



MANAGEMENT COMMITTEE STATEMENT Continued Competency¹

Purpose

1. One of IAMRA's strategic goals is to *'identify the principles of continued competency'*, believing that a key role of medical regulation is to make sure that doctors are competent and keep up to date throughout their professional careers.
2. IAMRA acknowledges that medical regulatory authorities employ a diverse range of measures to make sure that doctors remain competent throughout their careers. Accordingly, this statement does not promote a particular model for achieving Continued Competency. Instead, it seeks to encourage medical regulators to lobby for, develop and use systems that encourage or require doctors to maintain their competence throughout their professional careers. In doing so, regulators should take into account the structure of their health care system, their regulatory model and the resources available.
3. It is important that any system that aims to ensure the competence of practitioners should contribute to the provision of high-quality health care for the benefit of all patients.

Definition

4. For the purpose of this statement, 'Continued Competency' may be read to include, but not be limited to systems that are named 'Revalidation', 'Maintenance of Licensure', 'Maintenance of Competence' as well as CQI, CME/CPD points systems and peer assessment. Continued Competency systems may or may not have a direct link to license renewal.
5. 'Continued Competency' is more than a system of quality assurance; it recognises the value of continuous quality improvement and encourages doctors' commitment to career-long learning and integration of new knowledge into practice.

Introduction

6. Around the world, there is a growing focus on competency as a component of patient safety, and consumers of health care expect and demand safe, high quality care and treatment, and to share in making decisions about their health care.
7. Traditionally, doctors were not required to demonstrate their knowledge and skills after their initial training and licensure. Licensure or registration, once granted, was usually lifelong. In many countries this is no longer the case, with the right to practise linked either to some means of demonstrating competence or to participation in activities designed to support ongoing learning. Increasingly, medical schools strive to produce graduates who have acquired an appropriate appreciation of, and foundation for, career-long learning, and many medical regulators are developing systems that build upon this foundation.

¹ Revision of the statement approved at the 2016 Members General Assembly.

8. Career-long learning is more important than at any time in the past; medical practice is rapidly evolving and growing more complex. The benefits of medicine have never been greater, but the risks of harm from poor practice should not be underestimated. Unless doctors keep up to date with advances in clinical knowledge, technology, innovation, and working within complex, safety-critical systems, they risk compromising the care and well-being of their patients.
9. While many doctors attend to these responsibilities without the involvement or intervention of the regulatory authority, the experience of many regulators is that doctors may benefit from support and encouragement to make sure they keep up to date. In fact, many regulators are making evidence of continuing education a requirement for ongoing licensure.
10. From the 1970s, regulatory authorities began to introduce systems to address these issues. At their most basic, these systems encourage doctors to participate in Continuing Medical Education (CME) or Continuing Professional Development (CPD) activities, sometimes without reference to the quality or relevance of this activity and with limited or no consequences for doctors who fail to comply. At the other end of the spectrum are more complex systems that require doctors to demonstrate their skills and knowledge throughout their careers, with a direct link to their continuing licensure. Such systems include those that require doctors to pass high stakes assessments at various points in their careers and those linked to regular, objective reviews of their professional reflection and performance.

The goals and benefits of a Continued Competency system

11. Goals

A well-constructed Continued Competency system aims to ensure that all licensed doctors are fit to practise and meet established professional and care standards.

The primary goals of a system should be to ensure a culture of continuous quality improvement (CQI) for all licensed doctors through self-reflection, peer interaction and feedback mechanisms (including feedback from patients), thereby fostering their intrinsic motivation to improve and affirming their inherent professionalism. The system should build an expectation that learning and quality improvement are ongoing activities that should be integrated into practice, not only a point-in-time administrative requirement. A system can also add structure to doctors' learning efforts, making these more efficient, effective, inter-professional, and relevant to their day-to-day practice.

A secondary goal may be to enable regulators to mitigate risks to patient safety by identifying doctors who may benefit from focused assessment and improvement efforts. It can also enable earlier intervention when a doctor's knowledge, skills or behaviour are starting to raise concerns or are not being appropriately maintained or enhanced.

12. Benefits

The benefits of a Continued Competency system are felt by:

- doctors; a well-managed and constructed Continued Competency system can encourage self-reflection and foster their intrinsic motivation to improve, thereby affirming their inherent professionalism. It can also add structure to doctors' learning efforts, making these more efficient, effective, and meaningful;
- patients, through assurance that their doctors strive to maintain competence and are engaged in continuous quality improvement, and providing opportunities to be active participants in supporting improvements in clinical practice by providing feedback on care received, their needs and expectations;

- those who employ or contract with doctors by providing assurance that their doctors are participating in a robust and effective quality improvement system;
- those providing learning programs, by assisting them in the development of targeted, relevant programs;
- regulators, by improving public confidence in their regulatory function.

Principles underpinning a Continued Competency System

13. Regulators, in consultation with the profession and stakeholders in the broader community, are encouraged to develop a system that is:

- a. **Inclusive** - bringing all licensed doctors in to an effectively governed competency framework;
- b. **Evidence-informed**
 - using data for continuous improvement;
 - expecting learning programs to employ a variety of interactive learning techniques including peer interaction and reflective practice, and address accepted and relevant competencies, including but not limited to; medical knowledge, working in partnership with patients and other health care professionals, patient care, interpersonal and communication skills, professionalism, practice-based learning and improvement, and health advocacy²;
- c. **Feasible**
 - commensurate with the human and other resources available to the regulator and the health system in which doctors operate;
 - does not impose a disproportionate administrative or financial burden on doctors and builds on existing processes and systems while avoiding conflicts of interest;
 - does not create access barriers for patients;
- d. **Location-appropriate**
 - culturally appropriate;
 - commensurate with the learning resources available to doctors in the wider healthcare system;
 - offers options for meeting requirements, builds on and integrates with existing learning systems including, where appropriate, recognising education credits across international borders;
- e. **Mandatory** - underpinned by law, where permissible, to ensure that participation and regulatory outcomes are enforceable. There may, however, be circumstances in which the requirements of the Continued Competency system may be deferred³;
- f. **Accredited** - where robust, independent accreditation is available and affordable.

² Adapted from Accreditation Council for Graduate Medical Education (ACGME) and American Board of Medical Specialties (ABMS) core competencies and Royal College of Physicians and Surgeons of Canada CanMEDS Framework.

³ Refer to the Management Committee Statement on *Regulation during a serious event such as a disaster, epidemic or pandemic*

Statement

IAMRA supports and encourages medical regulators to develop and implement Continued Competency systems that are designed to improve patient safety and the quality of medical practice by promoting, encouraging or requiring career-long learning and continuous quality improvement for all practising doctors. The model adopted should, as far as possible, be in accordance with the guidance in this statement.

POLICY STATUS: *Continued Competency*

Governing Authority	Management Committee
Approval Authority	Management Committee
Responsible Officer	Executive Director
Approval Date	October 2020
Effective Date	October 2020
Review Date*	Approval date + 4 years (maximum)
Date of Last Revision	October 2020
Related Policies	

* Unless otherwise indicated, this policy will still apply beyond the review date.