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Review

Post-graduate training in surgery: from theory to practice

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Level of evidence: Retrospective study: level of evidence IV

Key words: rules, post-graduate training, surgery

Summary

1° Introduction:

Post-graduate training is a time-honored entity, the goal of which was to develop and ensure the acquisition of new medical knowledge for the medical profession

2° Material and methods:

The main goal of this retrospective study is to analyze the current situation of post-graduate training in surgical disciplines within the framework of the French Universities. We studied the legal texts found in the L xisN xis  and L gifrance  sites up until December 1, 2018; references were sought from the Web of Science repository.

3° Results:

Post-graduate training in France is mandatory from the legal point of view. Currently there are two possibilities for validation of post-graduate training: either through a recognized continuing professional development (CPD) organization controlled by the National Agency of Continuing Professional Development (NACPD), or by asking for certification through an official accreditation council (AC) (one exists for each surgical specialty), controlled by the High Health Authority that can automatically provide the equivalence of passing through the NACPD organization.

4° Discussion:

The continuing education process remains complex. It could well be modified in the near future by the creation of a new certification procedure. With regard to surgical education, whether it concerns the CPD or the accreditation process, the goal is to decrease patient risk and to be an integral part of the overall policy to decrease health care costs. The role of professional national councils will be more and more important; this is an advantage for each of the surgical specialties. Nonetheless, from the regulatory viewpoint, the decree concerning the role of National Professional Councils has not yet been published in the Journal Officiel de la R publique Fran aise (French Republic official journal) at the time of writing.

5° Conclusions:

Currently two systems are available for surgeons to comply with the 2016 legislative obligation of continuing education: CPD which is run by the NACPD, and the

accreditation process, run by an AC and controlled by the HAS; in the first instance, surgeons can ask for reimbursement from the NACPD and in the second, request that the National Health Insurance Fund for Salaried Employees cover a portion of the litigation insurance premium.

Key words: post-graduate training, surgery, public health

Abbreviations:

AC: accreditation council

Art.: Article

CME: Continuing Medical Education

CPD: Continuing Professional Development

D.: decree

EPP: Evaluation of Professional Practice

HAS: High Health Authority

HPHT : hospital, patients, health and territory

L: law

NPC: National Professional Council

NACPD: National Agency for continuing professional development

OCPD : organization for continuing professional development

1 Introduction:

Post-graduate training is a time-honored notion, whose goal was to develop and ensure the acquisition of new medical knowledge for the medical profession within the University framework.

The goal of continuing medical education (CME) is to improve the knowledge acquired through initial medical education (IME) and to gain new, updated knowledge: effectively, studies in the 1980's showed that 50% of knowledge acquired during IME became obsolete within 7 to 8 years [1,2]. Initially, CME was essentially a deontological obligation (Art. 11 of the code of medical deontology). In private practice, practitioners were free to organize their own CME as they liked. In the public health care system, each health care establishment created their own educational program (D. 24 02 1984) comprised of 15 working days of out-of-the-hospital education per year (that could be cumulative over two years), paid for by the health care facility. University Hospitals were allowed 0.5% of the overall salarial budget while the non-university hospitals could allocate up to 0.75% of their respective budgets for CME (L. of 7 Oct 1989).

From a statutory viewpoint, and aside from the deontological aspect, CME became mandatory through the April 24, 1996 order, and **was** confirmed by the law of March 4, 2002 (called the Kouchner law). But, another law (L. August 13, 2004) relative to medical insurance, laid the foundations for evaluation of professional practice (EPP). This double legal obligation of CME and EPP set the stage for the creation of three National Councils in November 2003, one for the health care professionals in the private sector, one for those in the public hospital system, and a third for fixed salary practitioners (occupational health or company doctors, preventive medicine doctors...). Thus, there was a dual program, one for knowledge development and the other for EPP, which was, in fact, a complex system of « credits » that was overseen by the organization managing continuing professional development (OMCPD).

