

Correspondance

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The Royal College and the dying joy of learning

As a specialist for more than 20 years, I am concerned about the imposition of what the Royal College of Physicians and Surgeons of Canada calls "maintenance of certification." It should be called "maintenance of fellowship."

Only in a police state can ordinary citizens face the disruption of their lives and the potential loss of their livelihoods because they fail to satisfy some higher authority that says they must attend conferences, undertake group learning activities or keep a "learning portfolio." Most democracies, except in emergencies, limit authorities' power to interfere with citizens' lives by requiring some form of reasonable cause before they can act against them. The college has abandoned this essential safeguard and arrogated to itself powers greater than those of any police force.

And what is the emergency that justifies ignoring democratic process? There is evidence from the provincial college in Ontario that a few physicians neglect their professional duty to serve their patients by failing to remain in touch with advances in knowledge, but there are procedures in place to address that problem. The Royal College says its polls show that Canadians favour having physicians continue to educate themselves, but does it have evidence that most of us do not? And there is the threat, says the college, that if it does not impose a "voluntary" process a more draconian rule will be imposed.

A hugely expensive program imposed on every specialist in Canada will not, the college assures us, be paid for by its 16% increase in fees. Who then will bear the cost? The specialty organizations that already face recruitment problems? The provincial regulatory bodies, which are facing a budget crunch but are already preparing to conduct "random" practice audits of

their own, showing similar disdain for democratic niceties? In the end, of course, it will be the individual specialists who pay for this, in one way or another.

What the college has decreed, without any evidence that we need it, is that we must prove to its satisfaction that we are educating ourselves in ways that the college has decided are best. And we must pay for the privilege.

The college insists that among the many ways to learn, some methods have been proved to change practice patterns more than others, and we will get double time for pursuing them. Meanwhile, other methods will be limited to a total of 20 hours a year. In the end, 1 hour of sleeping through rounds can earn as much credit as 2 hours spent reading journals or preparing a lecture. Yet most research on learning methods is about as sophisticated as the early research on psychotherapy: small projects conducted by partisan researchers over a short time to "prove" that their favourite method works in a particular context. The "evidence" is then generalized to apply to the lifetime learning activities within all specialties.

I have some questions for the college. Has the sustainability of imposed learning styles been studied? Is there any research on how the imposition itself might affect attitudes toward learning? Does the enforcement of a previously voluntary and generally pleasurable activity affect our capacity to continue to do it over a working lifetime? How does the college explain the failure of MOCOMP, its own maintenance-of-competence program? What internal methods does the college use to satisfy itself that it is actually serving the interests of the medical profession or the public? Can cynicism or hypocrisy be measured reliably?

Of course, protest at this late stage is futile. With no more than the threat to delete FRCPC after our names, how does the college propose, in any lawful way, to compel us to pay a massive fee increase, as well as to absorb the cost, in time and money, of a program that

takes time away from our patients and more time away from the very learning it claims to be trying to promote?

Like MOCOMP, like the glittering education casinos where our southern colleagues are compelled to spend their money, this program is a hollow sham.

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[A college spokesperson responds:]

There is some confusion over the meaning of the terms specialty certification and fellowship. Specialist certification is awarded to graduates of accredited residency programs who have satisfied the requirements of in-training evaluation and the certifying examination. This assures the public, licensing authorities and hospitals that newly qualified physicians have received appropriate training and have successfully passed an examination. Certification, like the medical degree, indicates a level of competence and the time of its achievement and is a requirement for licensure in most provinces. The Royal College does not propose to remove specialty certification from individuals who have justly earned that status.

Certified specialists in good standing are encouraged to apply for admission to fellowship and gain the privilege of using the designation FRCPC or FRCSC. Fellowship, unlike certification, depends on maintaining a process of continued learning as an integral part of the social contract that underpins professional status. This concept has led the college to establish the Maintenance of Certification Program and to require completion of the program for renewal of fellowship after 2005. Thus, the designation FRCPC and FRCSC would ensure that a specialist has not only received quality training and passed a certifying examination but is also achieving national standards of

continuing professional development throughout his or her career.

Fellowship in the college is not a requirement for licensure. It is, however, a reality that an increasing number of hospitals, licensing bodies and courts require physicians to document their participation in continuing medical education. The Maintenance of Certification Program provides fellows with a standardized method of documentation and ensures that benchmarks for continuing medical education are fair and consistent from one jurisdiction to another.

The allegation that the Royal College did not consult its fellows before deciding to institute maintenance of certification or during the development of the program is untrue. There was consensus among the presidents of the national specialty societies in 1997 that maintenance of certification should be introduced. A broadly conducted survey of fellows during the external review of the college revealed a similarly strong level of support. An Angus Reid poll conducted for the *Medical Post* in October 1999 indicated that two-thirds of fellows accept the Maintenance of Certification Program.

The reputation of the Royal College in Canada and abroad depends on setting and maintaining standards for postgraduate education. Specialists stress the importance of continuing professional development to themselves and the profession as a whole. Yet, until now the specialist community had not formally expressed the same commitment to continuing medical education and continuing professional development as it had to postgraduate medical education.

Critics of the new program appear to think that no standards, no accreditation and no monitoring should be applied to their continuing professional development. We believe this is a minority view.

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