Recertification model for scientific-medical societies in Spain. FACME

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The **Professional Development (PD)** of the specialist physician is the individualized **recognition** of the level achieved by the physician in terms of **knowledge, experience in health care, teaching, and research tasks,** as well as in the fulfillment of the health care and research objectives of the organization in which they work. Through this process, the professional **acquires, maintains, and improves professional competencies** in specific training areas, such as knowledge, skills, attitudes, and performance, to continue developing his professional practice competently.

The **Recertification** of the specialty is a credential that Scientific Societies, together with Health Administrations, certify for periods of 6 years. It proves that an individual physician **has carried out Professional Development (PD)** exceeding the requirements previously defined to practice as a specialist physician.

Objective of the FACME Advisory Council for the recertification of the specialty:

To define the basic structure of the standard model for the Recertification of medical specialties in consensus among all medical and scientific societies within FACME.

This document includes the Continuing Professional Development (CPD) and recertification models previously available in various Scientific Societies, and it has also taken the European and Canadian models as a reference for potential validation. The conclusions about the single standard model result from a broad consensus of minimum requirements among the Scientific Societies that make up FACME.

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REQUIREMENTS AGREED UPON BY THE FACME ADVISORY COUNCIL WORKING GROUP

- The model should be simple in structure, developed with scientific rigor and pre-established requirements, and compatible and convertible to international models.
- The following competencies are to be established: competencies specific to each specialty (focused on the competency itself rather than on diseases), and the cross-sectional competencies recently revised by FACME.
- Scientific Societies, following the general guidelines established in this consensus, should develop the competencies assessed and define the indicator for evaluating them and the minimum threshold for considering the competency as "proficient."
- Each Scientific Society will appoint a recertification committee formed by specialists regarded as "experts" in teaching and assessment tools. The duties will include: (1.c) to set and periodically review the competencies, the indicators for each of them, and the limits to consider them "proficient," and (2) to review the applications and prepare a proposal for "recertification" or "pending recertification," while identifying the areas where evidence should be expanded.
- The expert committees of the Scientific Societies may consult the FACME advisory board on the aspects they consider necessary within the evaluation process, while seeking homogeneity and consensus in the criteria used. The assessment of competencies/competency groups includes **two types of ACTIVITIES:**
  - **Type A.-** health care activities
  - **Type B.-** activities involving Continuing Medical Education, Teaching, and Research. The possibilities of Simulation Centers for the acquisition of skills are highlighted. Training activities could include external clinical activities, internal health care activities, and internal or individual non-health care activities.
- Competencies prioritized by the Scientific Societies should be weighed while considering the peculiarities

of each specialty. It is suggested that **Type A activities should account for 60%, and Type B activities for 40%**.

- Competency maps of the specialties should be reorganized to adjust the number of total competencies of the specialty to approximately 40, or to group them by competency groups (similar numbers in all specialties), thus making the number of hours used for validation uniform. Competencies depend on each specialty. **Each specialty sets its own competencies within certain domains or competency groups, and suggests the percentages of attainment and how many minimum competency groups should be included for recertification purposes.**
- The physician should not be unduly burdened by bureaucracy, favoring instead the request for recognition by the performance of health care in daily practice (using indicators of routine clinical practice provided by the management, or in the annual management agreements, self-audits, or self-recording on the number of procedures) and other training and research activities.
- The recertification period is set at 6 years. Each Scientific Society requires a minimum of 6 competencies in 6 years (or a percentage equivalent to 6 competencies out of 40 corresponding to the total number of competencies, i.e., 15% of the overall competencies), homogeneously distributed in the two three-year periods, or at least providing evidence in at least 3 out of the 6 years to be evaluated.
- Competencies should be achieved in at least **two different three-year periods to demonstrate a certain regularity in terms of performance.** This means the minimum number of competencies is not necessarily annual.
- Recertification is intended for those physicians who have been permanently involved in health care for the previous 6 years. Physicians who have interrupted their health care activity for a prolonged period due to any circumstance will benefit from an improvement process to achieve recertification. Type B activities will consider the progressive increase and proportion of teaching activities over the continuing education activities of the professors.

Once the model has been finalized, it is suggested it be published in a scientific journal and registered with a FACME/Scientific Societies copyright and ISBN (with free use by all Scientific Societies) to avoid its use without the explicit permission of FACME.

The assessment of competencies/competency groups includes two types of ACTIVITIES, as proposed in the model example in tables I and II.

Table I.

