



GUIDANCE FOR DEVELOPING BASIC PROFESSIONAL COMPETENCY STANDARDS FOR SPECIALIST DOCTORS

Vietnam

14 March 2022

Version: 2.1

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Part A. The Status of the Development and Use of Basic Professional Competency Standards for Health Professions in Vietnam

1. General introduction

Since 1974, medical human resource training institutions at the university level have trained post-graduate specialty doctors at levels I and II, and resident doctors to meet the country's health care needs. However, until now, there are no legal documents guiding this activity. This means that the training programmes are developed, evaluated, issued and organised by medical universities and hospitals with no oversight or control over the quality of training facilities, lecturers and training programmes. There are also no common competency standards for ensuring the quality of post-graduate specialty training.

In recent decades, the Ministry of Health has developed the basic professional competency standards for health workers. There are many reasons for the need to develop these professional competency standards. Firstly, due to the inevitable development of the economy, and the management mechanism of the education and training system, the number of health worker training institutions has increased significantly; The Law on Education and Higher Education stipulates the autonomy of schools in the development and organization of training programs. Therefore, the quality of training of schools can vary greatly. Additionally, the demand for high quality medical services is increasing, especially for high quality medical staff. Many medical facilities have expressed concerns about the quality of newly graduated doctors and pharmacists, especially those trained in special forms such as University Bridge Programmes¹ and Linkages University Training Programmes².

In addition, Vietnam has transitioned rapidly from low to a lower-middle income country, through a process of industrialization, urbanization, and significant collaboration, engagement and integration with the regional and global community. Vietnam has seen significant improvements in health outcomes over the last few decades. However, the changing burden of disease and further advancement of universal health coverage pose additional challenges on the Vietnamese healthcare system. Specifically, the qualification of medical doctors has come under scrutiny as there are limited quality assurance and regulatory mechanisms at the national level to ensure a minimum standard of medical doctors to protect and promote the health of the Vietnamese people.

¹ University Bridge Programs is a form of training allowed by the Ministry of Education for some schools providing pathway program to University education for college students or professional intermediate students by supplement knowledge and then having a University degree after completing the Pathway program.

² Linkages University Training Programme between the University and Enterprises or Local authorities is a form of contractual training between the local authorities or business and the University, with the approval from the Ministry of Education and Training, the Ministry of Labour, Invalids and Social Affairs. After completing the programme, students will be assigned jobs in the localities and recruiting businesses.

Recently, the “Vietnamese Qualifications Framework” (which was designed to be compatible with the ASEAN (Association of Southeast Asian Nations) Qualifications Reference Framework) approved by the Prime Minister (PM) in 2016 and the new Law Amending and Supplementing a Number of Articles of the Higher Education Law in November 2018 requires the standardisation of training programmes in accordance with regulations on learning outcome standards; evaluating the quality of the training program according to the standard of learning outcome standards; and ensuring education program quality.

Furthermore, in July 2020, to enhance people’s health protection, health care and health promotion and to meet the demand for developing medical personnel capacity, the government issued the Prime Minister Decision on Medical Council Establishment (956/QĐ-TTg). The Council will be responsible for developing practice standards for medical examinations and treatment in Vietnam, and will participate in monitoring and assessing the compliance of medical practitioners. The establishment of the Medical Council will significantly improve the regulation and quality assurance of medical education in Vietnam.

Therefore, this guideline aims to outline the standard procedure of the development of basic professional competency standards for specialist doctors in Vietnam. This guideline is recommended to be applied by all collectives and individuals involved in the development, finalisation and revision of new basic professional competency standards for specialist doctors in Vietnam.

2. Professional competency standards of health workers in Vietnam

In order to ensure that health care workers entering practice have the basic and necessary competencies, the Ministry of Health has developed the basic professional competency standards for health workers.

2.1. The Vietnamese Nursing Competency Standards

Issued together with Decision 1352 / QĐ-BYT dated April 24, 2012 of the Minister of Health

a) The development process

In 2012, the Ministry of Health issued the first edition for nurses. The background of this competency standard is based on the requirement of a mutual recognition agreement between countries in Southeast Asia on medical, nursing, and dental services. Nursing has grown to become an essential public service not only in health facilities but also in homes; nursing qualifications at college and university level are becoming the minimum requirement to practice. The Vietnam Nursing Association is the focal point in developing this competency standard in the following steps:

- Establishment of the Compilation Board of Vietnam Nursing Competency Standards comprising trainers, health policy managers and developers, with the consultation of international nursing experts.
- The Compilation Board has translated and studied domestic and international documents on nursing competency standards.
- Study of the Framework Agreement on mutual recognition of nursing services among ASEAN countries, signed by the Government of Vietnam and ASEAN member countries on 8 December 2006, the standard competency standard of bachelor of nursing is recommended by the World Health Organization in the Western Pacific region, the Standard "Professional Nurse Capabilities - Professional Nurse" of the World Nursing Council (ICN - 2003) and the Competency Standards for Nurses in the Philippines.
- The Compilation Board developed draft competency standards and sought stakeholders' comments in national and regional nursing workshops, collected comments from nursing training institutions and hospitals, and posted on the website of the Nursing Association to consult members.
- On the basis of the proposal of the Vietnam Nursing Association, after consulting the Minister of Health, the Department of Organization and Personnel - the Ministry of Health took the role of the focal point to continue completing the Standard.
- The Minister of Health set up a Professional Council for evaluating basic competency standards of nurses in Vietnam to appraise the document and gave additional comments on the content and format.
- The Department of Organization and Personnel - the Ministry of Health issued a final request for comments from the Departments and Agencies of the Ministry of Health for finalization.

