Setting standards: how can we get it right?

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A brief history of competence

- Worldwide interest in competence as an answer...but to what question?
- Objective is public protection but how best to strike a balance between "serving" and "protecting" the public and a profession?



Lessons learned from the competence assessment literature

- Every competence assessment model can be shown to be effective – and every competence assessment model can be show to be incomplete
- General sense of "necessary but insufficient" across most reported systems
- Largely dependent upon prevailing societal and professional-cultural norms
- How transferable are competence assessment systems between professions?



What competency assessment models have been tried – and how do they measure up?

- Self-reporting activities (learning portfolios, etc): concerns regarding veracity, value, effort and outcomes
- Complaints-driven: by public, peers, colleagues, or members
- Mandatory CE hours: no evidence of impact on practice or quality improvement
- Peer review: chart audits, site visits, practice inspections
- Outcomes measurement: evaluation of practice-linked "products"



What competency assessment models have been tried?

- Patient/client satisfaction: surveys, interviews, focus groups
- Collaborator/colleague satisfaction: surveys, interviews, focus groups
- Standardized testing of knowledge: MCQs
- Standardized testing of performance: OSCEs
- "Secret shopper" methodology: ethics and culture of surveillance
- Re-certification models: airline industry



Lesson #10: Need to know what we are actually assessing

- Professions by their nature are complicated and multifaceted, an amalgam of technical and soft skills
- "Competence" means different things to different people whose perspective will dominate, and at what cost?
- Not all competences can or perhaps should be measured...which ones do we choose? How do we use data we have to figure out where best to target our competence assessment efforts? And what more data do we need to really answer this question?



Lesson #9: Need buy in from the public to make this work

- Public scrutiny of professional work is higher than ever
- Public engagement in not just the idea but the design, implementation and execution of competence assessment is essential
- Perception of professions "circling the wagons" must be dispelled or managed



Lesson #8: Need buy in from the profession to make this work

- Professionals must be fully engaged in design, development, and implementation
- Assessments must be minimally intrusive and not appear to be make-work projects or academic exercises
- Peer-driven processes help optimize engagement



Lesson #7: This is only one part of a system, not the entire process

- Competence assessment is a system, not a step
- What supports exist to help people prepare –
 and to manage the fallout?
- How do other aspects of regulatory work connect to competence assessment? What firewalls exist for member protection?



Lesson #6: There will be unintended consequences

- Subversion will happen
- Balance between rigor, fairness, feasibility, and engagement is necessary
- Systems must have flexibility built in that allow for relatively rapid modifications as things go wrong...because they will
- For every hoop you ask practitioners to jump through...what is the cost and consequence?



Lesson #5: Professions evolve – so too must competence assessment systems

- There is no one size fits all perfect solution and if there were, it would need to be changed next week
- Scope of practice evolution means competence assessment models need to change and respond
- Avoid temptation of assuming graft-ons work fundamental re-thinks may be needed more often than we foresee



Lesson #4: Too much emphasis on the psychometric can be problematic

- Not everything that matters can be counted and not everything that is counted matters
- Balance of qualitative and quantitative approaches to assessment can help us to not miss the forest for the trees
- Psychometrics are a powerful tool, but only a tool – they are not the whole story



Lesson #3: Too much emphasis on the remedial/educational can be problematic

- Regulators are not educators, but must still find a way of supporting professional development
- Flexibility in supporting members needed, but drawing limits can be challenging
- Quality improvement as a philosophy is valuable – but does it achieve public protection objectives?



Lesson #2: Resist the temptation to try to "automatize" the system

- In an attempt to create operational efficiencies, bulk-automatized systems are often desired...these may not capture important nuances of practice
- One-size fits all competency assessment can be problematic from a validity perspective



Lesson #1: Why are we really doing this anyway?

- What's the problem you are trying to solve by implementing a competency assessment system?
- What's the REAL problem?
- Balancing accountability and political issues with professional and public needs



What do we want a competence assessment system to actually do?

- Detect incompetence vs assure competence?
- Prevent small competence problems from becoming large ones?
- Identify those at highest risk of problems and support them early-on?

Lots of questions...any answers?

- Do not put outsized faith in competence assessment systems to do what we think they should do
- Be mindful of the problem of "necessary but insufficient"
- Think about the resources dedicated to competence assessment – and what else might be accomplished with them instead?



Moving forward

- What is the actual question for which "competence assessment" seems to be our answer?
- Incremental experimentation and continuous refinement vs a 'big bang' implementation model
- Be cautious about applying experiences in other professions/jurisdictions to your own...there appears to be a real need to customize systems to local contexts to achieve buy in.



Further Reading

- Austin Z and Gregory P. Quality assurance and maintenance of competence assessment mechanisms in the professions: a multijurisdictional, multi-professional review. J Medical Regulation 2017;103(2):22-34
- Austin Z. Preventing small problems from becoming big problems in health and care.
 Report commissioned for the Health and Care Professions Council UK. 2015.

