

## **PHYSICIANS' PROFESSIONAL QUALIFICATION IMPROVEMENT SYSTEM BASED ON COMPETENCY ASSESSMENT**

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### **Abstract**

**Purpose** – Based on the findings published in the National Audit Report on the drawbacks of the system of physicians' professional qualification improvement, to provide the insights how to improve physicians' professional qualification system, to discuss legal and practical problems and possible legal solutions.

**Design/methodology/approach** - Relevant legal acts, National Audit Reports, scientific journal publications, internet material and other relevant documents were analyzed.

**Findings** - Qualification and professional development of health care professionals are linked to the patients' healthcare quality, in particular to the safety and effectiveness. As the Ministry of Health of the Republic of Lithuania sets quality requirements for healthcare services and organizes healthcare specialists' licensing, it should also plan the need for physicians and their training. Professional qualification should be upgraded taking into account the knowledge, abilities and practical skills required for the physicians' professional activities, as defined by medical norms in terms of competencies. Health care institutions, physicians, specialty societies and specialist professional organizations also take care of physicians' professional development. However, in practice health care institutions do not assess the physicians' competencies. Therefore, the development of physicians' competencies takes place without objectively assessing and defining the areas of professional activity to be improved. Accordingly, the Ministry of Health of the Republic of Lithuania allocates state budget funds for the development of specialist qualifications without taking into account the country's most important demographic and morbidity needs. Until now, licensing does not ensure certain physicians' competencies and their qualification. When the State Healthcare Accreditation Agency under the Ministry of Health certifies the validity of the licenses of physicians, it is virtually impossible to ascertain that their professional activities and professional development correspond to the competencies established in the medical norms.

**Research limitations/implications** - It would be advisable to develop a system for assessing the competencies of physicians', including the assessment of the existing competencies and professional practice. It should be the basis for monitoring compliance with the terms of the licensed activity.

**Practical implications** - New proposal to improve current regulation on the physicians' professional qualification system.

**Originality/Value** - Physicians' professional qualification system's development based on specialist competence assessment, physicians' and country's needs, as well as clear regulation of the professional qualification funding mechanism, providing resources and responsibilities, assessing the expediency of state budget funding, will significantly contribute to improving the quality of healthcare services and rational use of state funds.

**Keywords** – professional qualification, physicians' competence, assessment, continuing professional development.

**Research type:** general review.

**JEL classification:** K32.

## **Introduction**

Health care specialists are one of the most significant parts of the health care system. Their competencies are the main aim of a personal health system and personal health care institutions – to ensure safe and high quality of health care services, its accessibility because health professionals create value for the institution, its founders and patients and are directly linked to the quality of health care services. In the current world of rapid and constant changes the area of health care is no exception. Over the past two decades the understanding of the concept of a competent physician has changed. Globalization, latest technologies and new therapies, good practices are increasingly being applied in the daily professional life of a physician. Thus, the areas of professional development for physicians have also expanded to cover not only traditional medical topics but also a range of personal and professional competencies (McConnell et al, 2018). In addition to professional medical knowledge, a physician's professional background requires management, communication, collaboration, conflict management, information technology, patient education and other knowledge and skills used in the daily practice of a specialist. Therefore, in order to ensure the provision of high-quality health care services (safe, efficient, patient-oriented), it is necessary to review the current legal regulation of the Lithuanian physicians' professional development system, which is based on the acquisition of professional knowledge. It is not debatable that people are the most important factor determining the best results of an institution, the ability to adapt to a rapidly changing environment, to initiate changes and innovation. Therefore, the system of professional development of physicians must be based on the periodic assessment and development of their competencies, taking into account the needs of physicians and the country and establishing a clear funding mechanism.

### **1. Research methodology**

The object of this study is the improvement of the physicians' professional qualification system based on competency assessment. This study is based on the findings published in the National Audit Report on the drawbacks of the system of physicians' professional qualification improvement. It adopts a literature review and uses a linguistic, teleological, systematic analysis. Comparative and generalization, analytical law methods were used too. Furthermore this study focuses on the analysis of the legal acts provisions' which stated physicians' professional qualification assessment and opportunities for improvement of legislation are analyzed.