The Hospital Patients Health and Territory (HPHT) law [3] underscored the mandatory nature of CME and because of the management problems related to OGPDC, the July 10, 2016 decree provided new legal bases for CPD and created a new structure (National Agency of CPD) that replaced the National organism of CPD. The NACPD involved an independent scientific committee, a professional national council and an

ethical committee for its missions.

2 Material and methods

We conducted a retrospective qualitative study. References were sought from the Web of Science library, and in particular the judicial texts from Jan 1, 2000 and November 30, 2018 were gleaned from the L exisN exis  and L egifrance  data bases.

3 Results:

3-1. Continuing professional development

Continuing professional development (CPD) was initiated by the July 21, 2009 HPHT law (law n 2009-879 called the Bachelot law). The law made individual yearly continuing education mandatory for all health care professionals.

CPD programs must be in accordance with national objectives that are defined by the Ministry, and the evaluation methods must be according to the High Health Authority requirements.

The OCPD (organization for CPD) proposes the CPD actions [4,] in each of the surgical specialties [5], which are then validated by the Independent Scientific Committee.

THE OCPD are required to show pedagogical capacity, respond to the quality of their participants, include a pre- and post education self-evaluation program and be independent from industry-funded financial support.

The OCPD [6] has the responsibility for synthesis and follow-up of all actions, and then delivers an attestation to each participant when the course is over. The attestation is also sent to the NACPD and the Medical Order Council.

The NACPD then can reimburse the OCPD and the private sector participants.

The five objectives announced by the CPD include knowledge acquisition, analysis of professional practice, quality and health care safety improvement, public health concerns, and health care cost-containment. The programs defined by the NACPD in 2019 for the CPD follow-up actions are continuing education, evaluation techniques of professional practice (EPP), risk management and integrated programs, composed of at least two of the three types of CPD actions (continuing education, EPP and risk management). Its format can be exclusively face-to-face (at a specified place),

exclusively non face-to-face (remote) or a mixture composed of face-to-face and non-face-to-face steps. Lastly, in 2019, in addition to the yearly maximum, surgeons can take advantage of an extra 21 hours over the three-year period (2017-2019) to participate in CPD actions called “master” degree that has been added to the CPD programs [7,8].

Regarding the financial aspects, participation in CPD activities gives the surgeons the right to receive reimbursements that are determined and paid each year by the NACPD: schematically, 21 hours were covered for each physician in 2019 and another supplementary 21 hours will be possible over a three year period if the surgeon enters a masters training program. These indemnities depend on whether the course chosen by the practitioner is face-to-face, non-face-to-face or mixed. In parallel, OCPD receives reimbursements that are paid by the corresponding NACPD corresponding to the forfeitary budget of CPD programs.

3-2: Accreditation

In application of the law article L. 1414-3-3 of the Public Health Code, the HAS has set up an accreditation system for physicians and medical teams [9]. This was a deliberate step by the OA to create a risk management program, whose ultimate aim is to improve professional practice, to reduce the number of adverse events associated with health care (AEAHC) and to limit the harmful consequences to patients. In this manner the HAS has backed up the measures taken by physicians to ensure quality improvement in health care. Accreditation is therefore a method of CPD; this contributes to the certification process for health care facilities and participates in the development of a culture of safety. Notwithstanding, accreditation only concerns physicians exercising in a specialty or in an « at risk » activity [10] such as gynecology/obstetrics, anesthesia/resuscitation, surgery, interventional specialties, obstetrical sonography, resuscitation, or intensive care. Once they have obtained their « accreditation », surgeons in private practice can take out a civil responsibility insurance policy that will be covered by the National Health Insurance Fund for Salaried Employees. It is the role of HAS approved OA to implement this system for “at risk” specialties. There is one OA for each specialty, grouping together representatives from academia, scientific domains

