

Certification, Recertification and Accreditation in Family and Community Medicine in Iberoamerica

Certificação, Recertificação e Acreditação em Medicina de Família e Comunidade na Ibero-América

Certificación, Recertificación y Acreditación en Medicina Familiar y Comunitaria en Iberoamérica

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Abstract

Objective: To determine the status of the Certification, Recertification and Accreditation in the countries of the region of Latin America as a follow up to the first survey in the V Ibero-American Summit Family Medicine in 2014 in Quito, Ecuador. **Methods:** Cross-sectional descriptive. The population consisted of 10 countries: Ecuador, Peru, Chile, Venezuela, Mexico, Brazil, Paraguay, Colombia, Puerto Rico and Costa Rica. To the presidents of associations of family medicine, they were sent by e-mail a structured survey of twelve questions about certification, recertification and accreditation; the response was received by the same route. Descriptive statistics and simple and relative frequencies was made. **Results:** Certification is carried out in 60% of the surveyed countries; this process is voluntary in 40% and performs scientific societies. The recertification is installed and is operational in 30% of the participating countries, this process is voluntary in 80% and running different organisms among which are scientific societies. 50% of countries conduct the accreditation of family medicine programs through universities. **Conclusions:** Certification not yet instituted in some countries in Latin America, continues to be voluntary, and only half of the countries make the accreditation process. Therefore, we must work more in each of the countries in the region to achieve certification, recertification and accreditation to ensure the quality of specialists in Family Medicine.

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Resumo

Objetivo: Conhecer a situação da Certificação, Recertificação e Acreditação nos países da região da Ibero-Americana como seguimento do primeiro levantamento realizado na V Cúpula Ibero-Americana de Medicina de Família em 2014 em Quito, Equador. **Métodos:** desenho transversal descritivo. A população do estudo foi composta por dez países: Equador, Peru, Chile, Venezuela, México, Brasil, Paraguai, Colômbia, Porto Rico e Costa Rica. Se enviou por email um questionário estruturado de doze perguntas sobre Certificação, Recertificação e Acreditação; a resposta foi recebida pela mesma via. Foi realizada uma análise estatística descritiva, com frequências simples e relativas. **Resultados:** As sociedades científicas envolvidas participam nos processos de Certificação, Recertificação e Acreditação nos países em que são implementados. A certificação foi realizada em 60% dos países pesquisados, este processo foi voluntário em 40%. Recertificação é implementada e está ativa em 30% dos países participantes, este processo é voluntário para 80% e são realizadas por diferentes organizações, entre as quais sociedades científicas, atuando isoladamente ou como parte de uma equipe de avaliação. Destes países, 50% procedem à acreditação de programas de medicina de família através de universidades. **Conclusões:** A Certificação ainda não está estabelecida em alguns países da Ibero-América, é voluntária. Uma porcentagem menor de países implementaram o processo de recertificação, o qual é voluntário em sua maioria. Apenas metade dos países realizam o processo de acreditação das Unidades Formadoras.

Palavras-chave:

Certificação
Recertificação
Acreditação
Medicina de Família e Comunidade

Resumen

Objetivo: Conocer el estado de la Certificación, Recertificación y Acreditación en los países de la región de Iberoamérica como seguimiento a la primera encuesta realizada en la V Cumbre Iberoamericana de Medicina Familiar en 2014 en Quito, Ecuador. **Métodos:** Diseño transversal descriptivo. La población estuvo conformada por diez países: Ecuador, Perú, Chile, Venezuela, México, Brasil, Paraguay, Colombia, Puerto Rico y Costa Rica. A los presidentes de las Asociaciones de Medicina Familiar, se les envió por e-mail una encuesta estructurada de doce preguntas acerca de la Certificación, Recertificación y Acreditación; la respuesta se recibió por la misma vía. Se efectuó un análisis estadístico descriptivo, frecuencias simples y relativas. **Resultados:** Las Sociedades Científicas participan en los procesos de Certificación, Recertificación y Acreditación en los países en los cuáles están instalados. La certificación se realizó en 60% de los países encuestados, este proceso fue voluntario en 40%. La Recertificación está instalada y es operativa en 30% de los países participantes, este proceso es voluntario en 80% y lo ejecutan diferentes organismos, entre los cuales están las sociedades científicas, actuando solas o como parte de un equipo evaluador. De estos países, 50% de los países realizan la Acreditación de los programas de medicina familiar a través de las Universidades. **Conclusiones:** La Certificación todavía no se instaure en algunos países de Iberoamérica, es voluntaria. Un menor porcentaje de países tienen implementado el proceso de Recertificación, el cual también es voluntario en su mayoría. Apenas la mitad de los países efectúan el proceso de Acreditación de las Unidades Formadoras.

