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2004 Learning Summit Continues Tradition!!

CPEP's annual Learning Summit was held on October 28-29 in Denver. State attorneys, state medical board members, attorneys, and staff took advantage of this unique opportunity. The day and a half event was specifically designed for participants to gain a better understanding of the benefits of CPEP's personalized physician assessment and education process.

Dennis Wentz, M.D., presented the evening keynote address. Dr. Wentz was Director of the Division of Continuing Physician Professional Development (formerly the Division of Continuing Medical Education) of the [American Medical Association](#) for almost two decades. His talk "*The Competency of a Physician: An Issue For Our Time*" gave attendees a national perspective on physician competency.

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Susan Miller, Program Director of the [Colorado Board of Medical Examiners](#) (CBME), discussed how her organization used CPEP as part of a proactive approach to protecting the public. Learning Summit participants learned how the Colorado board utilized stipulations for substandard care and also for physicians re-entering clinical practice. By using CPEP, Ms. Miller said her organization was able to 1) be more proactive in assuring public protection, 2) maintain good public relations with her legislature, media, and consumers, and 3) use measurable physician remediation to determine the effectiveness of education efforts.

Participants visited the CPEP facility where they had a chance to meet the staff. The CPEP team conducted small group sessions on each segment of the process from the

group sessions on each segment of the process from the initial pre-assessment activities to the execution of the education plan. This allowed Learning Summit participants a chance to experience how assessments and education plans are tailored to generalists, specialists, and re-entering physicians.

Overall, the 2004 Learning Summit continued the tradition of being an informative and effective way to learn about the value of competency assessment and educational intervention.

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Board Perspectives: North Carolina

Consistency and Credibility

by

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Consistency is the steadfast adherence to the same principles, course, or form. It is an important sentinel in medical regulation because without consistency, by definition, regulation cannot be optimal. So important is it that some medical boards have carefully assessed the consistency of their regulatory processes in order to best assure patient protection. They have also presented the resulting data at the annual meetings of the Federation of State Medical Boards of the United States. No two situations are identical in the world of medical regulation, of course, but there are elements of some situations that are generally similar to others.

It is these similarities that can be tracked throughout the regulatory process, not to guarantee the same outcomes but to ensure consistency in process itself. Needless to say, consistency simply for the sake of consistency is not desirable, and, as Emerson said, "a foolish consistency is the hobgoblin of little minds." The North Carolina Medical Board has considered the issue of consistency in process is essential to credible public protection and fairness, but seeking consistency in outcomes would be futile due to the many variables, revealed through process, that attend each case coming before it.

each case coming before it.

Regulation, that is to control or direct by rule, is the sole responsibility and mandate of medical boards. They are, in fact, the "courts of last resort," and ultimately responsible for those they license. However, they also depend on a complex system and a team effort to assist in the process. The list of players is long and includes, but not limited to, the Federation of State Medical Boards, accreditation organizations, medical schools, graduate training programs, impaired physician programs, general medical societies, specialty societies and boards, hospital oversight systems, and peer review systems. These groups play an important role by assisting medical boards in regulation. If they do not perform their oversight functions effectively, the correction of problems will be delayed, threatening unnecessary harm to patients.

Consistency and credibility throughout the entire system are critical to best ensure meeting our common goals. If any organization has bylaws, rules, policies, resolutions, or codes in place, irrespective of mission statement or mandate, consistency in application must be pursued in order to earn and maintain credibility. One set of standards must be applied at all levels regardless of station or any other factor. As a hypothetical illustration, if a chief of staff or a hospital demands that staff conform to a call schedule, yet does not abide by that same schedule, there is a credibility gap. If a surgery teacher throws instruments in the operating room, but demands that students not throw instruments, there is a credibility gap. To be credible, a professional organization or accreditation body with established standards must act if a member or accredited entity falls outside those standards. Not to do so is not to have standards. Fortunately, lack of consistency in practice settings and in professional and accreditation groups is becoming more of the exception than the rule, which significantly enhances their credibility.

We are all imperfect. That is inherent in the human condition. In the field of medical licensure, we must face that imperfection and work for consistent and credibly regulation in order to advance our quest for the best in medical practice. We are indebted to those medical boards and individuals that recognize the importance of consistency and credibility for initiating and pursuing a national discussion of those fundamental principles. I have no doubt that discussion will remain a significant part of the regulatory agenda for years to come.

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Documentation Seminar Completes Another Successful Year!

December 3rd marked the end of this year's round of Patient Care Documentation seminars. The highly popular course was offered three times in 2004 in Colorado. An on-site version of the course was also developed for hospitals wanting to address documentation issues for their physician staff.

Due to the demand for the 2004 courses and the limited number of spaces, CPEP is looking at additional options for 2005. The course will undergo slight changes to better meet the needs of attendees and reporting requirements of referring agencies. Next year's course will also include a more in depth follow-up portion. Keep reading the E-Bulletin for further updates.

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Personalized Education for Physicians. Submissions, topic suggestions, comments, and media requests should be directed to Skip Waugh at swaugh@cpepdoc.org or 303-750-7150. For more information about CPEP assessment and education services, contact:

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