Type A Activities

Type A Activities: specific clinical competencies (determined by each Scientific Society)	***6 competencies*** *(or equivalent to 15% of the overall competencies of the specialty) in two three-year periods, with evidence in a minimum of three out of the six years assessed*	
A1: Health Care	EACH COMPETENCY OR COMPETENCY GROUP	
	Specific competencies of each specialty Performance-health care activity: Nº/year	INDICATORS MEASURING HEALTH CARE ACTIVITY SELF-AUDITS
	Specific competencies of each Scientific Society: Nº of techniques/year	Certification Facility Management
	Cross-sectional competencies: Performance-health care activity: Nº/year	INDICATORS MEASURING HEALTH CARE ACTIVITY SELF-AUDITS
	Cross-sectional competencies: Nº of techniques/year	Admission/Coding Certification
	Stays Nº of days Certification Destination Center Management	Admission/Coding Certification
A2: Management	Commissions/Committees Work groups	
	Certification Center Management	
A3: Cross-Sectional Competencies	1. Bioethics 2. Health Care Communication 3. Teamwork 4. Quality management and patient safety 5. Patient guidance and clinical reasoning 6. Clinical management and results guidance 7. Medical & legal aspects of health care professions 8. Information management 9. Health promotion and disease prevention 10. Languages	

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Table I (Cont.)

Type B Activities		
B1: Continuing Education	*Nº of credits* *Nº of activities*	
	With Credits (SNS/UEMS/SEAFORMEC)	Official Certification
	Continuing education activity of content related to the specialty Completion of a Master's Degree University expert or specialist courses *Intraservice teaching activity*	Center/Society Certification
B2: Teaching	*Instructional Hours* *Minimum of 4 activities in at least 3 years*	
	Organization of training activities, teaching, face-to-face/online teaching organized by the University, private entities, Scientific Society Clinical sessions of the Health Service or Health Center itself, General Hospital, cross-disciplinary, etc. *Tutoring undergraduate/postgraduate/ resident students* *Teaching collaborator in centers with MIR/EIR/PIR/PIR/FIR or heads of studies/health technicians of Teaching Units.* *Participation in doctoral thesis or official examination thesis boards*	*Certification* *Accredited/university/teaching center* *Specialty teacher* *University educator: professor, postgraduate, associate, or lecturer*
B3: Scientific-Research	*Publications* *Book Chapters* *Book Editor*	*National* *International*
	Research	Accredited certification (of research completion or final report with results)
	Public Fund - Private Fund	IP
	Public Fund - Private Fund	Contributor
	Communications - Posters in Conferences	*National* *International*
	Panels/Presentations/Conferences	*National* *International*
	Doctoral thesis/TFM	*Cum Laude + 1*
B4: Other achievements	Awards, Scholarships	Accredited Certification
	Societies (listed individually)	Accredited Certification
	Publishing Activity Contribution to official examinations Member of Scientific Societies Participation in Scientific Societies: work groups, committees, reviews, etc. Awards, Scholarships Patient association and social outreach activities	- *Magazine reviewer with FI* - *Magazine reviewer without FI* - *Editor-in-Chief* - Editorial or drafting committee with FI - Editorial or drafting committee without FI

The instruments envisaged to evaluate the competencies are:

1. Observation of structured or unstructured clinical practice.
2. Observation in simulated contexts.
3. The audit shall be signed/certified by the center's management whenever possible (except for self-employed individuals with individual health care activities).

Table II.

Validation/proposal for favorable recertification by Scientific Societies	**Number of years: 6** (assessment of competencies or competency groups in two three-year periods)	
	Validated competencies or competency groups	**Minimum: 6 in total** (or equivalent to 15% of the overall specialty competencies) in the **two three-year periods** (recommendation: 3 in each period, with evidence in at least three out of the six years evaluated)
	Recommendations. The evaluation of competencies / competency groups includes two types of ACTIVITIES:	**60% Type A Competencies**: RECOMMENDED: A1 50 + A2 10 **40% Type B Competencies**: RECOMMENDED: (B1 10 + B2 10 + B3 10 + B4 10)
	Another prioritization of competencies according to the peculiarities of each Scientific Society	

The Scientific Societies will define the scores, credits, etc. they propose in these tables.

4. 360º, based on the collection of information from multiple sources: physicians, nurses, or other health care professionals with whom they work regularly; also from the head of department/center coordinator or director; from administrative staff and patients. In addition, it may include self-assessment.
5. Portfolio: a record of activities and reflection; it allows for the inclusion of documentation regarding the evaluation instruments previously described.
6. Other: techniques, simulators, ECOE, clinical cases with questions, or other validated or recognized instruments.

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