

PHYSICIAN ACCOUNTABILITY FOR PHYSICIAN COMPETENCE

TALKING POINTS

The following talking points are a resource to assist summit participants in reporting on the Physician Accountability for Physician Competence initiative. Please contact Carol Clothier or Frances Cain if you have questions or need further assistance.

- ***Recognizing the need for change.*** The medical regulatory system needs to be transformed to keep pace with the rapid changes in medical practice.
 - A national dialogue about the need for change began March '05, when 45 individuals representing 34 national medical organizations participated in the first Physician Accountability for Physician Competence summit. The group reconvened for a second summit in Dec. '05, and a third meeting is being planned for late spring, '06.
 - Using a methodology called scenario planning, summit participants gained insight into how rapid changes in technology, demographics and social values are altering and will continue to alter the way in which physicians care for patients.
 - The group recognized that today's medical regulatory system is based on a practice model that has changed dramatically. It was designed when general medical practice and solo practice were the norm, and physicians could stay abreast of changes in their field.
 - Doing business as we have done in the past is no longer an option. In the words of one summit participant last March, "the horse is out of the barn."
 - Through the Physician Accountability for Physician Competence initiative, physicians themselves are taking the lead – in partnership with consumers and other stakeholder groups □ in changing the way the profession demonstrates accountability to the public for ensuring the lifelong competence of licensed physicians. Physicians recognize that they must make themselves accountable to the public, or they will lose the privilege to self-regulate.

- ***Multiple stakeholders.*** This initiative is structured to engage a broad spectrum of stakeholders in frank dialogue.
 - Many of the organizations at the first summit had identified establishing accountability for continuing physician competence as a strategic initiative, but they had little opportunity to coordinate efforts.
 - The second summit included additional organizations and interested parties. The initiative will continue to engage essential stakeholders that include, for example, consumers, practicing physicians, medical educators, payers, providers, other healthcare professionals and regulators.

- Trust is developing among participants as they recognize the willingness of their colleagues to set aside personal agendas and consider solutions that are patient-centered.
 - Participants have indicated commitment to continue this initiative over the next 12 to 16 months, at a minimum.
 - Participants engage with the understanding that they will take ownership of the dialogue since broad-based and active endorsement will be vital to the initiative's success.
- ***Core principles emerging.*** Consensus is emerging on core principles, which could form the basis for a redesigned regulatory system that serves patients' best interests by assuring physicians are competent throughout their careers.
 - Thus far, key principles include periodic demonstration of competence, practice-based assessment, quality improvement, and a commitment to professional development.
 - Solutions should take into account patient and consumer perspectives, and demonstrate the profession's commitment to public accountability.
- ***A first step.*** These summits represent a first step toward the ultimate goal of answering the question: "How will the healthcare community measure and evaluate the continuing competence of physicians in the future"?
 - The summits are specifically designed to create a safe space for stakeholders with diverse perspectives to talk about potentially difficult issues.
 - This initiative focuses only on physician competence, not the related issue of how to ensure continuous improvement in medical practice. Other groups are addressing this critical issue.
 - Physician competence must be defined before it can be measured. A draft definition is now being circulated to the national medical community for feedback and discussion. We hope to deliver a nationally endorsed definition in 12-16 months.
 - A document describing good medical practice will also be developed in the same timeframe, building upon the ACGME/ABMS competencies and borrowing from Good Medical Practice developed by the General Medical Council of the UK.
- ***Other steps.*** The initiative is focusing not only on short-term steps but also on other deliverables.
 - A vital goal is to engage physicians, consumers and additional stakeholders in this national dialogue.
 - From the second summit emerged the notion of a National Alliance for Physician Competence, whose membership would comprise individuals and/or organizations who have a vested interest in ensuring physicians maintain their competence throughout their careers.
 - Efforts are under way to solicit funding to underwrite the costs of future meetings.