b) The competency standards structure

The basic competency standards of the Bachelor of Nursing are structured according to the nursing capacity standards in Asia Pacific and ASEAN to meet regional requirements and for ease of comparison against other nursing competency standards. Vietnamese nursing competency standards are divided into 3 areas, 25 standards, and 110 criteria. Each field demonstrates a basic function of nursing, including:

- The competence to practice
- Care management and career development
- Law and ethics

Each standard represents part of the area and covers a duty of nursing.

c) Recommendations for reviewing and revising the Vietnamese Nursing Competency Standards

The Vietnamese Nursing Competency Standards have been implemented in Vietnam since 2012 with the support of various international projects around health care workforce development. Nursing education followed the direction of the Vietnamese higher education reform and was also influenced by the underlying ideologies of foreign institutions that became embedded in education policies. However, there was inconsistency between developments in nursing education and nursing clinical practice. The competency standards were confined to education and were absent in policies that defined nursing roles and functions in clinical work. In the second five-year health sector plan, published in 2016, the MOH stated that medical education in Vietnam (which as noted, was inclusive of nursing) would consist of two training systems: 1) a research-based system managed by the Ministry of Education and Training (MOET); and 2) a medical practice-based system managed by the MOH. The existence of two training systems, under the governance of two separate ministries, was likely to cause conflict that could constrain the development of the nursing role. Competencies, as noted above, while underpinning nursing education had no role in clinical practice. Furthermore, in 2015, the MOH and the Ministry of Home Affairs (MOHA) produced a Joint Circular (26/2015/TTLT-BYT-BNV, 07 October, 2015) on a code of conduct for Vietnamese Registered Nurses (RNs) which marginalised the competency standards in defining nursing practice. The Joint Circular outlined a list of tasks that supposedly defined the work of nurses. Therefore, it is recommended that the competency standards of nursing should be reviewed and revised based on the status of nursing practices, legal frameworks, and the social-economic situation in Vietnam.

2.2. Basic competency standards of Vietnamese Midwives

Issued according to the Decision No. 342 / QĐ-BYT dated January 24, 2014 of the Minister of Health

a) The development process

This document is developed as a basis for training facilities to develop training programs, output standards of training programs, appropriate teaching methods and content. It is also the basis for midwifery students to strive to study and self-assess their professional capabilities during the learning process and after graduation. Basic competency standards for midwives are also the basis for managers to plan and provide opportunities for midwives to receive ongoing training or for self-training during the work process.

The competency standards were developed using the following process:

- Establish a Compilation Board for the Basic Competency Standards of Vietnamese Midwives, comprising health educators, managers and policymakers, the Vietnam Association of Midwives and midwife specialists.

- The Compilation Board studied the Essential competencies for basic midwifery practice³ 2010, amended 2013; and the National Reproductive Health Service Guide - Ministry of Health - 2009.
- The Compilation Board developed draft competency standards for comment in seminars on the implementation of the "National Action Program on Strengthening Nursing and Midwifery Services 2012 - 2020" in Hanoi and Ho Chi Minh city.
- Comments were collected from midwifery training institutions, hospitals, departments, and departments of the Ministry of Health.
- The Compilation Board submitted the draft the Basic Competency Standard of Vietnamese midwives to the Administration of Science, Technology and Training and the Department of Maternal and Child Health, for checking and mapping according to the regulations of the Ministry of Health.
- The Minister of Health set up a professional council to appraise basic competency standards of Vietnamese midwives. The Council held a meeting to appraise the document and gave additional comments on the content and format of the document. The Minister of Health signed the Decision promulgating the Basic Competency Standard of Vietnamese Midwives in Decision No. 342 / QD-BYT dated January 24, 2014.

b) The competency standards structure

The basic competency standards of Vietnamese midwives include 7 competency standards, 102 knowledge criteria and 119 skill criteria. The seven competency standards are:

- Social, cultural, and public health competence in maternal and infant care
- Competence in maternal care before pregnancy and family planning
- Taking care of mothers during pregnancy
- Taking care of mothers during labour and delivery
- Taking care of mothers after giving birth
- New-born care after giving birth
- Taking care of women during and following abortions

³ [ICM-Essential-Competencies-for-Basic-Midwifery-Practice-2010-revised-2013.pdf \(safeabortionwomensright.org\)](http://www.safeabortionwomensright.org/ICM-Essential-Competencies-for-Basic-Midwifery-Practice-2010-revised-2013.pdf)

c) Recommendations for reviewing and revising the basic competency standards of Vietnamese Midwives

As the Essential Competencies for Midwifery Practice⁴ was updated and published in October 2019 with the aim of increasing the simplicity, accessibility, usability, and measurability, it is recommended that the Basic Competency Standards of Vietnamese Midwives should also be reviewed and revised following the same principles.

Also, competencies related to continuous improvement to the practice of midwives are recommended to be added to the revised version of the Basic Competency Standards of Vietnamese Midwives. Midwives should remain current in practice by participating in continuing professional education (for example, participating in learning opportunities that apply evidence to practice to improve care such as mortality reviews or policy reviews). The Ministry of Health issued Circular 26/2020/TT-BYT dated 28 December 2020 to amend and supplement Circular 22/2013/TT-BYT regarding continuous medical education (CME) for medical officials. Healthcare officers, including midwives working at healthcare establishments nationwide are required to participate in continuous medical education.