and unions. Currently, most surgical specialties considered to be « at risk » by the HAS are represented by an OA. For example, the Orthorisq, an OA for orthopedic surgeons, ensures the accreditation of nearly two thousand orthopedic surgeons. OA have the responsibility to evaluate the requests for accreditation by physicians and then to send a motivated request to the HAS. It is the HAS, not the OA, who must pronounce the final word on accreditation (or not). Surgeons engaged in the accreditation process must respond to various obligations described in the program of their specialty every year. This program includes the analysis of professional practice (collection and analysis of health-care related prejudicial incidents that occur during a procedure for prevention, investigation or treatment of a hospitalized patient (Art. R. 6111-1 of the Public Health Code)); the participation in activities of evaluation of professional practice (Morbidity and Mortality conferences, registries, audits...) implemented or not by an OA; the acquisition or update of knowledge of recommendations or professional references; implementation of individual recommendations elaborated and diffused by the OA based on the analysis of health-care related adverse events by the OA experts, and, finally, participation in perfection of knowledge (post-graduate training, congresses...). The OA defines the accreditation programs every year before they are validated by the HAS.

4. Discussion:

Continuing professional development (CPD) is a training system introduced by the HPHT law in 2009 and adapted by the Health Care systems modernization in 2016 [11]; it has been in place since January 1, 2013 and is dedicated to French health care professionals (Public Health Code, chapter IV). CPD is a regulated training program and each and every health care professional must follow a CPD pathway to fulfill his or her triennial obligation. The preceding conventional training programs (FPC and FCC) have been abandoned to the advantage of CPD and the credit/point system no longer exists. CPD should be an active part of all health care providers' professional life. This allows health care providers to take an active part in their training and to enhance interprofessional co-operation as well as to decompartmentalize the different modalities of medical practice (urban, hospital). The current goal of CPD is certainly the acquisition of new knowledge and new competencies but also the evaluation and improvement of professional practice and risk management as well as taking into account the priorities of

public health. To satisfy the three-year obligation, the NACPD offers CPD composed of different actions and programs: cognitive actions (in-depth reinforcement of knowledge); analysis of professional practice (leading to reflection on the development and characteristics of effective professional practice); risk management (aiming to identify, evaluate and prioritize the risks relative to activities of the profession or of an organization). The surgeon receives reimbursement for expenses from the NACPD, but the amount is a complex matter.

The accreditation system is simpler and involves surgical specialty intervention from the OA, run by the profession, and controlled by the HAS. To enter the accreditation procedure, the physician needs to practice a specialty recognized as at risk by the July 21, 2006 decree and exercise that specialty within a health care facility. Accreditation is proposed to the surgeon by the OA, but it is the HAS that pronounces it or not. The system is controlled digitally (SIAM) [12] under the auspices of the HAS; of note there were several problems concerning the passage from version 1 (SIAM 1) to version 2 (SIAM) in 2017, mainly with regard to protection of data provided by the surgeons.

The law foresees that « accreditation is equivalent to CPD » and the surgeon, once accredited, can ask for partial reimbursement of the civil responsibility insurance premium from the National Health Insurance Fund for Salaried Employees

Conclusions :

The time-honored notion of « continuing education » has become mandatory today, as determined by the 2009 HPHT law and adapted by the Health Care systems modernization in 2016. Surgeons currently have two possible ways to comply to this legislative obligation. One is the CPD, controlled by the NACPD, which establishes the rules that must be executed by the OCPD; surgeons' CME expenses can be reimbursed by the NACRPD. The other is the accreditation process (equivalent to CPD- executed by the AO under the auspices of the HAS), which also allows surgeons to be partially reimbursed for the cost of their civil responsibility insurance by the National Health Insurance Fund for Salaried Employees. This double system could be replaced by another, the certification system, the details of which are currently under elaboration.

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Declaration of conflicts of interest:

The authors have no conflicts of interest to declare related to this study.