

# Opinion

BY RICHARD P. MILLS, MD, MPH

## Medicine Responds to Public Demand for Competence

**I**n last month's Opinion, I made the case that Medicine must pay attention to the growing, increasingly strident public demand for assurance of competence. Our educating, accrediting and certifying organizations have seen significant recent developments that are mostly under the radar of those of us who practice

ophthalmology for a living.

Four years ago, The American Board of Medical Specialties, the federation of the major certifying Boards, formed a task force on competence. Its report, which is likely to become a landmark in medical quality assurance, divided physician competencies into six major areas. Subsequently, the Accreditation Council on Graduate Medical Education (which oversees resident and fellow education) and the Liaison Council for Medical Education (which oversees medical schools) both adopted the six general competencies as well. Thus, the entire spectrum of medical education, from medical school through residency and into CME, has adopted a framework for the physician competence discussion and is committed to teaching and evaluating these domains.

The first two general competencies seem familiar enough: "Patient Care" and "Medical Knowledge." Did you do a history and physical, order tests, construct a differential diagnosis and plan management appropriate to the patient's condition and document these in the record? Do you possess the knowledge necessary to take care of patients with a wide variety of ailments? The third—

"Practice-based Learning and Improvement"—is continuing medical education, with a twist. The new wrinkle is the focus on lifelong learning and progressive improvement based on your own experience caring for patients.

"Interpersonal and Communications Skills" is the fourth competency, and it relates to effective interactions with patients, families, physicians, other professionals and agencies. Unfortunately for me, it also includes legibility of the medical record. The fifth general competency is "Professionalism," comprising ethical behavior, cultural sensitivity, responsibility for continuity of care and a host of other personal qualities. Finally, "Systems-based Practice" refers to the health care enterprise and each of its complex component systems. (Physicians comprise only 9 percent of the health care workforce.) Physicians need to understand these systems and how they work so they are able to advocate on behalf of their patients—with operating rooms, third party payers and the like. (In recognition of the importance of surgery within ophthalmology, the American Board of Ophthalmology [not to be confused with the Academy] has proposed "Surgery" as a seventh

general competency for Eye M.D.s.)

Traditionally, the formal curriculums in ophthalmology residency, and the written and oral Board examinations, have focused exclusively on Medical Knowledge and Patient Care. The mentored training of residency was supposed to cover the other competencies, and the "Satisfactory Completion" affidavit by the chairman was supposed to certify their achievement in a general way so the graduating resident would qualify to sit for the Boards. In the future, more specific evaluations of the other four competencies will likely be required.

So there you have it—a sketch of the structure of physician competence. Grist for small talk with a medical colleague, should you happen to run into one.



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