



# Competence profile for ID Physician

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## **1. Introduction**

Immediate cause for defining a competence profile of the ID physician was the project “modernisation of the educational training for medical specialists”. In the project plan (2005) written by the steering committee “modernisation of training and professions in medical care” (MOBG) which is responsible for this project, is described how this competence profile relates to the final attainment levels and the curriculum for the specialist training. The competence profile serves as the basis for revision of the specialist training and at the same time is a guidance for content and duration of the training.

The specialism Intellectual Disability Medicine has been acknowledged since February 7<sup>th</sup>, 2000. During that same year the educational training for ID physicians started at the Erasmus University in Rotterdam (today Erasmus MC). Since 2000 this specialism and profession has developed significantly, concerning the contents as well as the positioning of the ID physician.

Therefore, The Netherlands´ Society of Physicians for People with Intellectual Disabilities (NVAVG) has two reasons for revising the competence profile for ID physicians. On the one hand the modernisation of the specialist training as initiated by the Ministry of Health, Welfare and Sport and on the other hand the developments that the specialism IDmedicine has gone through during the past years.

Furthermore the ID physician is confronted with developments in healthcare, which influence the specialism and the practice of this specialism. The most important developments in this relation are an increasing differentiation, specialisation and shift of tasks in the medical field. This discussion is also existent for the ID physician. From which position and for which tasks the application of the specific expertise of the ID physician is advisable and/or necessary, now and in future.

First, in this document, the working method, the essence of the specialism of the ID physician, the social context and the starting points and definitions are described. Finally the competences are elaborated.

## **2. Working method**

A competence profile has to be recognisable for health professionals and have its basis within the the NVAVG. In order to realise this conditions, an expert group has been founded. Tasks of this expert group are the input of practice information, discussion on relevant subjects and checking working drafts for recognisability and validity. When selecting the members of the expert group one has tried to reach an optimal spread in working experience and organisational frames in which the ID physician is active. Together with this expert group two invitational conferences were held (for participants see enclosure 1). After in- and external comment the competence profile of the ID Physician has been approved of and accepted. In developing the competence profile the NVAVG was supported by mrs. Ria Broeken, advisor development of professional training of NIZW (Netherlands Institute for Care and Welfare). The VGN (Netherlands´ Association of Care-providing Organisations) and CHVG (National Board of Medical Professions) contributed to the realisation of the competence profile of the ID physician, financially as well as concerning the content.

## **3. Essence of the specialism**

The specific characteristics of the specialism of the ID physician are described in the CHVG resolution “medical care for people with intellectual disabilities (2004)”. Characteristic of the medical care for people with an intellectual disability is the fact that this care is focused on a specific population.

This population exists of people with a light to a severe intellectual disability, typified by:

- the existence of basic suffering as a result of a multiple etiology
- frequent presence of multiple complex disorders and handicaps
- more and particular health problems and health risks
- mainly functioning within a client system, formed by parents, relatives and/or legal representatives and professional workers (CHVG, 2004)

Another characteristic of this population in relation to medical care is that patients are often unable to express their problem or complaint. A final characteristic is the fact that the ID physician is active in primary, secondary and academic medical care.

#### **4. Social context**

Medical care for people with an intellectual disability will develop following the principle “regular when possible, to specialized when needed”. This development is included in the term community (based) care. In the background study *“Want ik wil nog lang leven; moderne gezondheidszorg voor mensen met verstandelijke beperkingen”*, (RVZ 2002); modern health care for people with intellectual disabilities (RVZ, 2002), Evenhuis answers a number of specific questions asked by the Council of Public Health and Care as a preparation to the advice concerning “community care and community living”. This study makes clear that health care for large groups of people with intellectual disability not always conforms to the standards. The availability and accessibility of medical expertise for people with an intellectual disability is, i.e. as a result of transmuralisation, a growing cause of concern (Prismant 2005). People with an intellectual disability suffer from more, and more complex health problems, but have less possibilities for adequate treatment (Ouelette-Kuntz, 2005).

