



## STATEMENT Continued Competency

### Purpose

1. IAMRA has as one of its strategic goals, 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 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 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 patients.

### Definition

4. For the purpose of this statement, 'Continued Competency' should be read to include, but not be limited to systems described as 'Revalidation', 'Maintenance of Licensure', 'Maintenance of Competence', CME/CPD points systems, peer assessment. Continued Competency systems may or may not have a direct link to license renewal.
5. 'Continued Competency' recognises the value of continuous professional development (CPD), including practice-relevant continuing medical education (CME) and encourages doctors' commitment to career-long learning.

### Introduction

6. Around the world, there is a growing focus on patient safety, and consumers of health care increasingly expect and demand safe, high quality care and treatment.
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 life-long. In many countries this is no longer the case, with the right to practise linked to some means of demonstrating competence. Increasingly, medical schools strive to produce graduates who have acquired an appropriate foundation for career-long learning and many medical regulators are developing systems that build on this foundation.

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 and working within complex safety-critical systems, the care of their patients will be compromised.
9. While many doctors attend to these responsibilities without the involvement or intervention of the regulatory authority, it is the experience of many regulators that doctors may benefit from support and encouragement to make sure they keep up to date.
10. From the 1970s, regulatory authorities began to introduce systems to address these issues. At their most basic, these systems may simply encourage doctors to participate in Continuing Medical Education (CME) or Continuing Professional Development (CPD) 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 checks on professional reflection and performance.

### **The benefits of a Continued Competency system**

11. A well-constructed Continued Competency system should aim to enhance confidence that doctors holding a license to practise are in fact, fit to practise and meet established professional standards. It should also contribute to the development of a culture of improvement in medical practice, while providing additional benefits for key groups concerned with the quality of medical practice:
  - a. Patient confidence in the medical profession can be enhanced;
  - b. Patients can be given the opportunity to become active participants in supporting improvements in clinical practice by providing feedback on care received;
  - c. Regulators can be provided with a mechanism to address issues in the practice of the doctors they register/license, including managing 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;
  - d. The confidence of those that employ or contract with doctors can be enhanced and risks managed;
  - e. For 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.

## **The Principles of Continued Competency**

12. A Continued Competency system should:

- a. promote career-long learning and require doctors' engagement;
- b. be developed along with doctors, with quality health care for patients as the primary purpose;
- c. be evidence-informed and outcomes driven, supporting the effective use of data about individual and team performance and use feedback for continuous improvement;
- d. be built on an expectation that learning is ongoing and integrated into practice, not a point-in-time administrative requirement;
- e. where possible, bring all licensed doctors in to an effectively governed competency framework;
- f. be commensurate with the human and other resources available to the regulator and in the health system in which doctors operate;
- g. be culturally appropriate, commensurate with the learning resources available to doctors in the wider healthcare system, offer options for meeting requirements, build on and integrate with existing learning systems and not impose a disproportionate administrative or financial burden on doctors;
- h. should expect learning programs to employ a variety of interactive learning techniques 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, health advocacy<sup>1</sup>;
- i. not create barriers to patients accessing care;
- j. where possible, be underpinned by law to ensure that participation and outcomes are enforceable;
- k. be accredited, where robust, independent accreditation is available and affordable.

## **Conclusion**

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

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<sup>1</sup> 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.