## **2. Brief Overview of the Findings Provided in the National Audit Report on the System of Continuing Health Care Professionals' Development**

According to the data of the National Audit Report<sup>1</sup> (hereinafter - Report), published in 2018 September 28, based on the state priorities, only 5 percent of the budget funds were allocated for the improvement of the qualification of health care professionals. The information presented in the report shows that health care institutions do not assess the competencies of professionals, therefore, the development of physicians' competencies takes place without objectively assessing and identifying the areas of their professional activities which need improvement. Likewise, the Ministry of Health of the Republic of Lithuania (hereinafter – HM), which is the commissioner of the training and development of health care specialists<sup>2</sup>, allocates state budget funds (45.4 thousand EUR in 2017) without taking into consideration the main needs of the country, related to demographic and morbidity trends.

The Report also states that the conditions for the approval of licenses to ensure the maintenance and improvement of the competencies of physicians have not yet been established, i.e. when certifying the validity of physicians' licenses, the State Accreditation Agency for Health Care Activities (hereinafter - Accreditation Agency) is practically unconvinced with the conformity of their professional activities and professional development with the competencies specified in the medical norms. Therefore, in order to ensure the quality of health care services, taking into account the requirements of a modern physician and developing a modern health system, the National Audit provides the following conclusions: (1) Revise and fundamentally change the qualification development system of physicians so that it would be based on competency assessment and would ensure that professionals would develop their professional qualifications in line with medical norms, not merely to obtain the necessary number of hours to have their licenses renewed; (2) Develop and adapt professional development programs based on the needs of physicians themselves and the country; (3) Establish a clear financing mechanism for the professional development of physicians. The first two findings of the National Audit are analyzed in more detail in this article.

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<sup>1</sup> National Audit, 28 September 2018, report No. VA-2018-P-9-3-9 Quality of Personal Health Care Services: Safety and Effectiveness [interactive]. 2018, [accessed 2020-02-26]. www.vkontrole.lt, p. 13-24.

<sup>2</sup> Minister of Health of the Republic of Lithuania 18 March 2002, order No. 132 On the Qualification Improvement of the Healthcare and Pharmacy Professionals and the Procedures for its Financing. *Official Gazette*. 2002, No. 31-1189. item 14.

### 3. Links between the Professional Development of Physicians and their Competency

Lithuanian legislation defines the concept of a qualification as a set of competencies possessed by a person or professional experience and competencies required for a certain activity<sup>3</sup>. Accordingly, one of the components of a qualification is competency, which is defined as the ability to perform a certain activity based on all the acquired knowledge, skills, abilities, and values<sup>4</sup>. The guidelines for the development of the European Qualifications Framework define a competency as the *proved ability* to use knowledge, skills, personal, social and/(or) methodological abilities in work or study and for professional and personal development<sup>5</sup>. Health is one of the biggest human values, so consequently the activities of physicians who take care of it are strictly regulated and the requirements for their qualification are high.

Physicians' competencies are defined in their medical norms and are closely linked to the physicians' mission, the principles of their professional ethics, the quality of personal health care services, and in particular the safety and efficiency of these services for patients. They comprise not only knowledge, skills, attitudes, but also a person's self-awareness, personal qualities, motivation and are closely related to the expertise of physicians. This means that a physician has to be able to apply the knowledge gained and use practical experience in treating a patient and solving the problems which arise.

Providing quality health care services requires competent (educated, trained and qualified) physicians. With the constant development of clinical practice and the launch of new treatment technologies whose application requires additional skills, it is important that medical norms, which determine the professional competency and qualification requirements of the specialists, are reviewed, supplemented and, if necessary, amended. Therefore, before starting to train and improve the competencies necessary for physicians in their professional activities, those competencies must first be in line with the current trends of providing quality healthcare services, good practice and medical advances, and must therefore be constantly reviewed and updated. Meanwhile, the Report states that medical norms in Lithuania are not periodically reviewed and updated<sup>6</sup>. On the other hand, as it was mentioned above, a competency includes not only the acquisition or updating of theoretical knowledge, but also the ability (skills) to apply that knowledge in practice by carrying out various procedures.

