncology) only available in UK
- In Italy, sub-specialisation undertaken through research
- In Italy, many are OBGYN, in England & Belgium, the two are usually separate
- OBGYN in Italy may also work in primary care
- In Belgium, specialisation in public hospitals but in private practice *“we do everything”*

# Looked at another way – experiences of EU trained doctors working in the UK

- Doctors from Northern Europe surprised at involvement of patients in decision-making
- Doctors from Southern Europe upset that relationship with patients was impersonal
- *“Oh, my God, so much paper. They have forms for everything.”*
- System much less hierarchical *“Here, they seem to be open to my ideas and it makes me feel confident”*
- *“There is quite a big drive on guidelines and evidence-based medicine”*
- *“The first thing that shocked me is how old Everything was, I backward towards the scene. 20 beds put in a row, dirty cutlery, broken dishes and glasses. It was grim, really grim.”*

# Demonstrating continuing fitness to practice

- Survey of key informants in 10 member states
- Review of peer-reviewed and grey literature
- Analytical framework
  - Definition and contents
  - Actors involved, including the roles and functions
  - Processes of maintaining competence and continuing medical education/continuing professional development
  - Contextual factors, particularly those impacting on professional mobility

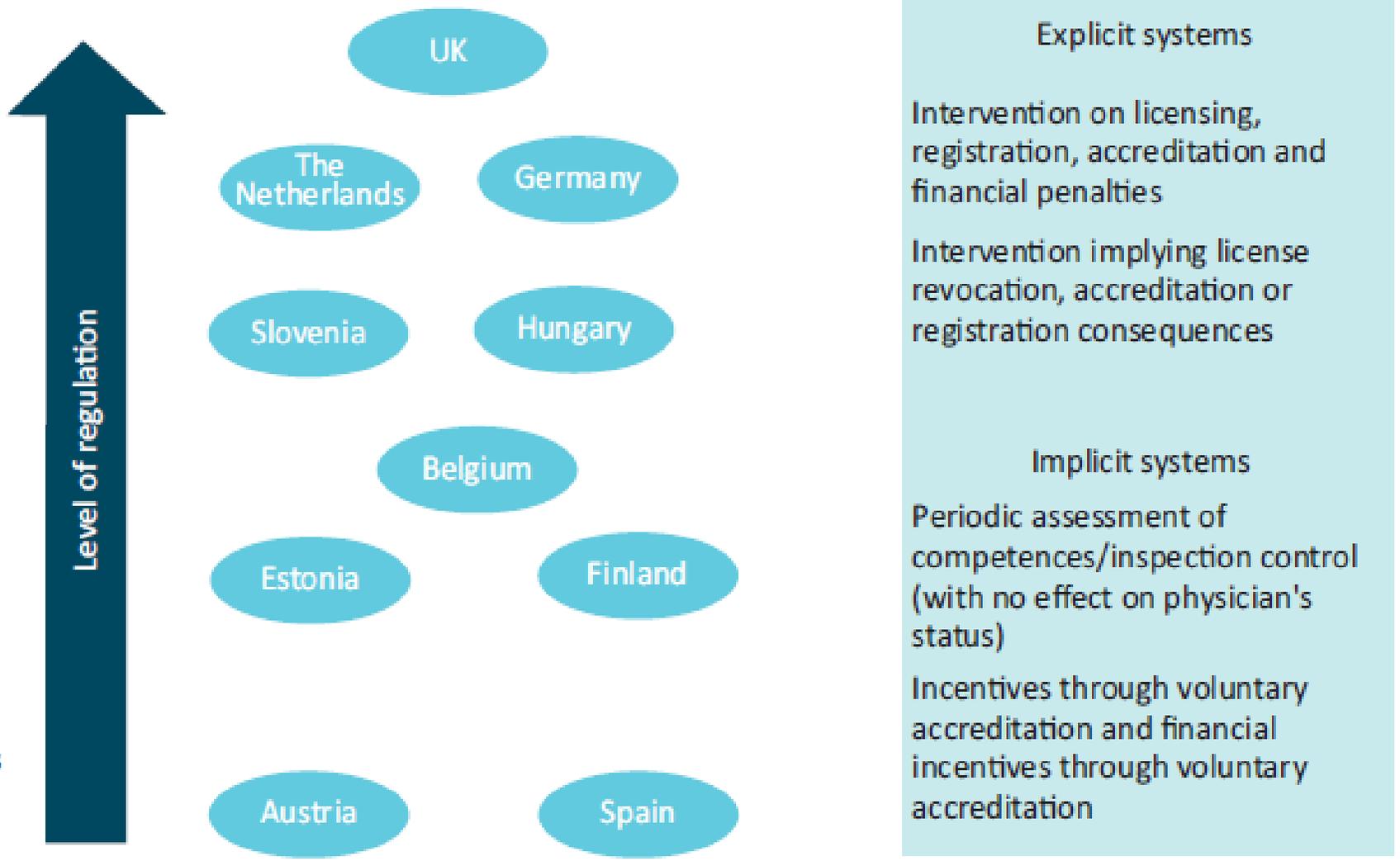


Fig 1. Overview of characteristics of systems (explicit or implicit) to ensure continuing fitness to practice in 10 European countries