Palabras clave:

Certificación
Recertificación
Acreditación
Medicina Familiar y Comunitaria

Introduction

The changing processes that economic globalization face, set quality requirements in favor of medicine which include the certification of an optimal and competitive professional practice in favor of the population.¹ One of these aspects is the quality improvement in medical care, where strategies as certification and recertification have been included so as to try to ensure it.²

It is essential to define here what is called quality in medicine. The concept varies in different moments and societies, nevertheless the definition suggested by Donabedianes is integrating and globalizing to think in her terms: "Quality is the level at which the most desirable means are used to achieve best improvements possible".³ *Ruelas* points that "quality is a combination of benefits, risks and costs where what we try to offer is higher benefits with the least possible risks and at a very reasonable price". At the same time, *Aguirre-Gas*, says that "quality in medical services is providing proper care to the user, complying with medical knowledge and current ethical principles, that satisfy health needs and users, providers and institution's expectations".⁴⁻⁶

Related to the above, professional certification is a process that guarantees technical standards that adapt to the society and to the kind of quality health care patients require. They control a body of knowledge and/or relevant experiences in the health care environment to provide the corresponding certification,⁷ that is to say, it is of the utmost importance providing certification to Family Medicine Specialists in every Ibero American country. It can be understood as a validation process that ensures society that the professional has the knowledge and necessary

competences to provide comprehensive and continuous care to the individual and their families with high quality standards based on principles and practices from their specialization.⁸⁻¹⁰ Family doctors must be responsible and active protagonists in defining, implementing and administering certification processes in institutions that certify professionals.² Although certification is a quality standard that every family doctor must have, some of the countries in the Ibero American region have not implemented it yet. In others like in the US it is voluntary¹⁰ and in a few like in Mexico, certification is compulsory (2011), expressed in article 83 from General Health Law.¹¹

Thus as a consequence of the technological advances that permanently occur in the medical sciences, the same as epidemiologic and demographic transition that take place in every society, family medicine specialists are forced to constantly update and renew their knowledge. Thus it is necessary to prove the validity of their professional competences by means of recertification. This is possible by means of acquisition of new emerging competences, given the growth in knowledge and the complexity of family doctors role within health systems.^{7,8,10} In family medicine, recertification tries to keep the medical commitment with high quality standards, to the individual or their families, according to the advances in family medicine and the other population's health demands.⁹

To complement these processes it is necessary to develop a programs certification system for family medicine. Certification must be understood like a process by means of which an organization is capable of measuring the quality of their services and products and the efficiency of those compared to national and international well known standards.¹² In the same direction accreditation is a process to confirm program fulfillment on behalf of High Education Institutions, to confirm professional training requirements in different specializations in medicine in agreement with global state of the art medicine and community and people's needs.¹³

Margarita's Declaration establishes that each country must be responsible for setting minimum certification requisites for Family Medicine Residencies. The objective is to ensure a basic profile of medical competencies in each of all the countries specialization training units, and to do so the following aspects should be considered: specialization name, professional profile, length, entry and term requisites, leave requisites, CV, teacher's requirements, characteristics of family medicine academic or support hospital.⁸ This means that the certification process represents a huge effort in which educational, health and civil organizations can participate to upgrade the quality levels the family doctor provide.¹⁴

Quito Charter during the V Ibero-American Family Medicine Summit recommends: "Recognizing that professional Certification and Accreditation in Family and Community Medicine allows the strengthening of on time assistance in Family and Community Medicine and stimulation of professional update."