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<sup>3</sup> Law on Education of the Republic of Lithuania., *Official Gazette*. 1998, No. 67-1940; 2003, No. 63-2853; 2011, No. 38-1804. Article 2 Part 8.

<sup>4</sup> Ibid, Article 2 Part 7.

<sup>5</sup> Council of Europe Recommendation of 22 May 2017 on the European Qualifications Framework for lifelong learning, repealing 23 April 2008 Recommendation of the European Parliament and of the Council on the establishment of the European Qualifications Framework for lifelong learning (2017 / C 189/03), Annex I Definitions Point (i), accessible at <<https://ec.europa.eu/ploteus/sites/eac-efq/files/lt.pdf>>.

<sup>6</sup> National Audit, 28 September 2018, report No. VA-2018-P-9-3-9 Quality of Personal Health Care Services: Safety and Effectiveness [interactive]. 2018, [accessed 2020-02-26]. [www.vkontrole.lt](http://www.vkontrole.lt), p. 18.

The current legal regulation on the professional development of physicians does not impose an obligation on physicians to prove their professional skills, i.e. the ability to perform medical manipulations qualitatively (e.g. intubate, catheterize, resuscitate, operate on a patient). As the competencies of physicians are related to their specific professional activities and can only be measured and assessed just by their acquisition (Busse et al, 2019), it is believed that it would be appropriate to supplement the regulation of professional development of physicians and to include in the legislation provisions obliging the institutions providing health care services to carry out mandatory detailed annual assessments of the professional activities of physicians, on the basis of which the improvement of their qualification would be planned.

*„Professional development is non-formal education aimed at improving or updating the knowledge, abilities and practical skills required for professional activities<sup>7</sup>.”* According to the current legal framework, not only HM, which is the commissioner of physician education and their further professional development, is supposed to plan and co-ordinate the process of physician training, but this also has to be done by physicians, healthcare institutions and their founders, professional societies and professional organizations themselves<sup>8</sup>. Obvious, the development of professional competencies is primarily physician’s personal responsibility, as the acquisition of new professional skills and the improvement of the existing ones determine whether he will successfully carry out their medical practice and ensure the provision of quality health care services for patients. From another point of view, only the physicians themselves, in the course of their daily professional activities, are in the best position to identify what functions and tasks they do well, what mistakes they make or keep making, what tasks they need the help of their colleagues, and where they are able to succeed on their own, consult and help their colleagues, what feedback (positive or negative) they receive from their patients, clients or the head, what innovations they have introduced in their activities. A physician should plan the development of their professional qualification, set goals for improvement, make a plan and coordinate it with their immediate supervisor.

Meanwhile, a physician’s direct supervisor (e.g. head of department, head of center) knows best the functions and tasks of the unit and the competencies required to perform them not only at the level of an individual physician, but also at the level of the whole unit. By supervising the activities of the physicians in the department, the direct supervisor can compare them and identify which of them cope well with the assigned tasks and which still need to do better. Additionally, the direct supervisor, in communication with other units of the institutions providing personal health care services, receives feedback about the physicians in their department, so they may notice their

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<sup>7</sup> Minister of Health of the Republic of Lithuania 18 March 2002, order No. 132 On the Qualification Improvement of the Healthcare and Pharmacy Professionals and the Procedures for its Financing. *Official Gazette*. 2002, No. 31-1189, 2.3. subparagraph.

<sup>8</sup> *Ibid*, items 14 and 15.

mistakes or things for improvement that the physicians themselves may not see. After assessing the above mentioned issues, the direct supervisor of a physician should discuss the mistakes with the physicians individually, devising preventive measures and thus contributing to the development of the physician's competencies by enabling them to participate in trainings, plan their workload and schedule in such a way that the physician can apply the acquired skills in practice. To sum up, the direct physician's supervisor should be responsible for approving and adjusting the physician's learning goals and plans and submitting them to the supervisor at a personal health care providing institution.

