Reflections

The Incapacitating Effects of Competence:
A Critique

PROFESSOR JANET GRANT
Open University, Joint Centre for Education in Medicine, London, U.K.

Introduction

Today we are talking about competence-based approaches to education and training. Two or three years ago, it would have been audit or, on the other side of the Atlantic, the impact of Health Maintenance Organizations on education. More recently, the debate has raged about the relevance of evidence-based medicine. Ten years ago, we might all have been extolling the management of education by objectives. For years, we have watched the exponents of problem-based learning very successfully setting out their pitch. We have believed in horizontal integration, vertical integration, adult learning principles, small groups, authentic assessment, ... who knows? Some of us might even be prepared to defend lectures and rote learning. Which one of us has not made up for the child-centred education our children receive by making them chant tables in the car on the way to school?

So, what are we to make of this history of changing educational fashion and practice? Does the truth change so frequently? Does educational research move so fast? Does the problem change so quickly that we constantly need to find new solutions? Probably not. Are we seeking the holy grail of education, unable to convince ourselves that there really is not one? Possibly. But there are other explanations too for our constant hurtle through a Kafka-esque landscape of metamorphosing educational entities which we grasp and believe in until they shrink back into the shadows and become memories of another beautiful outfit that the Emperor wore.

And here we are. This month’s panacea is competence-based education [if that is not a contradiction in terms]. And I am here to represent the anti-panacea school of educational development. I am also here to represent the profession of medicine – because someone has to defend it against imported and inappropriate ways of thinking that are quite possibly threatening to the profession itself, and strangely, often the worst enemy of the profession is the professionals themselves.

If it is any compensation, most other professions are being attacked by the same disorder. Law, social work, education – all are displaying signs of narrowing to sets
of practical skills. In the absolute absence of convincing [or indeed any] evidence of the effectiveness of such approaches, I do not find this universality reassuring. I find it worrying and sinister.

So, to begin with, I shall rehearse the discussion of what exactly we mean by competence. I shall then present all the arguments and reservations that are being expressed [by me and many others] about the use of competence frameworks as they relate to medicine and to clinical practice. Next, I shall try to understand why it is that these different views of how education should be managed get such a grip in a profession which, quite rightly, prides itself on its intellect, its judgment and its independence. And I shall end with a simple statement about where I think we should go from here.

Defining terms

But first we had better define our terms. What do we mean by competence and competency? Well, I looked through the journals and the literature for enlightenment on this subject. And I found a lot on competence. Too much, in fact, far too much. But few definitions and in the end, the definition of the term is not really important. It is what people do with it that counts. While we are talking about definitions of competence we might not notice the professional culture being dismantled. Part of my line of argument is that these new ideas very often are not about education at all. They are actually about external, managerial or political control. I shall come back to that point a bit later on.

However, although I am not prepared to discuss definitions, I do think that we should discuss the implications of the fact that the discussion is going on. In a recent issue of Medical Teacher, there is an article entitled ‘What is competence?’ (Hager & Gonszi, 1996) and here we are discussing it again. If we do not know, then why has it been adopted? If no-one has any hard evidence about the effects of using a competence framework, then why are we [or should I say you] prepared to adopt it? There is a serious debate going on in the educational world about the likely negative effects of such a framework [and about the possible beneficial effects, too, I suppose], then why are you prepared to adopt a practice while the jury is still seriously out? Just as medicine, in its time, has adopted problem-based learning, evidence-based medicine, audit, CME, adult learning and whole host of other so far largely unproven ideas. I shall come back to why this is later. In the meanwhile, I leave you to ponder the question of why we are prepared to adopt a practice, even the definition of which we really have not agreed.

So, having decided that we really are not too sure what we are talking about, let us assume that we do and go on to look at the reservations that I and many others have about applying the model to medicine. I do this in the honest hope that it is not too late.