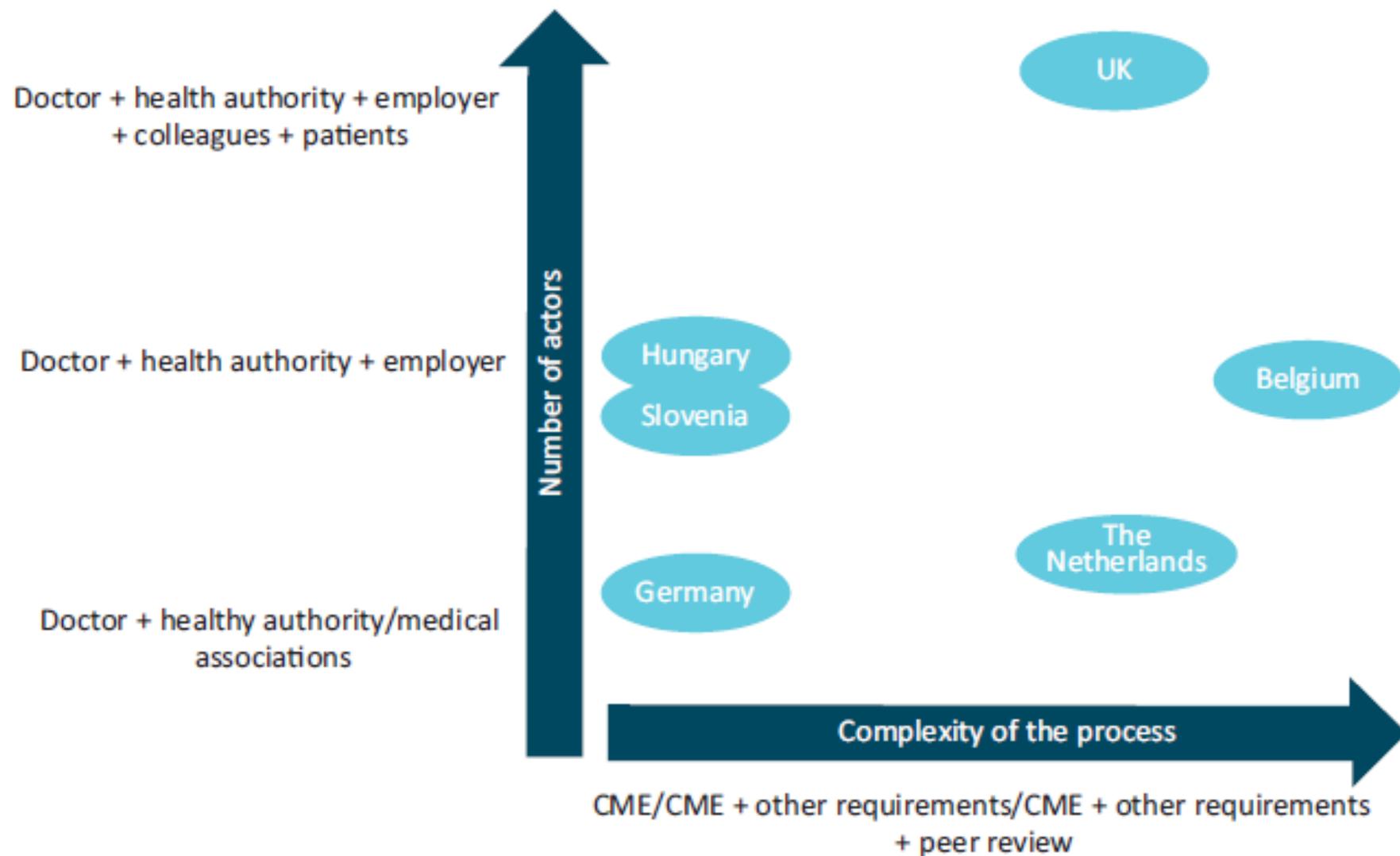


Fig 2. Overview of complexity and number of actors to ensure continuing fitness to practice in 10 European countries. CME = continuing medical education.

# Examples

## **Germany**

- 250 CME credits over 5 years

## **United Kingdom**

- Doctors must provide evidence of completion of the specialty specific CPD activities for each year based on agreed personal development plan, and usually certified by the Royal College.
- Satisfactory completion of annual appraisal
- 360 degree appraisals by colleagues and survey of patients every 5 years

# Who decides if physicians are fit to practice?

**Table 1. Institutions responsible for the regulation of medical professions in the 11 member states studied.**

| Member state    | Institution with main responsibility  | Institution with responsibility for less severe sanctions   | Institution with responsibility for severe sanctions        |
|-----------------|---|---|---|
| Austria         | Federal Ministry of Health  | Austrian Medical Chamber and the employer                   | Austrian Medical Chamber and the administrative court       |
| Estonia         | Ministry of Social Affairs (Estonian Health Board)  | The employer  | The court   |
| Finland         | Valvira (National Supervisory Authority for Welfare and Health)   | Valvira and Regional State Administrative Agencies          | Valvira and the court                                       |
| Germany         | LÄK (State Medical Chamber) and office for approbation  | The professional court and medical chambers                 | Office for approbation and the administrative court         |
| Hungary         | Ministry of Health (Office of Health Authorization and Administrative Procedures) and National Institute for Quality and Organizational Development in Healthcare and Medicines | The court   | The court   |
| Malta           | Medical Council of Malta  | The employer  | Court of Justice and Medical Council                        |