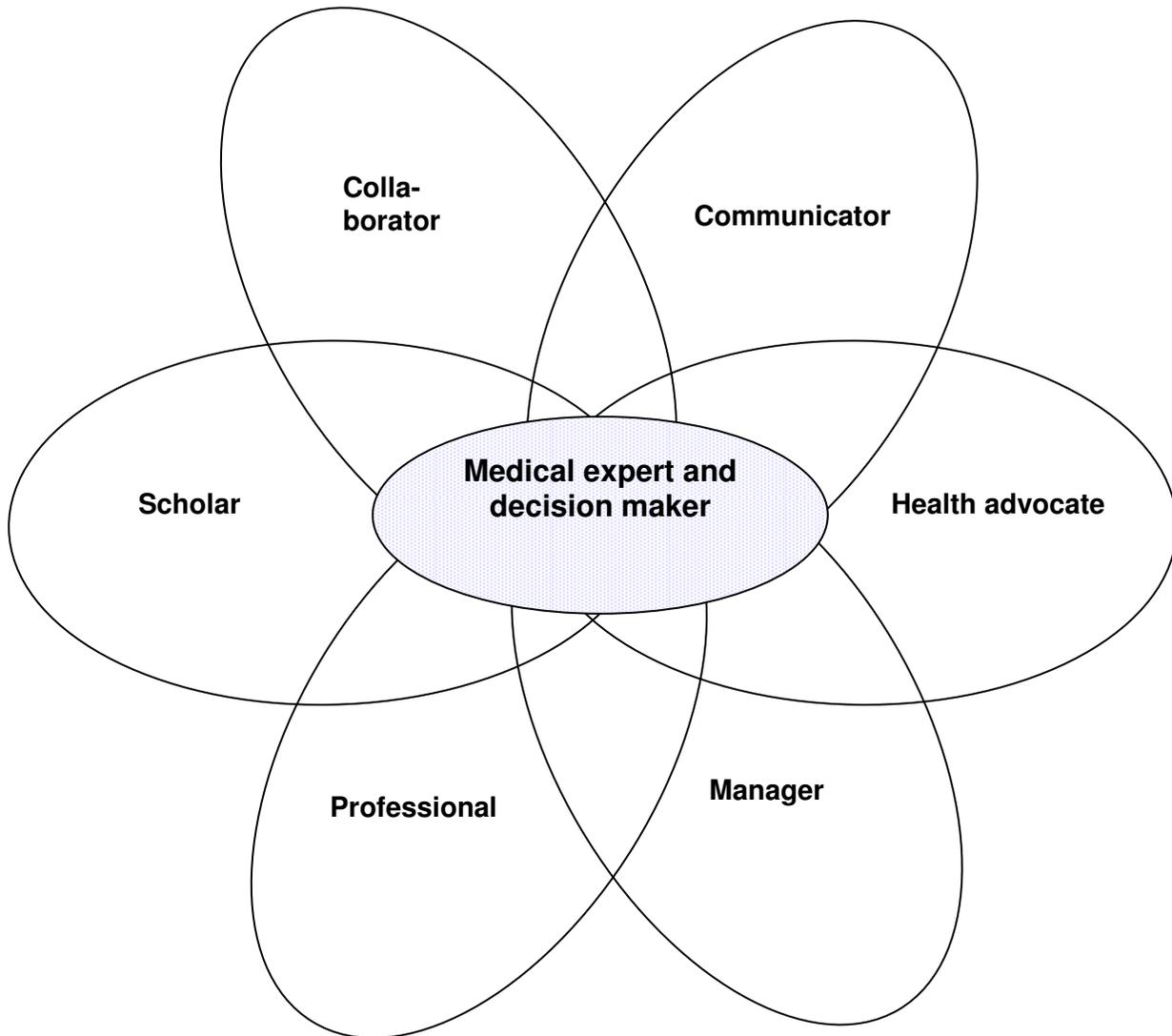
In 2003 the European Manifesto of Basic Standards of Health Care for people with Intellectual Disability (Meijer e.a., 2004) has been finalised, in which conditions for adequate healthcare for people with intellectual disability are defined. As the result of a changed vision on health care, more and more people with an intellectual disability are registered at GP practises. Efficient cooperation between GP and ID physician, with respect to the content as well as on organisational level, is essential for adequate medical care for people with intellectual disability. (Huisarts en AVG, 2005). In a wider context changes in the financing structure and shifts of responsibilities between various specialisms will have effect.

