

## Evolving, not maintaining: embracing the dynamic nature of physician competence

### Évoluer, ne pas maintenir : Adopter la nature dynamique de la compétence des médecins

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Continuing Medical Education, as a concept, ensures that physicians remain competent in their specialties through continued participation in a structured learning program geared to maintaining, developing or increasing knowledge, skill and professional performance and relationships.<sup>1</sup> While some jurisdictions require physicians to undergo periodic testing as a means of re-certifying in their field of practice, Canada has opted to use a “maintenance of certification” or “maintenance of competence” (MOC) approach. In that context, a physician’s ongoing competence in their field of certification is inferred, through demonstration of participation in a MOC program. However, we believe the term MOC does not fully capture the dynamic and evolving nature of medical practice and physician development. We propose the introduction of the term “Evolution of Competence” (EOC), to reflect more accurately a physician’s ongoing professional growth and adaptation process in response to changing societal needs, ongoing medical advancements, and shifting individual career trajectories.

MOC implies a static retention of skills and knowledge within a physician’s original field of certification however medical practice is far from static. Whereas some physicians cease clinical practice in their original field of certification and re-orient themselves towards medical administrative, leadership, advocacy, or research work, others might narrow their field of expertise to a smaller

subset of the broader specialty, while others still might evolve their work to include the development and/or adoption of new technologies or roles that they did not consider, or which did not exist, when they originally certified. These shifts in practice patterns and scope represent a deliberate evolution of competence—not a mere maintenance of it—in response to emerging challenges, needs and opportunities.

The concept of “maintenance” suggests a preservation of the status quo, whereas that of “evolution” captures the essence of growth and adaptation. This distinction is crucial in an era characterized by rapid advancements in medical knowledge and technology. In our view, EOC better captures and reflects the complexity of career development and the embedment of the philosophies underpinning adaptive learning and Competence by Design (CBD) into continuing professional development.<sup>2,3</sup>

Furthermore, the concept of EOC aligns with the reality of hyper-specialization and the exponential growth in medical knowledge. It acknowledges that maintaining competence across the entire breadth of the specialty is increasingly challenging, if not impractical. Done well, adaptive learning, underpinned by CBD principles, provides a framework of lifelong learning that integrates feedback and self-reflection in service of evolving scopes of practice all in service of the unique needs of physicians, patients and the healthcare system. Transitioning to the use of the term EOC in continuing professional development would

promote a philosophical shift away from maintaining pre-existing skills towards actively nourishing the development of new competencies and adapting to the evolving landscape of healthcare. Nowhere is this adaptation towards an individually tailored competence more visible than in academic practices. In such practices, it is not uncommon to choose members of the group based on the inclusion of a variety of new, diverse, and often focused skills. Such approaches to the building of a group practice are the embodiment of a shift away from everyone having “core competencies” towards the establishment of a “competent corps,” where each contributor, through their diverse and complementary skills, helps meet a broad range of patient needs and healthcare challenges.<sup>4</sup>

In conclusion, we believe that adopting the term EOC would reflect a more accurate and forward-looking perspective on physician continuing professional development and its goals. It would acknowledge the complexity of career development, underline the importance of adaptative learning, and reflect the dynamic nature of competence itself. As such, it would acknowledge the reality that physicians are in constant evolution through learning, growth and adaptation to meet the demands of a rapidly changing healthcare environment and to continue providing high-quality care.

**Conflicts of Interest:** All authors disclose being a paid full staff at the Royal College of Physicians and Surgeons at the moment of conception of this commentary.

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## References

1. Accreditation Council for Continuing Medical Education. *CME Content: definition and examples*. Available from <https://www.accme.org/accreditation-rules/policies/cme-content-definition-and-examples> [Accessed Apr 17, 2024].
2. Wentz D. Continuing medical education. Looking back, planning ahead. Chapter 20 “The evolution of continuing professional development at the Royal College of Physicians and Surgeons of Canada: setting standards for Canadian specialists” 2011, 227-239
3. Cutrer WB, Atkinson HG, Friedman E, et.al., Exploring the characteristics and context that allow master adaptive learners to thrive. *Med Teach*. 2018; 40(8):791-6. <https://doi.org/10.1080/0142159X.2018.1484560>
4. Merritt C, Pusic M, Wolff M, Cico SJ, Santen SA. The case for core competency and competent corps: using polarity management to illuminate tensions in training. *J Grad Med Educ*. 2022; 14(6):650-4. <https://doi.org/10.4300/JGME-D-22-00199.1>

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