2.3. Professional competency standards of General Practitioners⁵

Issued according to Decision 1854 / QD-BYT dated May 18, 2015 of the Minister of Health

a) The development process

Since 2000, the number of training institutions and training scale of schools has increased rapidly. The number of doctors graduating from school has also increased rapidly, contributing significantly to the health system. However, the quality of doctors is not guaranteed, affecting the quality of medical services particularly at the grassroots level and in challenging areas. In the face of this challenge, the Ministry of Health has developed and issued professional competency standards for general practitioners with a number of purposes, among which is for training institutions to use as a basis for setting output standards of undergraduate medical doctor training programs, and as a basis for medical students to strive to study and self-assess their competence during and after study.

The Competence Standards for General Practitioners were formulated based on a training needs assessment in Vietnam with reference to international documents. The standards are structured according to the general format of competence standards in Asia Pacific and the ASEAN to satisfy the requirements of the areas as well as to facilitate comparison.

⁴ [ICM competencies English 2.indd \(internationalmidwives.org\)](http://internationalmidwives.org)

⁵ In the current GP training pathway in Vietnam, a GP needs 6 years undergraduate education in medical schools (student goes to medical school directly after high school)

The competency standards were developed using the following process:

- A Compilation Board of Competence Standards for General Practitioners is established including medical education experts, those who manage or formulate medical policies, the Vietnam Medical Association and medical experts.
- The Compilation Board referred to the results of the ministerial research project on “Establishment of outcome standards for general practitioners” by Hanoi Medical University (2010-2013)
- The Compilation Board collected suggestions from training institutions and posted them on the websites of the Ministry of Health and Administration of Science Technology and Training to collect more suggestions.
- Suggestions from general practitioner training institutions, hospitals, departments of health and relevant departments are collected in writing or through seminars.
- The Minister of Health established a Specialist Council to carry out appraisal of the documents outlining Competence Standards for General Practitioners. The Council offered additional suggestions on the content and format of the documents. The Compilation Board reviewed the suggestions of the Council and completed the documents.

b) The competency standards structure

The basic competency standards of General Practitioners are divided into four areas, 20 standards and 90 criteria. Each area demonstrates a basic function of a medical practitioner including:

- Professionalism: having a professional practicing manner according to moral and legal standards and respect the variety of culture, studying continuously for personal development and for occupational capacity
- The ability to apply medical knowledge: ability to apply the knowledge about basic science and basic medicine, pathology and social and medical studies as the rationale for identifying, explaining and resolving the problems and transmit to individuals, groups of individuals and community about health conditions.
- Competence of medical care: ability to resolve a normal demand for medical care safely, promptly, economically and effectively depending on scientific evidence and conformable to the real conditions.
- Ability to communicate and collaborate: ability to communicate effectively with patients and their family, their colleagues and the community.

Each criterion is a component of the area that covers a doctor's duty.

2.4. Competency standards of Doctors in Dentistry

Issued together with Decision No. 4575 / QD-BYT dated 08/23/2016 of the Minister of Health

a) The development process

This is the third standard set of basic professional competency standards of health workers that was developed, it is also the last target for health workers to develop competency standards within the framework of mutual recognition agreements among ASEAN countries. The objectives of this document are to identify the core competencies required for a Doctor in Dentistry, in line with the core competencies outlined by the Southeast Asian Dental Education Association as the primary source of reference for dentomaxillofacial training facilities, support instruction on the curriculum framework, and provide a tool to evaluate the competency of a Doctor in Dentistry.

The Doctor in Dentistry's competencies development group identified the core competencies required to start a career in dental practice as a Dentist. These competencies should be appropriate and must uphold the responsibility of the Dentist's patient care, directly linked to the oral care needs of the community, which are realistic and readily accepted by other healthcare majors. The Doctor in Dentistry's competencies should also be in line with the core competencies of the Southeast Asian Association of Dental Education (SEAADE) set out in August 2015 in Kuching, Malaysia to enable dentists graduating in Vietnam to practice in ASEAN countries.

b) The competency standards structure

The competency standards of Doctor in Dentistry includes 6 areas:

- Critical thinking
- Communication
- Professionalism and continuous career development
- Knowledge base, synthesis and evaluation of clinical information - subclinical
- Prevention and promotion of oral health
- Patient care: a) Diagnosis and treatment plan, b) Clinical practice (establishment and maintenance of oral health)

2.5. The basic professional competency standard of the Bachelor of Public Health

Issued with Decision 2642 / QD-BYT dated June 24, 2019)

The Bachelor of Public Health competency standard includes 8 standards and 36 criteria. Standards are:

- Knowledge of the fundamental sciences of public health

- Public health research, monitoring and evaluation
- Preventive planning and control priority health problems
- Implementation, monitoring and evaluation of results of public health policies, programs, projects and plans
- Communication, health education and communication
- Working with communities in culturally diverse environments
- Practicing public health professionally and in accordance with the law
- Lifelong learning to develop professional capacity in public health

2.6. Basic competency standards of Vietnamese Pharmacists (Bachelor of Pharmacy)

Issued under the Minister of Health's Decision 4815 / QD-BYT dated October 15, 2019

a) The development process

Compared to training doctors, the number of training institutions and the scale of training for a Bachelor of Pharmacy has increased significantly faster. In 2006, the number of doctors who graduated was more than 3,000 and the number of pharmacists who graduated was more than 500 people. However, after a decade, the number of students entering the school of these two training areas has become approximately the same. Many newly established schools, non-public schools and public schools participate in the training of this expertise. Nevertheless, the training program, the facilities, the quality of the faculty, the quality of student input, the method of implementing the training program, the training organization capacity, etc. of each institution is different. Therefore, the quality of practice of pharmacists after graduation is also different. This is why it was necessary to establish basic competency standards for Vietnamese Pharmacists (Bachelor of Pharmacy).