#### **5. Starting points and definitions**

The definitions of competence are defined according to the CanMEDS 2005 procedure. In defining the competence profile of the ID physician a connection was made to the competences of the medical specialist (command CHVG 2004). This means that the specific competences of the ID physician are complementary to the general competences. The specific competences, as far as not included in the general competences, are essential elements of a specialism.

In this document we use the following definition: a competence is a whole of knowledge, skills, attitude, qualities and vision, which will be applied, integrated in the professional functioning.

The positioning of the specific competences is analogous to the positioning of the general competences, which causes an overlap between the different fields of competence. This overlap is congruent to the overlap as described in the figure hereunder.



In intellectual disability care most of the time the word client is used. Where patient is written, you can also read client. Patient system stands for: patient, his/her legal representative, family and professional workers who are directly involved.

## 6. Competences of the ID physician

### I. Competence area: Medical expert and decision maker

The *medical specialist*:

- 1:1 has adequate knowledge and skills concerning the state of the specialism
- 1:2 provides evidence based implementation, wherever possible, of the diagnostic, therapeutic and preventive spectrum
- 1:3 provides effective and ethical patients care
- 1:4 is able to trace and employ the necessary information on short term

On the basis of signals the *ID physician* is able to clarify the request for help in co-operation with the patient and his surroundings and to submit a workable intervention proposal.

A. Therefore: the ID physician adequately interprets the problem within the situation of the patient

- 1. the ID physician is able to judge the patients level of development and the consequences hereof for experiencing and presenting health problems and the care for the patients own health.
- 2. the ID physician relates the complaints and the presentation hereof to the etiology of the disability and the corresponding risk profile, to the age of development and to the medical history of the patient
- 3. the ID physician accurately gives meaning to the conclusions of the auto and hetero anamnesis
- 4. the ID physician knows how to place the medical questions in the entire functioning of the patient within his situation
- 5. the ID physician consciously chooses the extend of intervention

B. Therefore: the ID physician uses specialized medical knowledge and diagnostic and therapeutic methods

- 1. the ID physician is well informed on developments in his specialism and on the relevance of the developments in adjacent disciplines and applies these in an integrated way
- 2. the ID physician applies the rules of the NVAVG and other relevant standards
- 3. the ID physician acts individually, and is aware of the fact that specialized medical care has its limitations and that the population concerned is very divers
- 4. the ID physician takes into account syndrome and etiology related health problems
- 5. the ID physician has adapted methods of examination and treatment at his disposal

Therefore: the ID physician acts from the characteristics of population and care system

- 1. the ID physician consciously knows how to handle an extra amount of diagnostic uncertainty which is the result of a different presentation of complaints, poor auto anamnesis and possible inconsistent hetero anamnesis
- 2. the ID physician has a system orientated attitude and when making intervention propositions he takes into account the possibilities of patient and client system
- 3. the ID physician responds pro actively, based on epidemiological information and risk profiles
- 4. the ID physician has the ability to notice voids in care and takes action in this
- 5. the ID physician constitutes prevention through implementation of health watch programs
- 6. the ID physician adequately treats different levels of capacity to make decisions
- 7. when making a decision the ID physician considers possible conflicting interests of the patient and the client system
- 8. the ID physician is capable of treating the different health problems of people with a multiple complex handicap in an integrated way. Doing so the ID physician is focused on the long term development, the medical ethical aspects and the quality of life.

