

Professional Competence and the Professional Organization

Guest Editorial

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Increasing the competence of forensic psychiatrists is among the highest objectives of the American Academy of Psychiatry and the Law. We want our members, indeed all practitioners, to perform as ably as the state of our art allows. Let our limitations be not those of personal ignorance but rather those of our field itself, and let us roll back the bounds of knowledge through our research. Yet these efforts present problems.

The official or the active member of a professional organization like AAPL must view professional competence in two ways: with respect to his own knowledge and performance, and with respect to the knowledge and performance of others.

The fundamental question, though — what are the limits of the field of forensic psychiatry? — cannot be easily answered. Psychiatry articulates with the law in areas like crime and delinquency, criminal responsibility, treatment of offenders, guardianship, and various forms of civil incompetency or commitment procedures. Yet each area could be considered a professional field in itself. In most of the areas, several groups of professionals — lawyers, sociologists, psychologists — also have important connections, often more solid connections than psychiatrists have. Can one establish a boundary line between psychiatric and sociological knowledge, or between what a forensic psychiatrist should know and what he needn't know in order to be professionally competent?

Consensus on the outer limits of our field would indeed be very difficult to obtain. Still, most of us would agree on some of its core elements: for example, the appraisal of competence for trial or of criminal responsibility; and surely the understanding of mental commitment laws, communicating with judges, psychiatric syndromes among prisoners, and the like. Within those core elements, particularly with respect to the fundamental principles underlying them, we can define some requirements for competence.

Assuming such a circumscribing of the field, we face the problem of assessment, both of ourselves and of others. What observations or tests can we perform to determine competence? Assessment, of course, involves two fundamental issues, those of reliability and validity. Reliability is the crux of the problem. It is the degree to which an assessment of an individual on one occasion is similar to ostensibly the same assessment of the individual on another occasion. If an individual obtains a score on a test which purports to measure something, to what degree will repetition of the same test, or administration of a different test which presumably measures the same parameter, result in the same score? If the examination is a face-to-face one, how similar will be the results if it is given by a different individual or a different committee? Even if the "score" of the test has only two potential values, "pass" or "fail," the correlation between scores obtained on different occasions (or with different test methods or different examiners) can still be determined.

It has been known for years that any kind of psychological assessment has reliability considerably less than perfect. However, global measures of an area like competence in a

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given field are intrinsically subject to lower reliabilities than measures of more specific characteristics, such as achievement or even intelligence. It is not uncommon for an individual tested on a non-systematic pass-fail competence examination to find that some examiners pass him and others fail him, all on the basis of the same set of observations.

The problem of validity is that of determining to what degree a measurement performed upon an individual actually provides an index of the characteristic it is purported to measure. To measure a person's competence, we need a test score which will reflect competence and not some extraneous (or even related) factor such as intelligence or general knowledge. Of course, that need brings us squarely against the problem of defining the field and what we mean by competence in it. Approaches to these issues exist, but it is difficult to avoid the circularity of reasoning one used to hear in relation to certain tests, *e.g.* "Intelligence is what intelligence tests measure." Yet to avoid such reliance on "face-validity," *i.e.* declaring that a test measures something we want it to merely because we say it does, requires a subtle and far-reaching approach to the validity issue.

We have not even considered the problem of determining what the "right answers" are for questions we might ask. In a complex field such as ours, in which objectivity and precision are low, experts often disagree on the proper interpretation of or approach to any given problem. That uncertainty in itself cannot help but diminish reliability and validity of any assessment procedure.

The reliability of certain competence — or at least achievement — tests, such as the paper-and-pencil parts of the National Board of Medical Examiners, is relatively high. The problem of their validity — *i.e.*, how well do these scores predict an individual's clinical performance? — is harder to appraise because of difficulties in appraising clinical performance. However, given the measures available, the expected finding, namely that a reliable achievement test is not a highly valid predictor of clinical performance because factors other than academic knowledge influence clinical performance, is borne out. Also, the development of a reliable paper-and-pencil achievement test takes time, manpower, and money, and therefore requires an organization with considerable resources, human and financial. The job almost requires an agency like the Educational Testing Service.