The Basic Competency Standard of Vietnamese Pharmacists' Drafting Committee included the participation of all stakeholders including experts in the field of training, employers, managers, experts, and other social organizations.

During the construction process, the Drafting Committee consulted the competency standards of pharmacists from other countries in the region and around the world to adjust to suit the situation of Vietnam, and at the same time also considering the market integration of pharmaceutical human resources of Vietnam in the region and internationally. The Basic Competency Standard of Vietnamese Pharmacists were structured according to the common template of the Competency Standards in ASEAN countries and around the world to meet the requirements of integration and comparison.

b) The competency standards structure

The Basic Competency Standard of Vietnamese Pharmacists (Bachelor of Pharmacy) includes 7 areas, 24 standards and 84 criteria. Areas of this set of standards are:

- Practicing professionally and ethically
- Ability to communicate and collaborate
- Organization and management
- Ensuring the quality of drugs and medicinal ingredients
- Manufacturing and manufacturing drugs and medicinal ingredients
- Supplying drugs
- Using drugs appropriately

2.7. Discussion and Recommendations

To date, the Ministry of Health has only issued the basic professional competency standards for health workers at undergraduate level as general practitioners, nurses (bachelor of nursing), orthodontists, pharmacists, midwives, etc. When issued, standards for occupational skills of health workers will serve as the basis for training institutions to develop output standards and training program standards. These competency standards have been developed by different units and have different consulting and support units following different procedures and methodologies. Working groups responsible for developing recent competency frameworks have followed different recommended standards and guidelines from international professional bodies and were structured according to the common template of the Competency Standards in ASEAN countries and around the world.

It is recommended for Vietnam to develop a set of generic areas relating to all health profession of any profession. Each health profession will be responsible for the development of profession specific standards. Having a set of generic competencies would link the healthcare professions towards a common set of standards. As the organisation responsible for developing practice standards for medical examinations and treatment in Vietnam, the newly established National Medical Council will be responsible to take the lead in developing and regulating the development and use of the generic competencies for health profession that is most appropriate for Vietnam.

3. Review of graduate medical education competencies in selected countries

A landscape analysis of graduate medical education (GME) from four countries (United States, United Kingdom, Canada, and Thailand), as well as three regional Asian pacific countries (Japan, Korea, Singapore) provides a high-level overview of how these countries develop, implement and regulate graduate medical education⁶. These countries were chosen as they are considered leaders in graduate medical education globally and regionally, and these countries are where most published research on graduate medical education originates. General trends of the countries reviewed indicate Japan, Korea, Singapore, and Thailand have adapted the Accreditation Council for Graduate Medical Education (ACGME) six core competencies for their context, whereas the United Kingdom and Canada have their own core competencies. Regardless of adapting the ACGME six core competencies, it is important to note that all countries apply a common set of core competencies for all medical specialties and sub-specialties, which is recommended for Vietnam. Additionally, regarding the implementation of competencies, each country examined has separate implementation criteria, aside from core competencies, that govern the administration of the GME program. These implementation criteria are standard across all medical specialties and sub-specialties. Finally, there is diversity in the regulatory body of GME, varying by country, placing responsibility to a non-governmental organization or a governmental organization within the Ministry of Health. However, it is important to note that regardless of government affiliation, every country surveyed has a body dedicated solely to the regulation of GME. This is also recommended for Vietnam.

4. The necessity of the Guidelines for the Development of Basic Professional Competency Standards for Specialist Doctors

The Ministry of Health has developed and put into practice a specialist training system since the 1970s, including specialist I, specialist II and resident physician. Like other types of training, in the last two decades the number of specialist and resident physician trainees has increased dramatically while the number of practice facilities has not increased accordingly. The number of training institutions registered and opened for specialized and resident physician training has also increased. Quality control of training is more complicated due to the market mechanism and university autonomy. Therefore, defining basic professional competency standards for specialists of all levels and specializations is necessary to ensure that doctors who study specialist training programs in other training institutions achieve a certain capacity and meet the career requirements at that level.

Currently, no specialist doctor competency standards have been issued. The Ministry of Health, training institutions and practice facilities are developing draft standards for basic professional

⁶ WHO-HAIVN. "Situational Analysis of Graduate Medical Education in Vietnam." Hanoi: The Partnership for Health Advancement in Vietnam (HAIVN). October, 2020

qualifications for doctors specializing in surgery, internal medicine, obstetrics, paediatrics, and rehabilitation. These competency standards are assigned to different units as a focal point and have different consulting and support units. Therefore, the form and content have not been unified. As a result, there is a need for a general guideline on the development of professional competency standards for specialist doctors to ensure that the professional competency standards are designed in a uniform pattern, the basic implementation steps are the same, and the general competencies are the same.