## II. Competence area: Communicator

The *medical specialist*:

- 2:1 sets up an effective treatment relation with his patients
- 2:2 listens well and efficiently obtains relevant patient information
- 2:3 discusses medical information with patients and relatives in a proper way
- 2:4 is able to report adequately, orally as well as in writing

The *ID physician* is able to operate effectively within the triangle: patient/patient system/ID physician

- A. Therefore the ID physician carefully applies communication methods
  - 1. the ID physician focuses on the level of development and the possibilities of communication of the patient and the client system and adjusts his way of communicating
  - 2. the ID physician communicates verbally and non verbally in a way that clarifies the medical problem and the chosen intervention.
  - 3. the ID physician verifies if the information has been understood by the patient as well as by the patient system
  - 4. when necessary the ID physician uses specific supportive methods of communication
  - 5. the ID physician is capable of a directional transfer of information (in writing) on the level of the recipient
  
- B. Therefore, in the diagnostic process and when making decisions the ID physician takes into account the possibilities of the patient and the client system
  - 1. the ID physician is able to answer questions in a way which is also clarifying to patients with severe communicative restrictions
  - 2. the ID physician takes into account that this population often has an impaired capacity of decision making
  - 3. in the case of patients who are not capable of decision making the ID physician carefully involves the (legal) representative when making decisions

### III. Competence area: Collaborator

The *medical specialist*:

- 3:1 efficiently communicates with colleagues and other care providers
- 3:2 adequately refers
- 3:3 effectively provides interfraternal consultation
- 3:4 contributes to effective and interdisciplinary co-operation and serial care

The *ID physician* is focused on multidisciplinary co-operation and is able to set up and maintain effective working relations

- A. Therefore the ID physician adequately refers.
  - 1. the ID physician has a regional and international network of relations to refer to
  - 2. the ID physician realizes co-operation with other doctors
  - 3. the ID physician profiles, visualizes and makes the specialism visible and applicable in consultations
  
- B. Therefore the ID physician accurately implements skills of co-operation
  - 1. the ID physician anticipates the knowledge and competence level of professional care workers
  - 2. the ID physician makes distinct arrangements concerning case management as well as consultation
  - 3. the ID physician reports comprehensibly to those involved
  - 4. the ID physician deals in a constructive way with opinions and interests that are contradictory to each other
  
- C. Therefore the ID physician adapts his communication to the role he has in the different situations of co-operation
  - 1. the ID physician has knowledge of the specialistic domain of other health professionals and effectively applies their expertise
  - 2. the ID physician takes care of integration and co-ordination
  - 3. the ID physician co-operates with various paramedical disciplines and behavioral scientists
  - 4. the ID physician initiates and maintains networks
  - 5. the ID physician takes medical responsibility within a multidisciplinary team

#### IV. Competence area: Scholar

The *medical specialist*:

- 4:1 critically looks at medical information
- 4:2 promotes and diversifies scientific specialist knowledge
- 4:3 develops and maintains a personal plan for retraining
- 4:5 promotes the competences of students, aios, colleagues, patients and others involved in medical care

The *ID physician* is able to contribute to the scientific foundation of the specialism, to the development of guidelines and standards and to the integration of general medical views and characteristics, which are specific to the population.

- A. Therefore the ID physician acts on a basis of scientific attitude
  - 1. the ID physician has critical and analytic capacities and is not afraid to question supposed certainties
  - 2. the ID physician notices and identifies voids in scientific specialist knowledge
- B. Therefore the ID physician promotes the development and implementation of specialist knowledge
  - 1. the ID physician makes explicit practical knowledge
  - 2. the ID physician passes on his knowledge of the health problems of the population to colleagues, students, registrars and other professional care providers
  - 3. the ID physician integrates expertise of other specialisms in his discipline
  - 4. the ID physician examines the workability of new scientific insights in relation to the diversity of the population
  - 5. the ID physician plays an active part in the development and the implementations of new scientific insights
  - 6. the ID physician observes impediments in the implementation and takes action in this

## V. Competence area: Health advocate

The *medical specialist*

- 5:1 knows and recognizes the determinants of illness
- 5:2 improves the health of the patient and the community as a whole
- 5:3 acts according relevant legal provisions
- 5:4 acts adequately in case of incidents in care

The *ID physician* contributes to socially sound medical care for people with an intellectual disability