All this said, a group of Family Medicine specialists formed an Ibero-American group made up of 8 countries. In the first instance it builds and gathers information from the survey made by this experts committee. With the information collected a SOWT (strength, opportunities, weaknesses and threats) analysis was carried out and the advance levels of certification and accreditation within Family Medicine in Ecuador, Venezuela, Bolivia, Mexico, Argentina, Paraguay, Brazil and Chile were compared. The results were handed in 2014 during the V Ibero-American Family Medicine Summit in Quito, Ecuador.¹⁵

The present research constitutes the second moment within the working team with the aim of acknowledging the Certification, Recertification and Accreditation state within the region.

Methods

A transversal descriptive research was carried out in ten countries from the region WONCA-CIMF (World Organization of Family Doctors - Ibero American Confederation of Family Medicine Brazil, Chile, Colombia, Costa Rica, Ecuador, Mexico, Paraguay, Peru, Puerto Rico y Venezuela during November 2015 to March 2016; nations that had Family Medicine Associations or Societies. Presidents or board of directors members of those entities, were sent through e mail a survey with 12 questions on certification, recertification and accreditation in Family and Community Medicine and the answers were received via the same means.

The survey was sent to 20 countries and only the ones previously mentioned answered. Argentina, Bolivia, Uruguay, Cuba, Spain, El Salvador, Panama, Portugal, Honduras and Dominican Republic did not forward their answer.

The analysis of the data used descriptive statistics with relative and simple frequencies related to Statistics Program SPSS v.21

Results

Only half of the countries answered the survey (10/20). 40% had executive roles, 30% as presidents and 30% as members of the Family Medicine Society, a crediting entity and post graduate director.

Figure 1 shows question data: Does your country have a family medicine certification process? 40% (4 countries) still do not have that process. It is important to say that in only two countries the process is compulsory; one of them is Mexico compulsory since 2011 and the other is Venezuela. For the other 4 countries in the region the certification is voluntary (Figure 2).

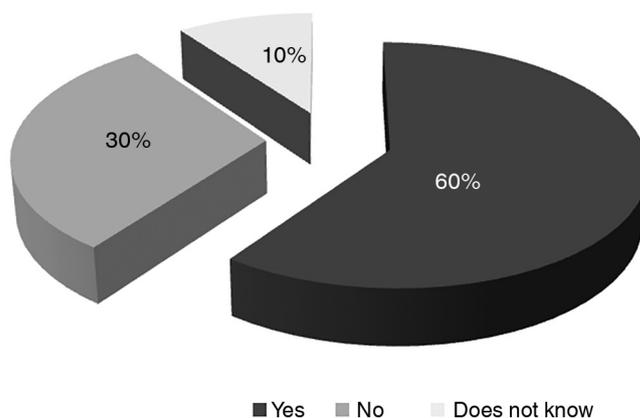


Figure 1. Country Certification Process Realization.

Source: POLL GICRAMF* F 2015-2016.

*Note: Ibero American - Certification Group, Recertification and Family Medicine Accreditation.

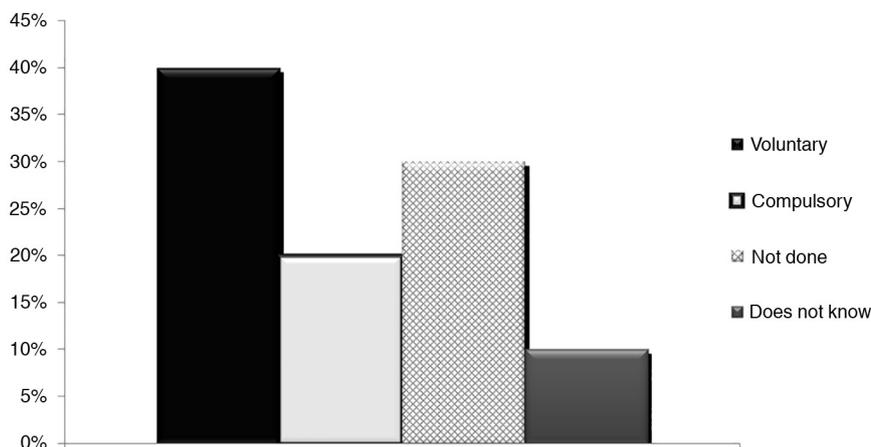


Figure 2. Mandatory Nature of the Certification Process.

Source: Survey GICRAMF* - Informing countries CIMF 2015-2016.

