Definitions of competence required for a specialist doctor differ across disciplines.

In simple terms competence is defined as 'an individual's demonstrated knowledge, skills and attitudes (abilities) performed to a specific standard'.¹ Competencies are observable and measurable attributes of a professional that require a combination of knowledge, skills and attitudes to execute a specific action. Competency refers to the quality of being physically and intellectually qualified to perform a task. In medical settings, being competent refers to the ability of a doctor to provide medical care and/or other professional services in accordance with practice standards established by members of the profession and the expectations of society.²

Recognizing and documenting these attributes of competence is essential for the effective performance of a job or task. Assessment of competency falls under two categories: the traditional scientific paradigm, that emphasizes objectivity and reproducibility; and the judgment paradigm, reflecting the need to assess clinical competence in the final stages of medical training.³

For a specialist doctor competencies can be divided into three groups of core competencies, specific competencies and soft skill competencies. Core competencies include the identification, description, and implementation of the basic areas of knowledge, skills, and attitudes considered essential for the practice of medicine. The core competencies⁴ are essential to all members irrespective of the specialty and discipline. Sometimes referred as clinical competencies, core competencies also include, history taking, physical examination, communication with patients, requesting relevant investigations, interpretation of laboratory data and radiological investigations, formulating a differential diagnosis, making a final diagnosis and finally planning treatment.

Bruce has identified six important competencies in a medical doctor.⁵ These consist of “(1) patient care, (2) medical knowledge, (3) practice-based learning and improvement, (4) interpersonal and communication skills, (5) professionalism, and (6) systems-based practice”.⁶ Without these skills no person can be certified as a safe and competent practitioner.

Specific competencies are discipline-specific knowledge, skills and attitudes that vary from specialty to specialty. For example in surgery, competence is the ability to successfully apply professional knowledge, skills, and attitudes to new as well as familiar situations that will be different from what is required in medicine.⁶ In sub-specialties for instance, competencies for neurosurgery will be different from competencies required in orthopaedic surgery. In case of super specialties like cardiology and vascular surgery, competencies will differ again.

Soft skill competencies include computer skills, management skills, research, time-management, conflict management and negotiation skills.

The core competencies based on domains of learning required in a specialist doctor working in Pakistani context should match international standards.⁷⁻¹⁰ As an expert clinician they should possess a defined body of knowledge, clinical skills, procedural skills and professional attitudes, which are directed to effective patient-centered care. They should be able to apply basic knowledge in clinical settings and should be well versed with the art of clinical reasoning, interpretation of clinical and laboratory data to finally formulate a working diagnosis. Clinicians should be able to order only relevant investigations to confirm their final diagnosis. When planning treatment, they should keep cost, hospital stay and prognosis in mind. Complications are usually not well accepted in any society and may have a negative impact on a doctor's professional career. They should also possess sufficient skills to interpret, summarize and use published research.

In Pakistani clinical settings, effective communication is of primary importance. A doctor needs to communicate not only with the patient but also with their immediate and distant relatives who are concerned about the patient's well-being. Due to the low literacy rate in Pakistan, talking to the patient in local terminology needs to be borne in mind so that there is no miscommunication. Therefore, as a communicator, a doctor needs to communicate proficiently with patients,
their families and care-givers and other professionals before, during, and after the medical encounter.

A doctor should also be able to show competence in medical writing and presentation skill and should strive to publish research articles in journals with an impact factor where Pakistani representation is very scarce.

As collaborators, doctors should effectively work within a healthcare team to achieve optimal patient care. They should work in partnership with other groups that are involved in the care of individuals or specific groups of patients. There is an obvious gap between clinicians and policy makers in our set up and clinicians need to be trained to bridge this gap.

As managers, they should positively interact with other members of their work environment, as members of teams or groups, and as participants in the health system locally, regionally or nationally.

As administrators, they should be able to perform common administrative duties at place of work and should be able to organize educational and training activities.

As health advocates, they should be able to recognize their duties and abilities to improve the overall health of their patients and the society they serve.

As scholars, they should be able to demonstrate a lifelong commitment to reflective learning, as well as to the creation, dissemination, application and translation of medical knowledge.

As professionals, they should be committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behavior. They should be able to establish professional doctor-patient relationship in practice.

They should plan and deliver evidence based, cost effective and quality healthcare.

The competencies of a specialist doctor in Pakistan should be at par with the international practices and standard guidelines. The level of competence should be same as a specialist doctor working in the developed countries. The knowledge and skills are important but it is the area of attitudes where one would require change. The social structure of Pakistan facilitates exposure of the trainee students to not only the patient, but also a multitude of relatives and well-wishers who want to know about the details of the disease and its prognosis. This provides means to develop good communication skills.

In current social scenario and prevailing political situation in the country, doctors need to be instilled with special attitudes to deal with the victims of major disasters like bomb blasts and terror attacks. Most of these patients undergo amputations and major surgeries and may also suffer from psychological trauma. In such situations, a doctor should possess counseling skills to provide adequate psychological support to a patient and also to the concerned family members.

Doctors should understand the important health issues of our country and develop their core competencies accordingly. Various factors may influence the attitudes required by a doctor in various different settings. Given the wide array of patient encounters, a doctor needs to develop attributes that will help them deal with each patient differently.

Many patients coming from villages and remote areas are not well educated and may have linguistic barrier, therefore, the doctor needs to communicate in a different way to explain to them their disease process and treatment plan. In different cultural settings, there are different social and religious norms, a doctor needs to respect such differences and make sure that the patient is not being disrespected in any way.

Cost constraints for patients coming from under-developed parts of the country and for patients belonging to a low socioeconomic class need to be kept in mind before ordering a wide range of laboratory tests and investigations.

In Pakistani cultural settings, doctors should be able to effectively counsel the patient in cases of late presentation or advanced disease, they should be able to tell them everything about their disease, prognosis and management addressing the concerns and expectations of not only the patient but also their family members. For such counselling, the doctor should develop a high level of communication skills.

For the development of all above mentioned skills and attributes, we need to understand that medicine is a profession of lifelong learning and development and that medical institutions need to provide training to doctors at all levels. Hospitals should hold special seminars and teaching programs for the development of doctors’ attributes in different roles in clinical settings. Our medical colleges should develop a holistic approach towards medical education emphasizing not only basic medical education but also on the development of interpersonal skills. They should be trained in communication skills, management and administrative skills. They should also be formally trained in different areas of research giving them better opportunities to explore different opportunities in the field of public health. We need to make sure that these areas of longitudinal learning are a part of the core curriculum in all medical institutions of Pakistan. This will produce doctors who are not just great physicians or surgeons but individuals who possess attributes that make them valued members of any team.

REFERENCES


••••••