contributed to the quality of their professional practice. Participation in continuing professional development activities alone is an inadequate marker of learning, and learning divorced from improvements in competence, performance and health outcomes is an inadequate metric for any continuing professional development system committed to improving the quality of professional practice.

We disagree with Levinson about the foundation upon which accountability should be based. Rather than promoting the development of a testing culture that is based on summative examinations, the Royal College of Physicians and Surgeons of Canada is advocating for the creation of a learning culture characterized by practice reflection, inquiry, peer review and rigorous formative assessments of knowledge (through self-assessment programs), competence (through simulations) and performance (through practice reviews) that reflect the entire spectrum of roles and competencies associated with the CanMEDS framework. Because recertification examinations cannot realistically be tailored to an individual specialist's scope of practice and provide limited feedback to promote learning and improvement, we have rejected the inclusion of recertification examinations as a mandatory requirement of the Maintenance of Certification program. We applaud the Federation of Medical Regulatory Authorities of Canada's inclusion of "formative" as 1 of the 5 principles of revalidation.[2]

We are in the midst of an exciting but challenging cultural shift in continuing professional development. At the Royal College of Physicians and Surgeons of Canada, we remain committed to enhancing the rigour, accountability and transparency of our continuing professional development system to promote lifelong learning and to enhance the quality and safety of care, thereby contributing to the health of Canadians.

Craig M. Campbell MD
Director, Professional Affairs, Royal College of Physicians and Surgeons of Canada, Ottawa, Ont.

Competing interests: None declared.

REFERENCES

1. Levinson W. Revalidation of physicians in Canada: Are we passing the test? [editorial] *CMAJ* 2008;179:979-80.
2. Federation of Medical Regulatory Authorities of Canada Revalidation Working Group. *Physician revalidation: maintaining competence and performance*. Ottawa (ON): The Federation; 2007. Available: www.fmrac.ca/committees/documents/final_reval_position_eng.pdf (accessed 2009 Jan. 13).

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The Canadian Medical Association has long recognized the need for physicians to engage in lifelong learning to maintain the quality of clinical care. Although Wendy Levinson is to be commended for endorsing the principle of lifelong learning, the Canadian Medical Association cannot agree with her suggestions on how best to achieve it.[1]

The editorial largely ignores the peer-review process that the provincial licensing bodies have been running for a quarter century. Ontario was a pioneer and its work has been cited in the world literature as such; Alberta has added a number of innovations, including interviews with staff, colleagues and patients. Under these programs it is mandatory that physicians allow physician assessors into their practice to review their charts and question their approaches to diagnosis and the management of patient care. The process is designed to educate rather than punish.

Most physicians would agree that the acquisition of continuing medical education credits and participation in peer-review programs are important to ensuring competence. There is, however, little if any research to prove that examinations assess practitioners appropriately. The article by Tamblyn and colleagues[2] cited by Levinson is often referred to precisely because there is almost no other such evidence, certainly not enough for the type of systematic review we would demand if a clinical intervention were to become recommended practice. There is a wealth of research showing good continuing medical education to be effective in enhancing quality of care.

A simple focus on a recertification process that is based on passing a test misses the key issue. The real challenge is to show that new knowledge gained by physicians is leading to positive changes in practices and better patient care. Self-reported measures are currently the only cost-effective way to demonstrate such changes; the cost of external audits would be prohibitive.

Bringing about change in practice is the final frontier. To ensure that better training leads to better patient outcomes, we need a concerted collaboration between physician organizations and governments to make the best possible learning opportunities available to physicians.

Robert Ouellet MD
President, Canadian Medical Association, Ottawa, Ont.

Competing interests: None declared.

REFERENCES

1. Levinson W. Revalidation of physicians in Canada: Are we passing the test? [editorial] *CMAJ* 2008;179:979-80.
2. Tamblyn R, Abrahamowicz M, Dauphinee WD, et al. Association between licensure examination scores and practice in primary care. *JAMA* 2002; 288:3019-26.

DOI:10.1503/cmaj.1080128

The author responds:

There is general agreement that any system of revalidation should ideally measure the competence of physicians in each of the CanMEDS roles and the actual performance of physicians in their daily practice. As suggested by Trevor Theman and colleagues, Craig Campbell, and Robert Ouellet, a robust revalidation system should incorporate multiple assessment tools: self-assessment of knowledge, practice reviews done by peers, simulation testing of skills and feedback from patients and peers. We all agree that a broad array of tools is needed to assess physicians' competence; ideally, each tool would measure a different aspect of physicians' skills. However, all of the letter writers are against the use of an examination.

How then can we measure physicians' knowledge? Patients want a physician who is up to date on the most recent advances in their field and they think that physicians should periodically take a test. However, physicians argue vehemently that they do not need a test for a variety of reasons: they keep

up to date through continuing medical education, examination preparation would take too much time, and tests do not measure what physicians do in practice. My suspicion is that fear of failure may be a factor in the resistance to an examination. I experienced that fear when I recently wrote the American Board of Internal Medicine's recertification examination. However, as with all examinations, it provided the impetus for me to undertake a comprehensive study program to update my knowledge. The preparation for the examination was an excellent learning experience.

An examination is a reasonable mechanism by which to assess knowledge with an external standard. Studies indicate that physicians are poor at judging their own competence[1] and that they are unlikely to be able to accurately assess their knowledge in the absence of such an external standard.

I continue to believe that a comprehensive system of revalidation needs to incorporate methods to assess both knowledge and performance in practice.[2] For example, practice assessments can review how I manage essential hypertension, but they cannot capture whether I will recognize that a patient has a pheochromocytoma as the underlying cause of their symptoms: an examination serves this purpose better than a practice assessment. Specialty-specific examinations have been used effectively in the United States for the last 2 decades to measure knowledge. In Canada, we must hold ourselves to a high standard to ensure that we provide the best possible care to our patients.

Wendy Levinson MD
Sir John and Lady Eaton Professor
and Chair, Department of Medicine,
University of Toronto, Toronto, Ont.

Competing interests: None declared.

REFERENCES

1. Davis DA, Mazmanian PE, Fordis M. Accuracy of physician self-assessment compared to observed measures of competence: a systematic review. *JAMA* 2006;296:1094-102.
2. Levinson W. Revalidation of physicians in Canada: Are we passing the test? [editorial] *CMAJ* 2008;179:979-80.

DOI:10.1503/cmaj.1080131

Correction

In a recent article,[1] a parenthetical sentence in the fourth paragraph of the Interpretation section contained a misplaced percentage and reference citation. It should have read "To obtain this factor, we multiplied Ferrando's estimate by the proportion of induced abortions in Latin America experienced by women aged 15–29 years (i.e., 70%[4,21]) and divided it by the proportion of the Peruvian female population of 15–49 years old that is aged 15–29 years (i.e., 60%[22])."

REFERENCE

1. Bernabé-Ortiz A, White PJ, Carcamo CP, et al. Clandestine induced abortion: prevalence, incidence and risk factors among women in a Latin American country. *CMAJ* 2009;180:298-304.

DOI:10.1503/cmaj.090188

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