| The Netherlands | KNMG (The Royal Dutch Medical Association) and disciplinary boards  | Inspectorate and the board of directors of a hospital       | Disciplinary boards   |
| Romania         | CMR (Romanian College of Physicians)  | Discipline Commission of the Romanian College of Physicians | Discipline Commission of the Romanian College of Physicians |
| Slovenia        | Medical Chamber   | Medical Chamber   | The court of the Medical Chamber                            |
| Spain           | Ministry of Health  | The employer  | The employer or the court                                   |
| UK              | GMC   | The GMC case examiners                                      | MPTS, IOP and MPTS FTP panel                                |

CMR = Colegiul Medicilor din România; FTP = fitness to practise; GMC = General Medical Council; IOP = Interim Orders Panel; KNMG = Koninklijke Nederlandsche Maatschappij tot bevordering der Geneeskunst; LÄK = Landesärztekammer; MPTS = Medical Practitioners Tribunal Service.

# Many actors

- Medical chambers
- State bodies
- Statutory non-governmental bodies

Struckmann V, Panteli D, Legido-Quigley H, Risso-Gilli, McKee M, Busse R. Deciding when physicians are unfit to practice: an analysis of responsibilities, policy and practice in 11 European Union Member States. Clin Med 2015; 15: 319-324

# What sanctions exist?

- Reasons for referral
  - Criminal convictions
  - Impaired performance
  - Substance abuse
  - Unethical behaviour
- Only Spain and UK consider sanctions previously imposed in another member state
- Uniquely, Spain offers psychological support
- UK, Netherlands & Finland take account of the attitude of physician
- Countries differ in terms of public disclosure (in Germany, only if cases reach courts)

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Verena Struckmann, Dimitra Panteli, Helena Legido-Quigley *et al*

