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

The Union of European Medical Specialists (UEMS) contributes to the improvement of postgraduate training through the development of curricula for European medical specialist training. The name given to these curricula within UEMS is 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 knowledge and skills base 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 Competencies 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 skilful 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.

Curriculum and syllabus are not synonyms

It is important to distinguish between the syllabus and the curriculum. A **syllabus** (a term of Greek origin) is descriptive. A syllabus, therefore, explicitly describes what areas will be covered in a subject. A **curriculum** (a term of Latin origin) is prescriptive or specific and refers to the entire content taught in the training programme, while at the same time, it possesses details about the

objectives, academic content and the ***methodologies to be adopted*** during training in order to achieve the aims.

Principles of Interactions between Sections regarding ETRs

a) The awareness of the complexity of diseases and patients' needs has led to increased areas of interfaces between specialists and other health professionals in different fields having shared goals, focused on patients' needs. This requires generally a more intense and altruistic team spirit in true inter-professional collaboration. It should be the basis and overcome psychological, cultural and social barriers to such a team effort.

b) 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.

c) 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.

d) 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 the ETR of another Section, both 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 the ETR of another Section, 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*: It is acknowledged that the assessment of an area of overlapping knowledge or competencies may differ between the Sections involved. Assessment methods are thus the responsibility of each Section.

Practical Approach to Addressing Overlapping Knowledge and Competencies

Introduction

Overlap of knowledge and competencies is part of modern specialist practice. According to the ETR review process, ETRs are available for comments on the Google Drive, according to the ETR timeline not later than 4 months before the Council meeting where the ETR aims to be endorsed. This transparent, properly documented framework for the whole ETR development procedure is especially important in the case of ETRs that may be related to several 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 being also part of another Section's syllabus, they have a very important role especially if this knowledge is core to their

specialty. By ensuring that 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/ETR authors recognising 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

In case of overlapping competencies, the competency is often a core competency of one Section and an additional competency of 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/ETR authors recognising 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.

Respecting the Timeline and Engaging the Help of the ETR Review Committee

It is important that as soon as an overlap is identified by the ETR authors or another Section, the Sections agree (with or without the support of the ETR Review Committee) a clear plan and a realistic timeline, which must however respect the timeline provided for the ETRs submission procedure, available on the website. The ETR Review Committee can be approached for advice at any time of the process of ETR development.

The ETR Review Committee seeks 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 ETR authors, by other UEMS specialist bodies or by the UEMS ETR Review Committee. The Review Committee will inform the UEMS Enlarged Executive and the parties involved about such issues well ahead of the process of final discussion and voting by the UEMS Council.

Action: In the event that the authors of an ETR do not respond precisely to the correct requests/reports of other Sections regarding overlapping competencies and knowledge, the ETR Review Committee, after having analysed the requests made by the Sections, may suggest to the UEMS Enlarged Executive to block the presentation of the ETR to the Advisory Board and to the Council Meetings.

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.