The head of the personal health care providing institution is responsible for the implementation of the goals and objectives of the institution, foreseeing of future visions, strategic goals, initiation and implementation of changes, therefore they know best what competencies physicians need today and what needs to be improved in order to succeed in the future. Subsequently, by having the information from the heads of the personal healthcare providing units about the competencies of the physicians working in their departments and taking into account the current and future needs of the physicians' qualification improvement, the head of the personal healthcare providing unit could allocate the budget in a targeted manner. In addition, such periodically collected and codified information (e.g. once a year) would be submitted to the Ministry of Health, which is the commissioner of physicians' training and development. In this way, the budget funds allocated for the improvement of physicians' qualifications would be used rationally and efficiently, as the professional development programs would be developed taking into account their real needs and would cover the areas and topics relevant at that time.

Under the current legal regulation, the personal health care providing institution is only obliged to plan the development of the staff working in the institution and, taking into account the need for professional development, to provide the necessary funds for this, but it is not obliged to assess the competence of physicians<sup>9</sup>. The question arises how an institution providing personal health care services can identify that need if it does not conduct a periodic evaluation of physicians' performance. The institutions providing personal health care services have likely developed a practice of simply interviewing the institution's physicians or their direct supervisors what training they think physicians need or who will need to renew their license in the near future, and the need for physician qualifications is made based on the information obtained. However, it proves to be a flawed practice because the state budget funds are used irrationally, the conditions for the development of the relevant professional competencies of a physician are not created, and the legal right of a patient to quality health care services is not ensured. Correspondingly the balance between the legal protection of the patient and that of the physician is infringed.

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<sup>9</sup> Ibid, items 16 and 27.

From the physician's point of view, the current regulation of professional development (formal fulfillment of professional development requirements) does not create legal protection for a physician in the exercise of their professional duty to improve professionally, i.e. the physician and the institution providing personal health care services are not required by legislation to periodically assess the physician's professional competency. For example, on January 1, 2020 a new version of the Law of the Republic of Lithuania on Patients' Rights and Compensation for Damage to Patients' Health, which establishes the model of compensation for no-fault damage, has entered into force in Lithuania. One of its goals is to encourage physicians to reveal their mistakes, learn from them, analyze them in order not to repeat them in the future. However, it is believed that the new legal framework did not sufficiently link this objective to the improvement of physicians' qualifications and assessment of their competencies, as the examination and assessment of a physician's competence was established only in the cases in which their activities endangered or harmed the patient's health (Stirbliene, 2020).

In many European countries, the primary objective of regulating healthcare professionals is also to ensure the quality and safety of healthcare (Busse et al, 2019). In recent decades, the need to change the approach to the professional development of health professionals has been increasingly highlighted, as it focuses on the acquisition of knowledge and the practical application of this knowledge is rarely assessed. This method does not guarantee that physicians will be properly trained for practice. Therefore, it was recognized that professional development needs to be more closely linked to the outcome of the work and the tasks which professionals need to perform. Quality health care for patients can only be achieved if physicians acquire and develop the necessary competencies which they can apply in their professional practice. These competencies should derive from the current challenges of the health care system and the corresponding needs of the public and the patient (Busse et al, 2019). In Austria, Finland, Estonia and Spain, health care professionals are responsible for their own professional development. Other countries (e. g. Germany, Lithuania, Hungary, Slovenia) have formal requirements for health professionals to demonstrate continuing competency, such as compulsory continuing education, compulsory re-licensing, re-registration, peer review, etc. In Germany, in order to maintain a license to practice, it is sufficient for a physician to prove that they are improving their professional qualifications (Sole et al., 2014). In the UK, not only all the physicians have to prove their involvement in certified professional development activities, they also undergo detailed annual assessments of their professional performance, including interviews, acknowledgments, and complaints about their professional performance with colleagues and patients (Busse et al, 2019). Continuing medical education in the United States is closely related to recertification, which may be required by medical societies and associations, health maintenance organizations, insurers or partners in

medical practices. The standards for recertification is set by the medical specialty boards. Many educational programs are based on a curriculum, with multiple choice questions, self-assessment, or other tests (Peck et al, 2000). There is a requirement to take and pass a recertifying exam every 7-10 years in order to maintain physician's license (Aparicio, 2015).

