

Recertification... finally?

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Recertification is a long-standing aspiration of the SECP. The SECP has always been present in the Mono-Specialized Section of Pediatric Surgery of the UEMS. It has also been hearing about accreditation and recertification for a long time, but nothing has happened, even though already in 2003 the Spanish Law for the Regulation of Health Professions (LOPS) specified in Article 4.6 that “*Health professionals will carry out continuous training throughout their professional life, and will regularly accredit their professional competence*”.

At the end of 2021, the then Professional Management General Director of the Spanish Ministry of Health (Vicenc Martínez Ibañez, former President of our Society) commissioned a study of the situation in countries where Recertification is in place to later develop a model for Spain.

At that time, the Federation of Spanish Medical-Scientific Associations (FACME) had already been working on Recertification with some of the 46 SSCCs it comprises for several years. The problem it encountered was that the different models were not homogeneous, some were complete (in some cases, they had already been implemented for their members), others were only half complete, and some SSCCs had not even considered a model. Certain specialties such as Family Medicine had three different models.

Ours was almost complete thanks to the efforts of our Board of Directors’ members, who, with the invaluable support of another group of associates, had completed one of the most laborious aspects of the Recertification model –

the competency map. Based on the Official Program of our specialty, they identified 174 competencies, grouped into six domains or competency groups, and they established assessment methods for each of them.

In light of this, FACME created an Advisory Council with the aim of reaching a consensus model to address what the Ministry dictated. The difficulty was the lack of homogeneity of the different models, with some of them being extremely complex and difficult to apply, and others simpler, such as ours, whose priority was to be accessible to everyone.

Finally, the model presented is characterized as being:

- Achievable, but developed with scientific rigor.
- Applicable every 6 years.
- Based on PERFORMANCE + TRAINING.
- Recertification would be achieved with a minimum of healthcare activity covering six domains or competency groups, plus a minimum number of certified continuing education credits/hours.

What FACME is now asking the different SSCCs to do is to create a Recertification Committee for each of them, with the purpose of establishing competencies and reviewing them periodically. It should also define indicators for evaluation, establish the minimum threshold to be considered “apt”, review applications, and draw up the definition of “recertified” or “pending recertification.”

Now the Ministry should present us with its proposal, which should be a common framework to which each SSCC will provide content, based on its table of specific competencies.

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