

Developing Reflective Practice: A Guide for Medical Students, Doctors, and Teachers

Grant A, McKimm J, Murphy F. Chichester, UK: Wiley-Blackwell, 2017, 160 pages, Paperback \$38.95 (USD), eBook \$31.99 (USD), ISBN: 978-1-119-06474-9

Active reflection on personal, medical, and educational progress is a core prerequisite and a necessarily ubiquitous ability for professional and personal growth in life, education, medical practice, and teaching. My personal history of being American born and raised, yet educated and trained in Europe, has led me to this book, as I have been actively involved as a leading author in the debate surrounding “lifelong professional physician learning” worldwide. “Documenting reflection” recently became an essential mandatory annual licensure requirement in the United Kingdom version of Maintenance of Licensure, known as “revalidation” for doctors, nurses, and midwives. This mandatory revalidation requirement imposed by the United Kingdom General Medical Council for physicians (2012) and the Nursing and Midwifery Council for nurses and midwives (2015) dictated authorship of this book by 3 experienced, authoritative, and senior educators/professors/deans from the UK educational system. This physician/nurse trio of A. Grant, MD, PhD, dean J. McKimm, RN, professor (both from Swansea University Medical School), and F. Murphy, RN, professor of nursing and midwifery at the University of Limerick, from respective specialties, provides formalized insight into the required reflection for those who are undergoing formal training or are otherwise uncertain about UK revalidation, mandated at 3- or 5-year intervals, for nurses and midwives versus physicians, respectively. This book may seem essential to those formally exposed to this particular educational curriculum, and the 7 pages of references and resources effectively tabulate sources of available information on the topic across an apolitical spectrum. It is also available as an eBook.

Revalidation obliges the practitioner to self-document continuing education and specifically reflection. Contemporaneous transcription of reflective events, essentially a diary, is strongly recommended here to this end. This book offers little to professionals who have already successfully completed an episode of appraisal, or for individuals without a desire for license to practice in the United Kingdom. Anyone completely unfamiliar with the process may, after consulting adequate, available revalidation information online directly (see the introductory literature below), find sufficient contemporary clarifying information on the still-transitioning revalidation requirements.

To summarize, the primary apparent purpose of the book is to provide the educational authority, framework, and scientific doublespeak necessary to establish foundations for this newly emerging and necessary lynchpin of UK medical professionalism, as a “belief system,” science,

religion, or political agenda. As stated in the American Board of Medical Specialties (ABMS) Definition of Medical Professionalism (Long Form), Adopted by the ABMS Board of Directors, January 18, 2012:

Medical professionalism is a belief system in which group members (‘professionals’) declare (‘profess’) to each other and the public the shared competency standards and ethical values they promise to uphold in their work and what the public and individual patients can and should expect from medical professionals.

Revalidation became law after the conviction of Harold Shipman, a general practitioner who was implicated in the deaths of hundreds of patients over 20 years in practice. He was sentenced for murdering 15 patients with lethal heroin injections in 2000. He is believed to be the most prolific serial killer in England to date. The introduction of Revalidation was delayed by the subsequent Shipman inquiry.

The revalidation process differs significantly from ABMS board certification and the ABMS Program for Maintenance of Certification (ABMS MOC) by being self-directed. ABMS products are proprietary modules specifically purchased and subject to corporate licensing. Both programs were reportedly introduced as necessary to reassure the general population that medical care was safe and effective. Interestingly, physicians continue to be deemed one of the most trusted professions. Neither program has been conclusively validated in outcome-based study to date to clearly result in improved patient care, although significant costs have been incurred: the cost of UK revalidation was estimated at nearly £100 million per year (\$722/y per physician) for the 230,000 licensed physicians in 2012. MOC has been estimated to cost \$2360 per year for an internist, whereas ABMS boards cumulatively declared \$374 million in gross revenue alone in 2011. Both systems acknowledge that the greatest singular cost is from lost physician work hours, while recognizing that the ongoing shortage of physicians contributes to significant disruption in patient care.

The process of reflective practice is promoted as a quality improvement exercise to facilitate analysis of behaviors and the formation of action plans for improvements. It is best graphically described twice in this book as the 6-step Gibbs Framework/reflective cycle, which concludes with an “action plan.” Reflection on ABMS MOC recertification introduced in 2000 has led to significant dissatisfaction and mobilization of the American medical profession into active opposition. This recently resulted in the introduction of multiple state bills and laws to prohibit MOC from limiting the practice of medicine. Similar considerations are now developing in the United Kingdom as well in the short period since introduction. However, the control of medical professions under the single-payer National Health Service may prove insurmountable to our European colleagues in developing a similarly appropriate action plan to oppose this unproven belief system/religion. This book appears to have been specifically written to “validate revalidation,” providing a scientific framework of underlying assumptions, completely without scientific validation of revalidation. Revalidation

DOI: 10.1213/ANE.0000000000002667

issues are completely missing from cover and advertising materials, and appear minimized for effect in the text. The introductory reading listed below provides political orientation on this topic.¹⁻³

Paul Martin Kempen, MD, PhD

*Department of Anesthesiology, Critical Care and Pain
Management
Weirton Medical Center
Weirton, West Virginia
kmpnpm@yahoo.com*

REFERENCES

1. Keith P. Taking revalidation forward-Sir Keith Pearson's review of medical revalidation. Improving the process of relicensing for doctors. January 2017. Available at: http://www.gmc-uk.org/Taking_revalidation_forward___Improving_the_process_of_relicensing_for_doctors.pdf_68683704.pdf. Accessed November 8, 2017.
2. Foster M. UK doctors under the microscope. *CMAJ*. 2013; 185:e23–e24. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3537801/>. Accessed November 8, 2017.
3. Lui D, Brennan L. The role of reflection in CPD and revalidation. *Revalidation for Anaesthetists Bulletin*. 2012;75:12–13. Available at: <https://www.rcoa.ac.uk/sites/default/files/Reflection-CPD-Revalidation.pdf>. Accessed November 8, 2017.