In most countries (6/10), certification bodies of Family Medicine specialists, are executed by the Scientific societies and College of physicians and only in Mexico the certification is issued by The Mexican Certification Counsel. (Table 1)

Chart 1. Family Medicine Certifying bodies per country (CIMF)

Country	Certifying Bodies			
	Scientific Society and Medical School	Universities	Ministry of Health	Certification Counsel
Brazil	x			
Chile	x	x		
Costa Rica	x			
Colombia				
Ecuador				
Mexico				x
Paraguay	x			
Peru				
Puerto Rico				
Venezuela	x	x		

Note: Ecuador has no certification. Source: Survey GICRAMF 2015-2016.

Certification is installed and operative in 30% of the participating countries, this process is voluntary in an 80% and it is executed by different bodies among which scientific societies, certification counsels as well as public and private organizations.

Regarding the accreditation process of family medicine training programs, half the participating countries (5/10) have installed accreditation (Figure 3).

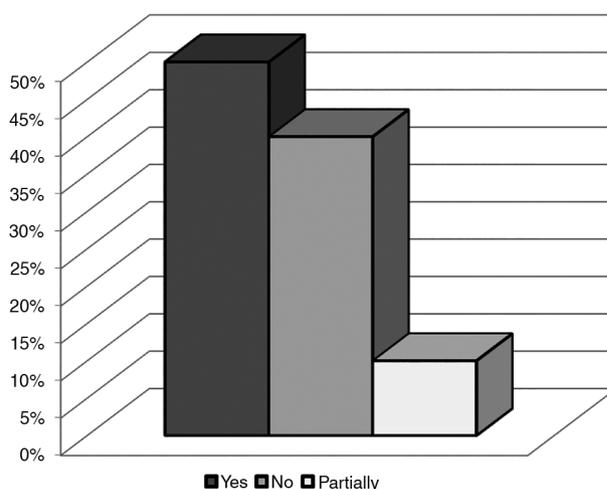


Figure 3. Country Accreditation Process Realization. Source: Survey GICRAMF 2015-2016.

Universities are the most prestigious accreditation entities (3/10), followed by public and private bodies (4) and scientific associations. Figure 4 shows accreditation process within the countries. At a national level, family medicine training programs, show 50% of the countries have differences, are equal in 40% and there is very little differences between them (2/10).

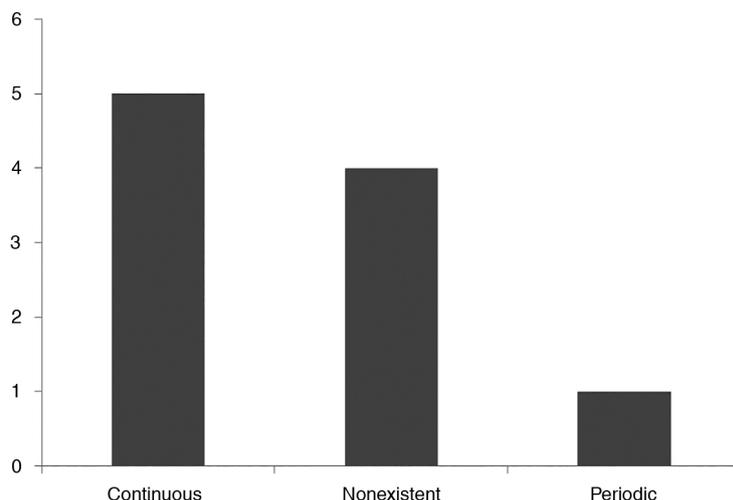


Figure 4. Country Accreditation Process Continuation.
Source: Survey GICRAMF 2015-2016.

Discussion

Survey’s Most Important Findings

Not all Ibero-American countries have certification and in others it is still voluntary, a smaller number has the recertification process implemented, which is voluntary as well and only half the countries use the recertification system. Thus, it is necessary to work more on increasing awareness in each country within the region so as to ensure Family Medicine certification, recertification and accreditation are carried out in Latin America to guarantee the quality of specialization and consequently the Family Medicine specialists’ too which will directly impact on quality for patients and their families.

One of the findings within this research is that scientific societies participate in most of certification and recertification processes in Family Medicine, compared to training programs accreditation, where universities are the principal entities.

Research Strengths and Weaknesses

Strength

One of the strengths says that there is a bigger commitment in societies regarding certification, recertification and accreditation as well as in Societies which answered the survey on strengthening certification and recertification processes. Another is that it has been possible to identify specialization certifying bodies or organizations within Ibero-America.