It is also recommended that Vietnam develop a standard set of competencies that apply across all medical specialties and sub-specialties. Vietnam should strongly consider the adoption of the AGCME competencies, modified for the Vietnamese context as it is also the foundation for GME competencies in Japan, Korea, Singapore and Thailand. This will also enable Vietnamese health professionals to integrate with those of its neighbours in ASEAN and the Asia Pacific region.

Part B. Guidance for Building Basic Professional Competency Standards for Specialists

1. The steps for building basic professional competency standards for specialist doctors

The aim of this section is to outline the basic steps in developing competency standards. Each step suggests a series of important aspects/issues to be addressed by a profession embarking on the development of competency standards. The basic steps to building a Basic Competency Standard for Specialists are listed below.

Step 1: Set up a working group

The working group has an essential role to play in the development of the competency standards. Together, the members must achieve widespread national representation of the specialty and involve appropriate representatives of stakeholders and educators in the specialty.

It is important to recognize that the larger the group, the more difficult it can be to build consensus. An ideal size for an expert focus group is seven to nine people to ensure feasibility in organizing training courses and meetings, and all members should understand the process and the reasons for the activities. One person may represent a number of different areas, and so someone for each role within the sector may not be required. The members of the Working Group should also have current knowledge of the skills required to perform the roles within the specialty, be able to consult with the specialty's stakeholders when seeking feedback and validation, and have time to commit to the lengthy development process.

The working group may include: experienced, reputable doctors of that specialty or representatives from relevant doctor associations; experts in building basic professional competency standards / medical educators; managers of relevant specialty education institutions; lecturers of specialty training institutions in appropriate majors; members of appropriate professional associations; managers/employers of relevant healthcare facilities; representatives from specialists in training (such as from Vietnamese Young Doctors' Association and Vietnam Medical Association); etc.

The Working Group should have a clear operation protocol which outlines the commitment and contribution of each team member, communication channels, and cooperation, conflict and change management mechanisms.

Developing competency standards is a lengthy process that requires focused, detailed work. Therefore, it is important for the Working Group to be assisted by experienced facilitators/secretaries. They may or may not have experience of the industry for which the standards are being developed but must have a full understanding of the underpinning principles

of competency development. Facilitators need to be able to synthesize large volumes of information, build consensus, and keep people on track.

Step 2: Refer to international documents on professional competency standards and respective specialist training programs

The purpose of this step is for the working group to have the most up-to-date information on the training and the scope of the role of specialists internationally, as well as information on the competencies required for specialists and the content of specialist doctor's training programs. Utilizing experiences from other countries, especially those in the region and those who are seen as leaders and exemplars in graduate medical education, is a strategy that may be both beneficial and effective for the Vietnamese context.

International resources can be obtained from official websites of educational institutions, educational authorities, foreign health care services, articles in international journals (use of ISI and Scopus articles is encouraged). It also is advisable to use information from reputable international training institutions from developed countries with advanced medical education such as the US, UK, Netherlands, etc. At the same time, it is necessary to consult from developed countries in the region such as Thailand, China, Korea, Japan, Singapore, etc. It is recommended to consider the relevant countries' specialist training pathway, specialty length of training and health system in the process of reviewing international lessons learned.

Guidelines and standards from reputable international medical education bodies (for example Accreditation Council for Graduate Medical Education (ACGME) Milestones Guidebook⁷ Postgraduate Medical Education WFME Global Standards 2015⁸; or Generic Professional Capabilities Framework⁹) and competencies development guidelines (such as updated guidelines for development of Regional Model Competency Standards¹⁰) should also be considered as important sources of information.

The content needs to refer to: regulations on competencies, knowledge, skills, attitudes, career development, professionalism of the specialist doctor; and the content of the specialist doctor's training program including training objectives, outcome standards, main learning contents, etc.

The working group can define more content that needs reference or expand the reference content in the process of searching and learning.

Step 3: Situation analysis and assessment of the specialty education programs and the training needs

The working group should conduct a situation analysis and assessment of specialty education and training needs using appropriate techniques to identify

⁷ Accreditation Council for Graduate Medical Education (ACGME) [Guide Book](#)

⁸ World federation for medical education [Postgraduate Medical Education WFME Global Standards 2015](#)

⁹ General Medical Council [Generic professional capabilities framework](#)

¹⁰ ILO [Updated guidelines for development of Regional Model Competency Standards](#)

- The current status of the implementation of specialty training programs in training institutions nationally
- The capacity of new graduates of specialty training programmes
- The social needs for doctors of each specialty through analyses of disease patterns, operating and health care models of medical facilities
- The needs of employers, and the needs of specialists in training and former graduates.

While there are many techniques that could be used for a situation analysis to support the development of competency standards, the working group will need to choose a combination of techniques that address a range of practical and theoretical issues appropriate to the profession concerned. The more important the purpose of the analysis, the more that the specialists and profession needs to be convinced of the validity of the techniques used. The best way to increase the validity is to use a combination of methods.

The working group should take a number of practical considerations into account when deciding the combination of methods for the situation analysis and assessment. The project needs to be undertaken on a national basis involving data collection and representation from as many geographical regions as possible. This means that there were some restrictions on the number and type of techniques that could be used within financial constraints and within a limited timeframe. Furthermore, the methods used should lead to wide endorsement of the standards by the specialists. The data collection methods could be selected from qualitative and quantitative methods or a combination of methods in the two groups (common qualitative and quantitative data collection methods are listed in Appendix 2)

- Quantitative methods collect data that can be counted or measured – this may be specific statements, figures and numbers. Secondary data analysis, questionnaires and surveys are examples of methods often used to gather quantitative information.
- Qualitative methods tend to be more context-bound and descriptive in nature. They collect data that is less easily counted or measured and often has a smaller area of focus. The perceptions and feelings of the people being interviewed often have an important place in qualitative methods and data. Literature reviews, interviews, group discussions and observations are examples of qualitative methods.

