Managing Overlapping Competency and Knowledge within UEMS European Training Requirements (ETRs).

For decades, thanks to the support of its specialist Sections and European Boards, the Union of European Medical Specialists (UEMS) has contributed to the improvement of postgraduate training through the development of curricula for European medical specialist training. The name given to these curricula within UEMS are European Training Requirements (ETR) and UEMS aims to generate ETRs for each medical specialty, promoting the elaboration of training standards. In this way UEMS contributes to the global transformation of postgraduate training toward competency-based medical education (CBME).

Each curriculum defines a syllabus or knowledgebase and describes learning outcomes defined for a given competency. Some of these curricula encompass a whole specialty, other focus on areas within or across specialties. By describing the desired knowledge, skills, and behaviours of a trainee completing a training programme the ETRs enable trainees to successfully transition to independent medical specialist practice working within the multi-professional sphere of modern patient care. The nature of modern medicine means it is inevitable that elements of the curricula of both specialties and competences will overlap. By recognising these overlaps it creates the opportunity for those writing ETRs to draft overlapping or common goals for learning outcomes. Similar measurement does not equate to the same targets. Rather, across different specialties the final goal may differ i.e. there may be clearly defined individual goals for trainees with different expectations.

This is particularly important in the competency-based postgraduate training, since outcomes may be educational (learner oriented) and clinical (patient oriented); in the timeline classification they may be focused to training, transition to practice, or in long-term to practice. The learning outcomes in overlapping contents of different specialties may differ and be examples of how to conceptualize educational advancement across medical specialties and enhance learning environment.

Importance of making a distinction between Knowledge and Competence in ETR documents

Authors of proposed ETRs should make a clear distinction between ETR contents that describe competencies that the specialist should have and the knowledge that is required.

The knowledge is an added value and strong point of medical specialists training. While skillful performance of a defined set of procedures is necessary and forms the basis of competence-based training that has been advocated and promoted by the UEMS since many years, additional, broad knowledge and understanding of problems related to conditions diagnosed and treated by a given specialty along with familiarity with approaches offered by specialties also dealing with these conditions, constitute the basis of proper medical specialist practice.

In competence-based training there must not be a confusion resulting from an assumption that the knowledge is sufficient basis for practice.

Principles of Interactions between Sections Regarding ETRs

a) When a Section writes an ETR they will be basing this on existing curricula in use across Europe and modern educational principles with a view to future developments.

b) Unless a Section undertakes a similar exercise of reviewing all training programmes in Europe of another specialty, no other Section can fully understand the configuration of activity or training of another Section.

c) The default position regarding overlapping areas of knowledge, assessment and competencies should be:

   i) Knowledge: Where a Section identifies an area of overlapping knowledge within another Sections ETR, they should aim to contribute to the details of that knowledge to make sure that it is correctly defined.

   ii) Competencies: Where a Section identifies an area of overlapping competencies within another Sections ETR, the two Sections should work together so that the educational elements of acquiring and the evidence demonstrating those competencies are defined and assessed in similar terms in both ETRs.

   iii) Assessment : Where there is overlapping, the involved Sections should be encouraged to share assessment processes.

Practical Approach to Addressing Overlapping Knowledge and Competencies

Introduction
Overlap of knowledge and competencies is part of modern specialist practice. According to the new ETR review process, future ETRs will be available for comments on the Google Drive much earlier than before, immediately after the draft ETR is submitted. This transparent, properly documented framework for whole ETR development procedure is especially important in the case of ETRs that may be related to several different specialties.

The following pointers should provide a practical approach where Sections identify areas of overlap.

Knowledge
Where a Section identifies an area of knowledge from their specialty sitting within another Section's syllabus, they have a very important role especially if this knowledge is core to their specialty. By ensuring this area of knowledge within another Section's ETR is up-to-date and accurate they can improve the quality of care provided by enhancing the level of knowledge and understanding of colleagues in this area.

Action: The Section recognising the overlap (which be the ETR authors anticipating the overlap) should consider the best way of describing the knowledge/understanding concisely, accurately and collaboratively. A prompt exchange of suggestions should allow the best wording to be developed.

Action: Where an overlap is highlighted by the ETR authors to a Section and that Section does not respond with constructive suggestions, this lack of participation will be noted by the ETR review committee should a concern be raised later.

Competency
Where an overlapping competency exists within an ETR it is often that the competency is a core competency of one Section and an additional competency for another. The essential elements of the competency will be the same for both Sections. Where the competency is an additional competency, this should be made clear.

Action: The Section recognising the overlap (which be the ETR authors anticipating the overlap) should consider the best way of defining the competency and how it should be developed and assessed, and documented (concisely, accurately and collaboratively). A prompt exchange of suggestions should allow the best wording to be developed.

Action: Where an overlap is highlighted by the ETR authors to a Section and that Section does not respond with constructive suggestions, this lack of participation will be noted by the ETR review committee should a concern be raised later.

Defining a Timeline and Engaging the Help of the ETR Review Committee
Even with the longer time period of the new ETR process, it is important that as soon as an overlap is identified by the ETR authors or another Section, the Sections agree (with the support of the ETR Review Committee) a clear plan, a realistic timeline.

Proposed is to further strengthen the role of the ETR Review Committee to avoid a flurry of "last minute" activity and its consequences. Issues that could not be resolved during the ETR consultation procedure should be clearly identified by the authors of ETRs and by UEMS ETR Review Committee and the Committee should inform national representatives about such issues well ahead of the process of final discussion and voting by the UEMS Council.

Raising Inappropriate "Patient Safety Concerns" about areas of overlap.
Sections are cautioned about raising 'patient safety concerns' inappropriately.

Where an element of knowledge is expected within an ETR, there can be no patient safety issues with overlapping knowledge.

Where a competency is already practiced safely within a specialty's normal activity in any nation in Europe following well defined and robust training, there is no concern for patient safety.

References:

1. UEMS European Training Requirements Committee Terms of Reference, Version 3, April 2021
2. Jason R. Frank, Linda S. Snell, Olle Ten Cate et all: Competency-based medical education: theory to practice, Medical Teacher, 32:8, 638-645, DOI: 10.3109/0142159X.2010.501190
3. Andrew K. Hall, Daniel J. Schumacher, Brent Thoma et all (2021) Outcomes of competency-based medical education: A taxonomy for shared language, Medical Teacher, 43:7, 788-793, DOI: 10.1080/0142159X.2021.1925643