These problems, while discouraging, need not force us to abandon our efforts. Boards have been assessing individuals for many years and have achieved a certain credibility in that process; no systematic studies have seriously discredited the boards' assessment functions.

Criticisms of board certification procedures have increased recently, claiming that with time boards become rigid and institutionalized. Even institutionalization is not necessarily undesirable. The very presence of an official certifying agency, with the promise of greater professional prestige and command of fees to those surmounting the *rites de passage*, motivates adherence to high standards and fulfillment of high and generally appropriate training requirements asked of novitiates in a field. Such motivation is bound to increase professional competence.

The prospect of an elite of "old boy" diplomates has many potential disadvantages; however, psychiatry seems to allow enough fluidity of entry of new blood into the field and into positions of importance that exclusionary, self-interested, and stodgy privilege-demanding behaviors have been anything but institutionalized. Indeed the degree of establishment effort to improve the field of psychiatry seems considerable.

The best strategies to organize certification procedures and to find reliable and valid tests are by no means fully determined. Nor indeed has the issue of the degree of reliability and validity required for given purposes been thoroughly explicated. What, indeed, are the differing requirements for such a procedure as certification as distinguished from a procedure like a low-stakes self-assessment test in which low reliability and face validity might be adequate?

What AAPL wishes as goals in a professional competence program is therefore crucial

to our efforts in the assessment field. Until recently we have not been intensely involved in that field; in 1976, however, AAPL voted to become a sponsor of the American Board of Forensic Psychiatry. The Board will undertake a competency-certifying function. Pursuing that goal will demand significant investment from AAPL and will be a real challenge to us. Alongside that goal, though, is still the need for other assessments, if only so that members can test themselves upon their knowledge of developments in the field and their integration of such knowledge into their practices. Such an assessment, perhaps similar to the APA Self-Assessment tests, seems to me to be desirable independently of certification, and it can also be a helpful step in perfecting a certifying examination. The Education Committee of AAPL is even now beginning work on a self-assessment program in order to pursue that objective.

In addition to being concerned with assessment, AAPL does much to help members to keep abreast of developments. Our first Bylaw objective is "To exchange ideas and experience in those areas where psychiatry and the law overlap." I believe that in our meetings we do so, in three ways. First, the presentations themselves are made by experts and devoted to topics of current moment to our field – both legal and psychiatric aspects. They both inform people and provoke them to further thought, particularly when long-held views are challenged. The question periods give speakers the chance to amplify their positions, with respect to the needs of the audience.

Second, in the meetings we have set up small group interchanges, which – like the informal discussions in the meeting and dining areas – stimulate motivation and sharpen concepts; such stimulation can be obtained in no other way than the immediate interchange with one's colleagues.

We have also offered presentations devoted to general up-dating in the field, providing breadth across-a-topic rather than depth within-a-topic. That kind of presentation should be repeated, perhaps biennially-triennially.

In addition to our meetings, the AAPL *Bulletin* and the *Newsletter* furnish information in articles, editorials, and summaries of symposia or meetings. They also provide forums for the expression of viewpoints. The imminent "Letters" section of the *Bulletin* will encourage and broaden such expression. The *Bulletin* and the Annual Meetings also have the important function of encouraging people to organize their thoughts and data into articles and studies. The response is encouraging: the *Bulletin* now receives many more articles than it did a year ago. The whole process offers not only valuable information to the readers but also edifying and constructive editorial review to the authors. It has been my impression that these opportunities for publications and research presentations have helped both the contributors and the organization. Such activities make AAPL academically stronger and must lead to greater professional competence.

The Annual Meeting has had one other practical educational function: the opportunity to obtain Category I Continuing Medical Education Credit for the fulfillment of the APA CME requirements. Some of us perhaps approach this opportunity rather mechanically, to maintain professional standing. Yet being forced to sip the cider of education probably doesn't do us much harm.

This organization is young and growing, and its activities, including educational ones, are increasing. We hope, of course, that they serve the membership. We want you to let us know whether we're succeeding. To this point your response suggests that the organization is making some contribution to professional competence. We hope we can continue our growth both numerically and intellectually. I see indications that we are making real progress.

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