THEME

Quality framework

Competence and the quality framework

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BACKGROUND

The quality framework developed by The Royal Australian College of General Practitioners is described by Booth in this issue of *Australian Family Physician*. This article applies the framework to the 'competence' domain.

OBJECTIVE

This article explores the key role of competence in the delivery of quality health care.

DISCUSSION

Competence is often defined in terms of the individual practitioner and there are various ways to assess attainment and maintenance of clinical competence. Professional competence requires constant attention and redevelopment in a changing clinical environment. Competence in general practice also means an emphasis on teamwork and working in teams requires specific skills sets and a systems approach. Nationally defined competencies impact at the local level in the delivery of services and it is important to be aware of that impact and ensure that standards of high quality health care are maintained and delivered.

The Royal Australian College of General Practitioners (RACGP) Quality Framework for Australian General Practice identifies competence as one of the six key domains necessary for the improvement of the quality of health care in general practice. The framework states, 'systematic high quality care requires (and the community expects) competent delivery of clinical care by teams and individual professionals who are appropriately trained and skilled for the tasks'.[1]

What is competence?

Competence can take various forms: the identification and confirmation of a specific skill set demonstrated through external verification (eg. patient centred communication, diabetes education training), the demonstration of a proven ability to undertake certain tasks (eg. monitoring cold chain) and adapting and applying existing knowledge and skills to new situations, 'thinking outside the box'.

The National Patient Safety Education Framework has identified the competencies that health care workers need to deliver safe health care.[2] These include competencies in effective communication; identifying, preventing and managing adverse events and near misses; using evidence and information; working safely; being ethical; continuing learning; and specific issues such as preventing errors in procedure and treatment and medicating safely.

General practice and competence

The need for public accountability in the health system demands increasing transparency in confirming competence through initial training (in tertiary institutions) and vocational training and certification.[3,4] The RACGP examination and Practice Based Assessment (PBA) assess the overall competence of doctors to practise unsupervised general practice in Australia. Attainment of the Fellowship of the Royal Australian College of General Practitioners (FRACGP) is the minimum entry standard for working as a general practitioner in Australia.

Professional competence is developmental, context dependent and impermanent.[5] The constantly changing clinical environment requires health professionals to regularly update their knowledge and skills. Maintenance of professional competence is a requirement for Australian GPs and doctors enroll in the RACGP QA&CPD or the Australian College of Rural and Remote Medicine's professional development program in order to maintain and update professional capability. Quality relies not

only on the people who work within the system, but the design of the health system as well.[6]

Individual competence

Epstein[7] defines competence for the individual practitioner as the 'habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and community being served'.

There has been an increasing shift in medical education from structure and process based education to a competency and outcomes based focus.[8] This has led to proposals for a common set of educational standards for medical graduates in a global market.[9] At present, attempts to define the core clinical skills required by medical graduates have met with limited success.[10] Important steps have been made with the development of national training and assessment guidelines for junior medical officers[11] and the development, accreditation and evaluation of prevocational training posts in the general practice setting.[12]

At no time has there been more intense scrutiny of adverse events, professional accountability and multidisciplinary teamwork. There is an imperative for groups of health professionals to have a shared understanding of each other's core values and competence in order to work together and forge effective health care teams. The clear articulation of core competencies helps others understand what each profession contributes to the team. The Canadian Medical Association (CMA) project[13] advocates 'a team approach to the provision of health care and clarity with respect to roles and accountability' with the central role in medicine belonging to primary care and the generalist.[14] All of this takes place against a background of absolute shortage of doctors, nurses and other health workers as well as a maldistribution of the workforce and skill imbalance.[8]

Competency requires both system and local controls. At the national level, standards bodies need to have open and frank discussion to define the competencies of their groups. This could occur in the context of the development of a curriculum. At the local level, teams need a mechanism to retrain, function and respond to local needs. Programs such as the National Primary Care Collaboratives[15] provide a means by which health care teams can test and implement change at the practice level. This in turn leads to a greater need for competencies in both systems based approaches and practice based learning and improvement.[16]

Team work

Teams bring much to general practice – professional stimulation, new knowledge, assistance with challenging clinical dilemmas and a 'spreading of the load' in busy primary health care.

However, anyone who has worked or played in high performance teams knows that teamwork is not all a bed of roses. The advantages gained need to be weighed against the need to change one's established practice, fit in with each other's ways of doing things, deal with different personalities and focus, and find a new equilibrium as 'one' unit. A broadened 'team' approach to patient care must also be supported by effective communication strategies – both within the practice and with external providers – or care quality and safety may be adversely, rather than positively, affected.

This must encompass interpersonal and clinical communication and include:

- good risk management via effective policies and processes for results handling, information transfer between team members, and regular team review and identification of 'near misses'
- clear and concise referral templates, and
- effective movement of clinical quality and safety information between practitioners.

The secret to good clinical teamwork in practice lies in:

- clear roles and responsibilities for all team members
- regular and well attended face-to-face meetings to identify and solve problems early and build and maintain a whole of team approach
- regular and well attended practice 'professional development' that allows managers, nurses and allied health members, as well as GPs, to review the quality of the clinical service offered by the practice and look at constantly improving it as a unit.

Monitoring performance

Patients and the community expect to receive care from practitioners and teams that are actively engaged in maintaining and demonstrating competence as part of a learning community.

An important part of competency is continuing and expanding on competence during practice life. Maintenance of professional competence as undertaken by the RACGP QA&CPD Program is concerned with an ongoing process of reviewing performance, filling identified gaps and reassessing the newly achieved abilities.[17]

Issues of continuing competence need to recognise the increasing role of the multidisciplinary team in improving quality and continuity of care, rapid changes

in health information and range of care and treatment options and greater accountability from the public and professional regulation authorities.

Effective continuing professional development is defined as 'continuing professional development that results in behaviour change with subsequent improved clinical practice'.[18] Audit can be used to monitor processes and outcomes of individuals and teams as the basis for improvement. The collaboratives model[16] used widely in the USA and United Kingdom and now, in its third wave in Australia, uses ongoing 'plan, do, study, act' cycles as a basis for continuous improvement. This model of multiple small audit cycles offers promising options for quality improvement at the practice level.

Conclusion

Competence in general practice is an ever changing feast: currently we are rapidly increasing our informatics ability, in the past decade we have acquired a more sophisticated understanding of teams and the interplay between people. It is now recognised that a broader primary care team has much to offer general practice, but re-establishing the practice around the new challenges, as well as benefits, is key to delivering optimal performance and outcomes.

The quality framework can help focus consideration on competency issues by considering the skill sets of staff required to undertake a program or activity, the training that might be required, the interest levels of staff as well as considering the referral networks that might be necessary.

Conflict of interest: none declared.

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