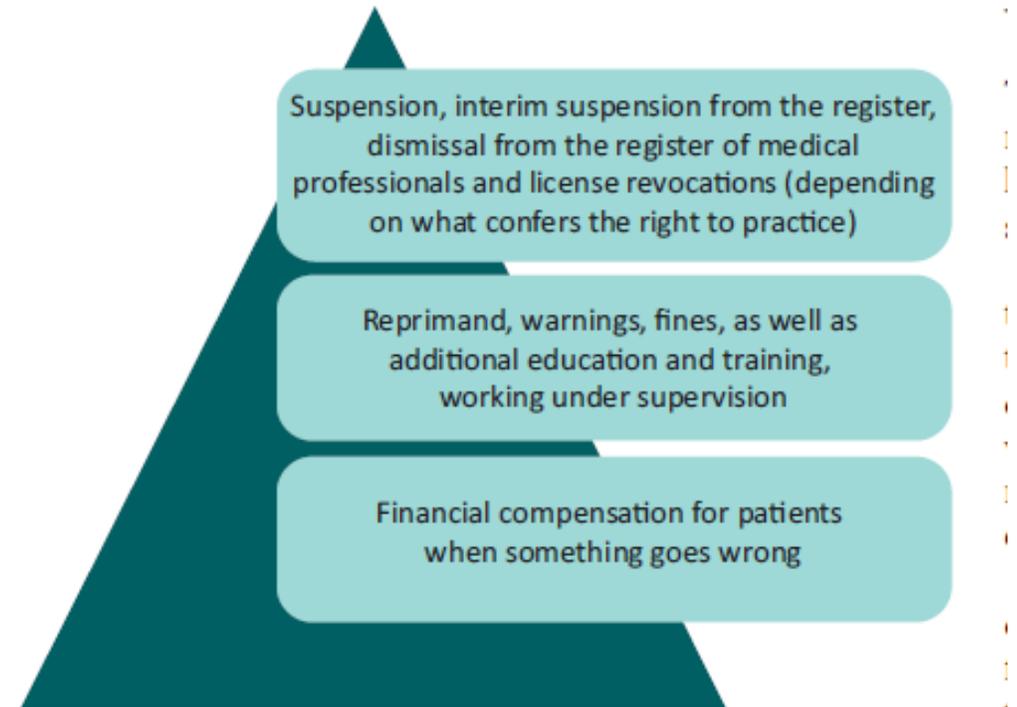


Fig 1. The pyramid of regulatory outcomes of disciplinary processes.

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# What happens in practice?

- Twelve vignettes describing potential concerns about professional standards were developed
- Regulators in nine member states were asked how they would respond
- Varied in relation to:
  - Subject – poor performance/ unethical behaviour
  - Frequency – one off/ repeated
  - Contrition – accepted or not a need to change
  - Severity – major or minor

# Examples

## **Pattern of poor performance and lack of insight:**

- Doctor Blue—an experienced surgeon—is audited following an incident in surgery, which revealed a series of clinical errors during major heart surgery.
- He is referred to the regulator. He insists he has not done anything wrong, although an investigation has found significant concerns about his performance.
- When the regulator invites the doctor to comment on the allegations, he repeats that he has done nothing wrong and does not need any training.

## **Pattern of serious misconduct (respect for colleagues) with no health condition**

- Doctor Grey is referred to the regulator after a colleague reported her for verbally abusive and racist comments in the workplace.
- An investigation finds that the doctor has a history of racial abuse and bullying colleagues, with a number of incidents over many years. The doctor insists that there is nothing wrong with this behaviour.
- The doctor attends a health assessment and is found not to have any mental health problem.

# Responses

- In general, all regulators would act where there was a serious risk to patients or criminal activity within a clinical setting
- In many countries, the regulator considers issues of impaired performance or poor communication a matter for the employer only
- In some countries, the employer, not the regulator, would take action in relation to drug or alcohol dependency
- Regulators in six countries would take no action in case of criminal activity unrelated to clinical practice (domestic violence)

# What should we be aiming for?

- Difficult trade off between accountability and de-professionalisation
- Tradition of “liberal professions” sees doctors as accountable only to their patients
- Yet we know that there is a massive asymmetry of information
  
- State medicine didn't work in the USSR
  
- Real danger that over-bureaucratic systems become tick box exercises
- Massive increase in workload for no additional benefit
- And encourage dishonesty, as a pragmatic response to pointless reporting exercises

# Summary

- The basic specifications for completion of a medical degree at the same across Europe
- However, there is no agreed approach to continuing professional development
- Or to regular assessment of continuing fitness to practice
- The role of medical regulators in relation to fitness to practice varies greatly
- ... in structures, responsibilities, and approaches to key issues