- A. Therefore the ID physician protects the interest of people with intellectual disabilities within the health care system
  - 1. the ID physician recognizes the determinants of disparities and inequities in health
  - 2. the ID physician acts from the idea that the patients environment is effecting their health
  - 3. the ID physician promotes the ability to take responsibility for ones own health
  - 4. the ID physician identifies high-risk groups and their needs
  - 5. the ID physician reacts by taking initiatives for a adequate supply of care and for policy advice
- B. Therefore the ID physician acts corresponding to the relevant legislation
  - 1. the ID physician judges the level of capacity of decision making\_in the framework of the BOPZ and the WGBO
  - 2. the ID physician supports the remaining capacity of decisionmaking of the patient
  - 3. the ID physician carefully deals with restriction of freedom
- C. Therefore the ID physician participates in general social discussions
  - 1. in social discussions concerning people with intellectual disability, the ID physician brings in specialist knowledge
  - 2. the ID physician promotes emancipation of people with intellectual disability
  - 3. the ID physician watches and promotes the quality of medical care for people with intellectual disability

## VI. Competence area: Manager

The *medical specialist*:

- 6:1 organizes the work to a balance in patient care and his personal development
- 6:2 works effectively and efficiently within a healthcare organization
- 6:3 spends the available means for patient care in a responsible way
- 6:4 uses information technology for optimal patient care and for extra training

The *ID physician* is capable of clarifying and realizing his own role within the various organizational connections

- A. Therefore the ID physician helps to create a clear image about tasks, authorizations and responsibilities
  - 1. the ID physician is convincing and acts from his professional standards
  - 2. the ID physician gains and keeps his position in a changing environment of care
  - 3. the ID physician is clear about his quality based role and position, and is able to recognize indistinctness and acts in an appropriate way
  - 4. Being an expert in the field of medical policy the ID physician advises the management of care providing organizations
  - 5. for the benefit of quality improvement and safety of patients the ID physician works with actual information on care and incidents
  - 6. the ID physician has knowledge of the procedures and culture in organizations and is capable of using management techniques which are relevant to the provision of care
  - 7. the ID physician systematically works on planning, realization and evaluation in relation to scientific understanding
  
- B. Therefore the ID physician acts as a case manager in case of complex, often multidisciplinary medical care
  - 1. the ID physician coordinates care and gives formal instructions to other professionals when needed
  - 2. in case of indistinct procedures, misconceptions of tasks and teamwork the ID physician takes his responsibility
  - 3. the ID physician has a clear understanding of the specialism of other professionals involved
  
- C. Therefore the ID physician realizes himself that for people with intellectual disability the accessibility of medical care is limited
  - 1. the ID physician actively contributes to the availability of care in the surrounding area of the patient
  - 2. the ID physician makes transparent appointments with other care providers about his own contribution as a advisor, as temporary, co- or principal medical attendant
  - 3. the ID physician looks after the interest of patients when this is conflicting to the organizational interest

## VII. Competence area: Professional

The *medical specialist*

- 7:1 supplies high level patient care in a sound, sincere and committed way
- 7:2 shows efficient personal and interpersonal professional behavior
- 7:3 is aware of the limits of his own competence and acts within these limits
- 7:4 practices medicine following the usual ethical standards of the profession

The *ID physician* supplies high level patient care and at the same time watches the interest of the patient and his surroundings explicitly

- A. Therefore the ID physician works systematically and with determination on the development of his professional functioning
  - 1. the ID physician reflects his own professional functioning
  - 2. the ID physician keeps practice in a transparent way and has the actual practicing tested periodically
  - 3. the ID physician has created a balance between personal and professional roles
  - 4. the ID physician makes choices in the advancement of his expertise which link to the contents of the specialism
  - 5. the ID physician watches and promotes the interest and position of the specialism in an effective way
  
- B. Therefore the ID physician consciously handles the professional ethics
  - 1. the ID physician acts from the insight in normative views, from himself as well as from the professional group
  - 2. the ID physician knows how to handle the ethical and juridical quandaries which are specific for the medical care for people with an intellectual disability
  - 3. the ID physician respectfully treats the, often vulnerable, patient population
  - 4. the ID physician carefully handles the area of tension between professional secrecy and adequate supply of care

## Literature list

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