The purpose of the professional development of physicians is to help professionals update their clinical, managerial and professional qualifications, and to improve patient healthcare. Therefore, in order to educate physicians who could effectively lead healthcare teams in complex systems, make elaborate patient-centered clinical decisions the system of professional development system for physicians is needed to be changed and improved (LaRochelle et al, 2018).

In **conclusion**, professional development training can be efficient if it helps to acquire new, to maintain and deepen not only professional knowledge, but also this knowledge which is relevant to the professional practice of a physician, as it directly affects the quality of healthcare (safety and efficiency). That is why efficient professional development should include learning to answer the question "why?", practice, to answer the question "how?", and the implementation and use of the acquired knowledge and skills in the professional practice of the physician. Furthermore, the assessment of physicians' competencies would significantly contribute to the formation of targeted medical staff, planning of their needs, would allow to set consistent requirements to be met by physicians and to ensure targeted improvement of physicians' qualifications, would allow to link physicians' competencies with their motivation and career opportunities. Moreover, the assessment of competencies would contribute to the increase of public trust in physicians, building their reputation, as competencies directly affect the quality and results of both the services provided by the physicians themselves and the activities of the personal health care providing institution. Therefore, in order to achieve a uniform practice, the legislation should provide for a mandatory periodic assessment of physicians' competencies, a system and criteria for assessment, periodicity and links to the approval and renewal of a physician's license.

#### **4. Relationship between compliance with physicians' license conditions and validation of their competencies**

Licensing of physicians' professional activities is also related to the development of professional qualification of physicians. Licensing is based on the acquisition of a professional title and the acknowledgement that the person has acquired the competencies specified for the professional activity. It not only protects the use of a professional title, but also specifies the professional practice and scope to which the health professional is entitled (Busse et al, 2019). Renewal of a license, re-assessment, competence support systems are all related to a continuous



validation of professional development of physicians. They are designed to respond to public concerns about poor regulation of healthcare (the UK), the need to address quality gaps in healthcare (the United States) and the need for the medical profession to demonstrate a commitment to competent practice (Canada). Each of these systems is designed in its own way to promote greater transparency and accountability and maintain public confidence. All of these systems aim to ensure that physicians demonstrate their commitment to lifelong learning by upgrading their qualifications to regularly assess their competency and performance, and to improve the quality of care provided (Lockyer et al, 2017).

A physician, seeking to practice medicine in Lithuania, must have a license issued to them which formally ensures that the physician complies with the requirements or norms of competence established by legislation<sup>10</sup>. A license is issued for an indefinite period, but after 5 years it must be approved under the conditions indicated in legal acts: the medical practitioner (1) has been providing healthcare services for at least 3 years, over a period of 5 years in accordance with the professional qualifications specified in his license to a healthcare establishment licensed to provide the relevant services; (2) has completed at least 120 hours of compulsory professional development training during a 5-year period. The physician must also provide the Accreditation Agency with a certificate issued by the employer about the position, but not the duties they perform. Once the above requirements have been met, the physician's license is renewed for another 5 years, which, obviously, proves that professional physician's licensing is a formal process. This is evidenced by the research findings in the Report that, after verifying the documents of physicians' compliance with their licensed practices, proving the medical practice over the past 5 years (20 cases), no information was provided and the Accreditation Agency did not verify the information on the number and nature of services provided by the physician or carried out diagnostic tests or surgeries in accordance with the professional qualifications they have<sup>11</sup>. It is likely that the Accreditation Agency does not assess the professional experience of a physician more extensively because the legislation does not require to prove that a physician worked within the competencies defined in their medical norms and does not require an indication of the number of services they provided in the last 5 years, carried out diagnostic tests, surgeries, manipulations to patients, the number of medical errors, which have caused harm to the patient's health or had some disciplinary action, etc.

It is obvious that today the Accreditation Agency in order to extend a license does not validate the compliance of physicians' professional activities and professional training with medical norms, does not assess whether mandatory professional development training (120 hours in 5 years) has

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<sup>10</sup> Law on Medical Practice of the Republic of Lithuania. *Official Gazette*. 1996, No. 102-2313, Article 3.