Inherent in the consideration of multiple sources of information is the need to consider the alignment of various methods/methodologies to obtain information/data related to those sources. Sources that should participate in the study might include:

- Literature and documents (published or unpublished).
- Primary or secondary data to ascertain the current status and a projection of the next 10 years on: national and regional health profiles, the national burden of diseases, the pattern of disease by specialties; the human resource for health.
- Training facilities and training hospitals for specialist doctors: managers, core lecturers of the major department / subject of the curriculum.

- Specialists in training: Former trainees of a specialist doctor training program at the school selected to study; representatives of specialists in training (such as from resident doctors' groups, Vietnam Young Doctors Association)
- Hospitals: managers / employers of specialist doctors, other colleagues (doctors, nurses)
- Representatives of professional associations and organizations related to the specialty.
- Patient representatives: other forms of patient/public engagement or involvement etc.
- Representatives from GESI groups, associations and organizations related to the specialty and patients.

Step 4: Draft of Basic Professional Competency Standards of Specialist Doctors

Based on the information from Step 2 and Step 3, the working group should identify the contexts and boundaries in which the framework is to be enacted.

- Identify the contexts in which the specialist doctor practice occurs when developing the competency framework.
- Identify components and features that allow competent performance as a healthcare professional.
- Clearly outline the purpose and objectives of the framework – this serves to articulate specific claims of the framework, but also to determine if the final outcome sufficiently addresses those claims.

On the basis of the recommended structure of the competency standard presented in Part B, Section 2 of this guideline, the working group will develop the first draft of the Specialist Doctor's Basic Competency Standard. The Basic Competency Standard is recommended to include the generic areas of competency standards presented in Section 2.3 of Part B. Then, the Working Group will develop the competencies for the specific specialties as Entrustable Professional Activities (EPAs) for competency-based decisions¹¹.

Step 5: Public consultation of stakeholders

The purpose of the public consultation of stakeholders is for verification and national endorsement for the competency framework.

Subjects that need consultation include: specialized experts, management experts, medical educators, users, former learners, learners, health departments, specialized hospitals, training institutions for specialist doctors, GESI experts and groups, and other relevant facilities / individuals.

Forms of consultation might include:

- Stakeholder deliberation: stakeholders (relevant institutions, practitioners, external organizations, experts in the field or other relevant parties) are solicited for feedback. It is

¹¹ Carlos El-Haddad, Iman Hegazi, Wendy Hu. (2021) [A patient expectations questionnaire for determining criteria for entrustment decisions](#). *Medical Teacher* 0:0, pages 1-7.

possible to get opinions individually by form or use in-depth interviews, group discussions, or organize seminars or a combination of techniques.

- Conference or workshop: events are hosted to bring together small and large groups of the same or multiple disciplines to gain input, consensus, and feedback to refine and revise the competency framework
- Delphi Technique: This is a specialised type of survey which aims to reach consensus by asking a group of respondents to an initial survey to modify their responses to the first questionnaire in the light of the opinions of the other participants, which are summarised and sent with a second survey. This process is repeated as required to reach consensus.

Step 6: Revise the draft of competency framework.

The working group reviews stakeholders' recommendations and inputs, especially those that are duplicated. The working group will revise the framework and provide appropriate responses based on the stakeholders' recommendations and inputs.

Step 7: Consult stakeholders for their opinion a second and third time if there are still many disagreeing opinions.

After editing, the working group will continue to seek the opinions of stakeholders for a second time, similar to how they sought opinions initially.

The working group should consult publicly for at least two rounds for the draft Specialist Doctor Basic Competency Standard. In the event that there are many disagreeing opinions, it may be necessary to continue to consult for a third and fourth time. An additional option for validation of the competency framework and resolving major disagreeing opinions is implementing a pilot training programme, such as a pilot residency doctor training program, with appropriate planning for time and resource allocation for the validation processes.

Step 8: Submit to the Ministry of Health for appraisal, approval, and issuance.

After revising the draft according to the comments of the stakeholders, the working group will submit the final version of the Basic Professional Competency Standard Of Specialist Doctors, the results of analysis of the national situation analysis (Step 3) and lessons learnt regarding international practices (Step 2) to the Ministry of Health (The Administration of Science, Technology and Training) for review and approval, before submitting to the Ministry of Health's leaders to sign for promulgation.

2. The structure of basic professional competency standards for specialist doctors

This section outlines the general structure of Basic Professional Competency Standards for Specialist Doctors which is recommended to be applied for competency frameworks of all specialties in Vietnam.

