

Postgraduate medical education – competency or expertise?

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TITLE Monkey see, monkey do: a critique of the competency model in graduate medical education

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JOURNAL *Med Educ* 2004; **38**:587–92

KEYWORDS Clinical competence, expert, medical education

DECLARATION OF INTERESTS No conflict of interests declared.

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SUMMARY

This timely critique examines the rationale for, and the utility of, competence-based assessment in postgraduate medical education. The author explores the changing context of graduate medical education in the UK. Largely as a result of government election promises, the emphasis in postgraduate medical education is now for the production of more specialists in a shorter time period. Central to such truncated training programmes is the need for quality assurance, which is where competence assessment comes in. In such an approach the key is the 'signing off' of the trainee as competent against a series of competency-based assessment standards. With all tasks 'signed off' the trainee is then deemed competent and may begin independent specialist practice. The author believes that this is an inherently flawed approach whose rationale is derived from competency model constructs taken from industry in the USA. In these models, tasks are broken down into discrete competencies which are individually assessed. The author argues that to focus on such task-oriented, skill-specific competencies is unwise as competence is not the same as understanding which is essential for professional development and the acquisition of expertise. While accepting it as a *sine qua non* Talbot contends that there is much more to professionalism and expertise in medicine than competence. Talbot talks about the need for 'miles on the clock' before the competent neophyte can become an expert, mature practitioner. He concludes that graduate medical training should include many different educational paradigms, one of which is competency training, should be learner-centred and should take time. He asks whether we have the courage to take what he calls this 'long view' in the face of pressure to shorten training.

OPINION

After numerous high profile medical scandals and ever lengthening waiting lists, the government and the public are demanding more competent specialists and in greater numbers. As a result, in the UK a time-limited, competency-based model of graduate medical training is being promoted with what Talbot sees as an almost 'messianic fervour'. It is not hard to see why. Who thinks we need incompetent specialists? Who thinks we need fewer specialists? Time-limited, competency-based training produces safe specialists more quickly – *ergo*, problem solved. Or is it? Talbot thinks not, and by saying so I suspect he speaks for many in the profession. The fact that he comes from a medical education background (Masters Degree in Education, Director of undergraduate medical education, Sheffield teaching hospitals) adds weight to his criticisms and means his commentary cannot be dismissed as simply more ranting from the 'if it ain't broke don't fix it' school of medicine.

The greatest weakness of time-limited, competency-based training is in fact exactly that which its proponents see as its greatest strength. Let me explain. Time-limited, competency-based training has what educationalists call excellent 'face validity'. In other words, it looks good and looks as if it does what it sets out to do. Therefore, to government ministers and the lay public it is the answer to producing greater numbers of safe, 'competent' specialists in a shorter time. This means no more medical scandals and no more waiting lists. Those members of the medical profession opposed to the changes in graduate training are dismissed as obstructionists trying to protect large private practice incomes, or so the face validity argument goes.

If only it were that simple. In the hierarchy of validity ratings, face validity is at the very bottom; in other words,

not very valid at all. Much more important is whether an assessment has construct and predictive validity. Construct validity refers to whether the assessment actually tests what is required in real life, while predictive validity refers to whether the assessment tests what will actually be done in real life. Competency-based training as presently proposed tests neither.

Even if competency-based training was valid, and there is no evidence to suggest that it is, there remains the issue of shorter training. It takes time to produce an expert,

mature practitioner. Some of us take longer than others to get there and some will never get there.

The concept of time-limited, competence-based training for specialists may have impressive face validity but it seems inherently flawed. It might produce competent technicians; the concept of the 'office urologist' is already established, but beyond that I'm not so sure.

To paraphrase Dr McCoy: 'It's a specialist Jim, but not as we know it'.