The accreditation in Family Medicine training programs is continuous in half the countries in the survey, which may imply that the quality in training programs within Family Medicine might be worrying. Besides, thanks to the enquiry the organizations and institutions that certify training programs came to light, the survey also assesses the aspects of the accreditation programs and verifies that the process is installed within the Ibero-American countries.

The main strength is in the survey sent to Family Medicine Specialists involved in the certification, recertification and accreditation process, thus their opinion has ground.

Limitations

The most important ones were difficulties in communication and data collection for their delivery but also the reception among CIMF Family Medicine Ibero American Confederation.

Another weakness is the lack of validation on the survey by other experts, it was only validated by the Family Medicine doctors within the group and it was not sent jointly to all countries in the region. The survey was clearly directed to topics of interest in the group and the assessment was performed by some members of the group and it was tough to manage the discussion. Finally, there are no elements that help obtain a more qualitative research and assessment on certification, recertification and accreditation in Family Medicine training programs.

Comparison with existing literature

Although certification has been wanted as a standard for long, it is surprising the wide range of opinions when it comes to interpret it in the different nations. For some, certification is the one given at the end of postgraduate courses in the residency which is the approval on tests that allow doctors work as such. In other countries it is a certificate to those doctors who when finish the residency in a formal program do not pass the corresponding tests having then to sit for an special exam that allows them to certify their competence as a specialist before the society. In others it is called certification to general doctors accreditation as specialists in Family Medicine through the approval of certain courses, clinical practices and the like which are later on approved by some academic committee.¹⁴

The fact that 60% of the countries have the certification process ingrained in their societies, shows that family medicine specialists are conscious of the need of assuring the quality of the medical demand, nevertheless, the different existing models in these processes can be considered punitive, that is why high level pedagogy is required to explain in a very simple way this process and its benefits so it is not considered an exam but a method towards "improving professional competence".¹⁶

Implications in the research area and/or professional practice

There are serious implications in this research, deriving from the importance Certification, Recertification and Accreditation processes have in the society and Health Systems within each country. The most meaningful ones. How important are these processes in their countries? Which entity is responsible for regulating them? How can results be used after the analysis in favor of professionals and the community? The biggest challenge we face is creating a process model for the region taking into consideration the results from the present research and future ones.

It is of the utmost important in professional practice that family medicine specialist have this test. It should be divided in two parts: when the training process ends (certification) and during their career (recertification), in this way we would be assuring the fact that the professional has and keeps their competences of a family medicine specialist. Given the diversity of training programs of family medicine in the region, they must be accredited to certify their consistency with the profile of a family doctor. That is why it is necessary to have an updated situational analysis in these three processes as they will be the generation point of future research in the field.

These processes have to answer to the State need, thus there must be task forces among organizations legally established as such, the Academy and Family Medicine Scientific Societies so as to assure a comprehensive evaluation system with a family medicine profile.

Certification and Recertification must be constituted in voluntary processes at first so as to make specialists value the importance of doing so and feeling the hierarchy. Nevertheless, National Health Systems in each country, must assure the professionals competencies by formalizing these processes by means of tests which should not be considered punitive but as an opportunity of validating their competences throughout their careers and a chance to adapt to scientific changes with the passing of time.

Scientific societies must have an active role and serious commitment offering Family Medicine Doctors accessible training opportunities by means of continuous training in their field reaching the members through virtual or face to face means.

Conclusions

Certification is not present in every country as it is voluntary. A small number of countries have the certification process implemented, which is mostly voluntary too. Only half the countries have the accreditation process thus hard work should be done in each country to achieve certification, recertification and accreditation in family medicine within Ibero-America to assure training programs and professionals quality which will definitely have an impact on the patients and their families.

Considering that there are different training programs within the same country, standarizing the certification and accreditation processes is essential. This implies a challenge for Scientific Associations or Societies as well as for CIMF to achieve a basic assessment matrix applicable to the different countries and that reflects their competencies. It will be necessary to work in a continuous and coordinated mode in each country within the region to make certification, recertification and accreditation programs in family medicine continuous in Ibero America with the aim of assuring the quality of family medicine training programs and its specialists.

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