2.1. General introduction

a) Introducing the Basic Professional Competency Standards for Specialist Doctors

These sections will include:

- i. Introduction to international references.
- ii. Introduction to the structure of the basic professional competency standards for specialist doctors.
 - Distribution of units
 - The main content of each unit
- iii. Purpose of using the Basic Professional Competency Standard for Specialist Doctors
 - To be used by specialist doctors to self-assess their own capabilities,
 - For the learners of the curriculum to refer to, to consider the degree of their achievement through each learning period, to evaluate whether the training program provides them with the necessary competencies or not.
 - For the training institutions to form the basis of the specialty training program's outcome standards, and to support the determination of a suitable curriculum, methods and contents for specialty training programs. For training institutions to review the curriculum for suggestions if they find that the curriculum is not yet responsive.
 - For establishments that employ specialists to consider and evaluate the competency of specialist doctors.
 - For training managers to use as a basis for monitoring, supervising and evaluating the curriculum.
- iv. Other contents that need to be included when researching and using professional competency standards for specialist doctors.

b) Definition of concepts

- *Competence*: is the combination of the attributes of the individual person, meeting the requirements of the activity and ensuring the operation achieves high results.
- *Competency standard*: is the qualifications, the ability to meet the actual job needs, recognized through assessment and testing according to the professional competency standards.
- *Professional competency*: is the level of using knowledge, skills, attitudes and judgment in the profession, the ability to handle situations that may occur when practicing a profession.
- Professional competency and competence are not fixed but are constantly being formed and developed through study, hard work, and professional practice. During the practice, doctors will never stop learning to develop new capacities in accordance with the assigned tasks.
- *Basic professional competency standards* for specialist doctors include the graduate specialist doctor's capabilities in diagnosing, treating illnesses, providing and implementing measures to improve patient health, counselling and providing resources for disease prevention, physical treatment, emotional support for the patient as well as interaction with the patient's family and the medical support system. Basic professional competency standards for a specialist doctor are the competencies that a specialist doctor should have at the time of graduation from a specialist program.

c) Supervision and monitoring of the use of the Basic Professional Competency Standards for Specialist Doctors

The Ministry of Health coordinates with Professional Associations and related units to: periodically evaluate the application of professional competency standards in developing outcome standards, training programs, and assessment for health workers; periodically review and update competency standards to ensure the correct reflection of social needs for each professional position and title.

2.2. The format of a competency standard

Competency standards should be structured into 3 parts as follows:

Part 1: General description of the competency (Unit)

Part 2: Components of competency (Element)

Part 3: Competency performance criteria (Performance criteria)

Example of a standard of competency for a physician

General description of the competency	Components of competency	Competency performance criteria
1. Collect, prepare and analyse clinical data	1. Ensure proper sample collection procedures	<i>1.1. The request form is made according to the correct process.</i>
		<i>1. 2. Confirming / collating patient information.</i>
		<i>1.3. Appropriate management of inconsistencies between request form and patient information.</i>
		<i>1.4. Preparing patients and specimens matching the specified test.</i>
		<i>1.5. The patient is informed of the procedure, possible risks, and approved to perform the procedure.</i>
		<i>1.6. Carry out the collection of specimens according to safety procedures and practices.</i>
		<i>1.7. Specimens are appropriately collected and stored, immediately labelled according to the labelling procedures.</i>
		<i>1.8. Specimens are transported in a safe and timely manner under appropriate conditions according to procedures and regulations.</i>
	2. Ensure proper procedure for receiving patient samples	

	3. Assess the suitability of the patient sample prior to analysis	
	4. Define / collate preferred lab requirements to efficiently manage service orders	
	5. Practice appropriate technical regulation on patient	
	6. Read and evaluate the results	
2.	2.1	2.1.1
		2.1.2
	2.2	2.2.1
		2.2.2
		2.2.3
	2.m....	2.m.1
		...
n....	x.1	x.1.1
		x.1.2

	x.2	x.2.1
		x.2.2
		x.2.k...
	x.y....	x.y.1
		x.y.2..

While the competency unit gives us preliminary information about the competency, the elements of competencies help to better visualize the qualities / levels to be met in association with specific competencies and performance criteria, while clarifying the activities to be performed and the quality level of each activity to be performed in order to achieve the component capacity. Performance criteria are an important foundation to define indicators for capacity assessment and assessment activities.

2.3. Generic competency standards for Specialist Doctors

This section presents the generic competencies and sub-competencies that are recommended to be applied in all specialties. The recommended competency standards includes 6 competencies which follow the ACGME Core Competencies¹² (see Appendix 2)

(1) Practice-based learning and improvement

Specialist doctors need to learn continuously in practice to update new information and achievements on new symptoms and diseases, new methods of diagnosis, etc. This competency group should include following competencies:

- The ability to read, self-assess and collect evidence from national and international scientific studies related to patient health issues;
- Demonstration of self-direction in learning, professional development, and the profession of oneself;
- Continuously increasing one's ability to practice the profession.

¹² [MilestonesGuidebookforResidentsFellows.pdf \(acgme.org\)](#)

(2) Communication and Interpersonal Skills

The specialist needs to be able to demonstrate effective communication with patients, their families and professional associates. This competency group should include following competencies:

- Build and maintain a relationship of positive interaction, show concern, responsibility, professionalism with patients and family;
- Work effectively as a member or leader of the healthcare team.

(3) Professionalism

Competence of professionalism means adhering to the principle of treating all patients with sensitivity and respect. A professional doctor would understand and identify the unique characteristics and effects of age, sex, culture, race, religion, disability and sexual orientation on a patient's health status, and take appropriate actions to provide care that is consistent with these cultural ramifications.

This competency group should include following competencies:

- Demonstrating professional behaviour and accountability at work;
- Demonstrating humanity and culture in dealing with the patient, the patient's family and colleagues. Being able to recognize and respect socio-cultural differences and practical conditions;
- Ensure adequate physical and mental health, continuous personal and professional development.