<sup>11</sup> National Audit, 28 September 2018, report No. VA-2018-P-9-3-9 Quality of Personal Health Care Services: Safety and Effectiveness [interactive]. 2018, [accessed 2020-02-26]. www.vkontrole.lt, p. 18-19.

met the need for specialist training (to consolidate missing skills or competencies or to gain new ones). The report highlights that, after checking the documents on the licensed activities of health professionals, which prove continuing professional development (20 cases), there was no information which specific competencies or skills health professionals need to improve<sup>12</sup>. Moreover, the Accreditation Agency remarked that "confirmation by the Accreditation Agency that the licensee has complied with the licensed activities does not imply that the licensee has sufficient professional training to provide certain services that are subject to special requirements<sup>13</sup>." On the other hand, the Accreditation Agency cannot assess this because there is no nationally developed and regulated system of assessment of competencies of healthcare professionals in Lithuania, which would include the assessment of competency and professional practice of healthcare professionals, would set evaluation criteria and would link this information with the professional development of physicians, its funding and license approval.

The question, however, is whether the competencies of physicians should be evaluated at all? Is it sufficient to presume that they have deepened their professional knowledge, abilities and skills if they have the required number of hours of professional development? The Organization for Economic Co-operation and Development states that the practice or experience of health professionals, i.e. the number of procedures performed (e.g. stomach surgeries done by surgeons, hernias, hip replacements done by traumatologist-orthopedics, anesthesia and tracheal intubation procedures done by anesthesiologists) influence the quality of services provided: safety and efficiency<sup>14</sup>. Qualifications should therefore be developed by an assessment of the knowledge, competences and practical skills required for the professional activities of physicians, as defined by medical norms within their competencies<sup>15</sup>. Although the Report states that such licensing process is considered appropriate by the Accreditation Agency and the medical institutions, such licensing and qualification development process has been criticised by health professionals themselves. Representatives of medical institutions, representatives of the Lithuanian Medical Movement point out that the current licensing process of physicians is formal, does not motivate them to provide medical services by following all the established competencies, for example, GPs send their patients for specialist consultations regarding diseases or conditions which, in line with their competencies, can be diagnosed and treated by GPs themselves. This demonstrates how GPs do not consolidate their skills, which leads to an increase in waiting lines for specialist medical services, deteriorating

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<sup>12</sup> Ibid, p. 20.

<sup>13</sup> Ibid, item 20.

<sup>14</sup> OECD Reviews of Health Systems: Lithuania, 2018 [interactive]. 2018, [accessed 2020-03-26]. <<https://www.oecd.org/countries/lithuania/lithuania-9789264300873-en.htm>>, item 89.

<sup>15</sup> World Health Organization, Quality of Care. A process for making strategic choices in health systems[interactive]. 2006, [accessed 2020-02-2]. <[https://www.who.int/management/quality/assurance/QualityCare\\_B.Def.pdf](https://www.who.int/management/quality/assurance/QualityCare_B.Def.pdf)>, 14 p.

access to such services, and inefficient use of health care resources. Besides, equal medical practice licenses are approved for physicians of the same professional qualification, regardless of their actual qualifications, skills, and competencies. Therefore, the Report concludes that it would be expedient to create a system for the assessment of competencies of health care professionals, which includes the assessment of the existing competencies and professional practice<sup>16</sup>.

All this reflects the formal approach of the institutions to the licensing process and continuing professional training and the quality of services provided. Moreover, such a licensing and professional development system is "convenient" and "uncomplicated" because in order to get the extension of the license it is sufficient for health care providers to collect the required number of professional development hours within a 5 year period and to provide the Accreditation Agency with a certification that the physician has been practicing according to their specialization for the last 3 years. Meanwhile, for example, an annual mandatory assessment of physicians' competencies would require additional time resources from the administration, the physician's immediate supervisor, and the physicians themselves. On the other hand, periodic assessment of physicians' competency would help to determine the real need for professional development, contribute to planning, thus use the funds allocated for professional development of personal health care providing institutions rationally and purposefully. Likewise, the results of physicians' appraisals could contribute to motivating physicians, for example, by providing them with a financial incentive for excellent appraisals or career opportunities. This would definitely require additional financial and time resources, so it is likely that there is no need or motivation for the personal health care providing institution to change the established order.