(4) Medical knowledge

Competencies in medical knowledge are divided into measurable, manageable sections, which include the skills and attributes relevant to this core competency. This competency group should include following competencies:

- Take a research and analytical approach to clinical problem solving and gaining knowledge;
- The ability to apply medical knowledge to clinical situations;
- The ability to guide and teach others.

(5) Patient Care and Treatment

This group of professional competency standards defines the knowledge, skills and attributes that comprise this core competency. Specialist doctors need to be able to provide health care services

that are 1) family-centred, 2) compassionate, 3) explained in development-relevant terms, 4) an effective treatment of health problems and 5) promote comprehensive health care and health promotion.

This competency group should include following competencies:

- Gather essential and accurate information
- Counsel patients and family members
- Make informed diagnostic and therapeutic decisions
- Prescribe and perform essential medical procedures
- Provide effective health promotion, health management, maintenance and prevention guidance

The final component to the Patient Care and Treatment sub-competencies is demonstrating the ability to provide effective and anticipatory guidance to patients in order to establish a health maintenance and management plan designed to promote health and prevent potential health problems. A qualifying specialist will take into consideration age, gender, risk factors, and developmental stages to identify areas of concern and attention, and not hesitate to discuss options for maximizing patient healthcare. As part of the patient-centred approach, this will include recognizing indicators for and performing screening tests, identifying community resources, and including family and caregiver support systems into the development and implementation of health management plans.

(6) Systems-based Practice

The specialist doctor needs to be competent to work in an overall system. They not only practice medical examination and treatment, but also need to have the capacity to practice according to the provisions of law, in relation to the health insurance, to continuously maintain the certificate of practice, etc. The specialist doctor must be aware of the health care systems in which they participate and be able to deliver quality, cost-effective health services in a social setting.

This competency group should include following competencies :

- Working effectively in various healthcare facilities and service delivery systems relevant to the specialist doctor's clinical specialty
- Collaborating with colleagues and stakeholders in patient care in the healthcare system relevant to the clinical specialty
- Integrating cost considerations and risk / benefit analysis in patient care
- Supporting and contributing to quality of patient care and the ultimate patient care system

- Working effectively in healthcare teams / groups comprised of health professionals with different expertise to enhance patient safety and improve patient care quality
- Participating in identification of problems in the healthcare system and implementing solutions.

3. Supported documents

The following supported documents could be included in the application to support the approval of the competency standards.

- The literature review reports
- Situation analysis and assessment reports
- The report of collected information from stakeholders
- Other documents: summary of expert opinions, minutes of board meeting for basic professional competency standard.

Appendix

Appendix 1. ACGME Core Competencies

1	Medical Knowledge
2	Communication and Interpersonal Skills
3	Patient Care
4	Systems-based Practice
5	Practice-based Learning and Improvement
6	Professionalism

Appendix 2. Common data collection methods for situation analysis and assessment

Quantitative methods collect data that can be counted or measured – it may be specific statements, figures and numbers. Secondary data analysis, Questionnaires and surveys are examples of methods often used to gather quantitative information.

Secondary data analysis: the analysis of existing data collected by the health information systems and health education systems. Secondary analysis affords researchers the opportunity to investigate research questions using large-scale data sets that are often inclusive of under-represented groups, while saving time and resources.

Questionnaire: Formal survey questionnaire filled in by the respondent. May be distributed by mail or e-mail. This method is a time efficient way of obtaining quantitative data and is particularly useful when the respondents are geographically widespread. Questionnaires are often carried out to validate information from interviews or observations and to collect quantitative data on attitudes or knowledge of trainees, for example to determine how many employees have knowledge on a specific topic.

Qualitative methods tend to be more context-bound and descriptive in nature. They collect data that is less easily counted or measured and often has a smaller area of focus. The perceptions and feelings of the people being interviewed often have an important place in qualitative methods and data. Literature reviews, interviews, group discussions and observations are examples of qualitative methods.

Literature study: Read previous scholarly research and literature on this particular need or situation. Look at indicators relating to that area or issue, for example relevant research or statistics to help understand the target group's needs more. Read documents (e.g., reports, minutes, etc.) to help understand the type of work that is being done and the community that is being served. Can provide useful background information and make the assessor aware of other needs that he or she was not previously aware of

Mapping exercise: The existing competency framework is mapped against existing national or international standards for the profession, or the health service of the country or region to ensure alignment with existing standards and policies

Observation: Observation of the workgroup, target group, the provider in action. are useful for understanding the work of the organization, such as through the study of behaviours; particularly regarding technical skills. It is often difficult to describe how a task is performed and observations can help in identifying people's actual behaviours

Individual interviews: The interviews can be structured, with pre-determined questions, semi-structure or unstructured to discuss a topic more freely. The interview could be in-depth interview; key informants interview or preplanned interview, usually done with an interview schedule. The method can lead to openness; achieving a sense of individual needs; more detailed information can be obtained; all voices can be heard.

Group interviews/ Focus group discussion: gathers a number of people to discuss a pre-determined topic. Members in the group are free to talk with other members in the group. The role of the researcher is that of a moderator who listens, observes, ask questions and keeps the group on track. If carried out successfully, the method results in answers built on many people's opinions, which is suitable for attaining an overview of the issues and the context.

Workshops: Designed (educational) event at which the situation and training needs are assessed. The method can allow for a detailed and thoughtful response