It should be noted that according to the current legal regulation, the assessment of the professional competency of Lithuanian physicians is required only in the cases when they make a serious medical error again within one year from the last gross medical practice error<sup>17</sup>. It would be wiser not wait for a physician to repeat a gross medical error in order to assess their professional competency. In order to avoid professional mistakes, it would be expedient to establish in the legislation an obligation for the personal health care providing institution (employer) to periodically (e.g. once a year) assess the competencies of physicians and plan their professional development based on the results of the assessment, to contribute to the prevention of medical errors. Currently, in some Lithuanian personal health care providing institutions there is a practice that their heads evaluate the activities of department heads (heads of units, heads of centers) on their own initiative, but more through the numerical indicators of the department, like how many patients were served, if

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<sup>16</sup> National Audit, 28 September 2018, report No. VA-2018-P-9-3-9 Quality of Personal Health Care Services: Safety and Effectiveness [interactive]. 2018, [accessed 2020-02-26]. www.vkontrole.lt, p. 20.

<sup>17</sup> Law on Medical Practice of the Republic of Lithuania. *Official Gazette*. 1996, No. 102-2313, Article 8 Part 1.

there were any complaints, their actions during epidemics of flu, how they distributed employees, how much money was spent on economic activities, how many articles were written, if they collaborated with someone etc.).

*In summary*, it is believed that the monitoring of compliance with the licensed practice should be considered as a basis for the assessment of the competence of physicians<sup>18</sup>. In particular, professional associations or organizations, personal healthcare institutions, their founders (usually HM and universities) and the physicians themselves should actively participate in the development of such a system. As HM sets health care quality requirements, organizes individual health care licensing, and is the commissioner of specialist training and development<sup>19</sup>, it is subject to plan the need for physicians and the directions of their professional development.

## 5. Conclusions

There is no doubt that professional development is a necessary and important component of the physician's professional career, and that the acquisition and updating of new knowledge, skills and competencies is crucial to provide quality of health care. It should be noted that physician's professional qualification systems vary from country to country, but there is a lack of evidence as to which of them is the best. Taking into account the specific of physician's professional activity it is not sufficient to meet only formal professional development requirements. It is also need to assess physician's professional practice and his competencies. Lithuania should also review and adjust or develop a system of qualification development of health care professionals different from the one currently established, which would be based not only on acquiring and improving professional knowledge relevant to health care professionals, but also on identifying, assessing and developing the competences necessary for physicians' professional activities. Thus, although licensing and registration of health professionals ensures that health professionals meet the legal requirements for professional practice, this does not guarantee that their competencies and practical results comply with the requirements for quality health care. So, it is worth for the state to invest in the improvement of the qualification of the country's healthcare employees because they contribute not only to better public health, but also to the promotion of economic growth and reduction of unemployment. Qualified healthcare professionals act responsibly, honestly, effectively, and seek the best health care outcomes for patients. A system based on competencies and high professional qualifications would provide more confidence to support the mobility of learners and movement of

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<sup>18</sup> National Audit, 28 September 2018, report No. VA-2018-P-9-3-9 Quality of Personal Health Care Services: Safety and Effectiveness [interactive]. 2018, [accessed 2020-02-26]. www.vkontrole.lt, p. 21-24.

<sup>19</sup> Minister of Health of the Republic of Lithuania 18 March 2002, order No. 132 On the Qualification Improvement of the Healthcare and Pharmacy Professionals and the Procedures for its Financing. *Official Gazette*. 2002, No. 31-1189, items 14 and 15.

health professionals both within geographical borders and across sectors. In the absence of a periodic procedure or system for the assessment of physicians' competencies which would be established by law, it is unlikely that medical institutions will assess physicians' competencies on their own initiative. The competency assessment system would allow medical institutions to make sure that the competency of their physicians is sufficient to provide services to their patients safely and efficiently, would help to identify the areas for improvement, ensure the quality of provided health care services, and use financial resources rationally and purposefully.

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