

The Application of 'Overlap Training' in Competence by Design

Section:	Office of Specialty Education
Subject:	The Application of 'Overlap Training' in Competence by Design
Approved by:	The Committee on Specialty Education

1. BACKGROUND

The transition to the Royal College's adaptation of competency-based medical education, Competence by Design, or CBD, represents the shift from a time-based medical education system, to one that is outcomes-focused, requiring explicit articulation and demonstration of achievement of competencies required for practice. CBD uses time as a resource in the delivery of training experiences and achievement of competencies.

Both double counting and overlapped training are key features of the current time-based specialty medical education training system. These features are based on the premise that time-based training requirements between two disciplines are equivalent. While double counting and overlapped training most commonly occur between a specialty and subspecialty, they are also currently applied between two specialties as well as between two subspecialties. Although current models of double counting and overlapped training are time-based, the premise of equivalency and consolidation between disciplines remains the same in a competency-based system. If the practice of consolidating certification requirements between disciplines is to continue, a new approach that operationalizes the same concept and is aligned with the principles of competency-based medical education is required.

2. APPLYING OVERLAP TRAINING

This policy reframes double counting and overlapped training in CBD to the overlap of training and demonstrated achievements between disciplines, in a manner that considers the implications of a CBD training system, including:

- A shift from a time-based medical education system, to one that clearly articulates and emphasizes outcomes required for training;
- The identification of shared or overlapping competencies between disciplines; and,
- An introduction of a Competence Committee structure for oversight of resident assessment and progress.

Similar to policies applicable to the current system of double counting and overlapped training, this policy is to be applied at the national level between disciplines. Decisions made regarding the degree of and responsibility for the overlap between two disciplines are to be implemented by all affected programs.

a. Policy Principles

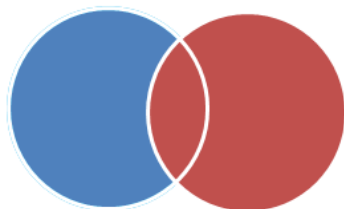
1. In CBD, equivalency between disciplines is established on the basis of competencies (overlap of demonstrated achievements), not time spent in rotation.
 - Competencies may be expressed as Entrustable Professional Activities (EPAs) or milestones.

- These competencies must be equivalent, but do not need to be identical in their wording or required supplemental training experiences.
 - The setting in which competencies are demonstrated must also be considered in determining equivalence between disciplines.
2. As a single model to operationalize overlap training will not fit the needs of all disciplines, three models have been developed by the Royal College that delineate options for responsibility for and oversight of the overlapping competencies between disciplines.
- The development of three distinct models for overlapping competencies in CBD acknowledges the unique needs of and interfaces between disciplines.
 - Disciplines which have historically permitted double-counting will be expected to continue to undertake this practice, although they will have flexibility to choose the model that best suits their circumstances.
 - The suitability of each model for application between disciplines largely depends on the degree of overlap, key features of the specialty education designs, typical sequencing of disciplines and flexibility to tailor training experiences in one discipline for future application of credit in a subsequent discipline, at the discretion of a Competence Committee.
 - On rare occasions whereby disciplines which have historically allowed double-counting determine competencies are no longer compatible and that no model of double-counting is sufficient, disciplines must apply to remove double-counting as per section 5B – Discontinuation of Overlap Training.
3. The identification of shared competences and the decision between the three models is to be made collaboratively, at the specialty committee level, on the basis of the full document suite (based on the specialty standards) of both disciplines. Specialty Committee decisions are to be implemented locally in all affected programs.
- Ideally, the identified shared competencies and decision made between the three models would be mutually agreed upon by all affected disciplines. However, there may be instances where there are disagreements between disciplines regarding which competencies are shared, or, which model is appropriate to apply between disciplines.
 - In such cases, a Royal College policy provides a standardized mechanism to adjudicate complaints between disciplines recognized by the Royal College, overseen by the Committee on Specialties (COS 3.1).
4. As CBD is a multi-year initiative, flexibility will be required as there will be a period of transition in which not all disciplines will be under CBD at initially, and will be introduced annually by cohort.
- A part of the move to CBD will be the tailoring of program requirements to be applied in highly context-specific environments.
 - The transition to CBD may require that some decisions regarding permitting overlap training within disciplines be made on an ad-hoc basis.

b. Models of oversight and responsibility for shared competencies

The following outlines three models that were developed in alignment with the policy principles outlined above. These models are to be made available for consideration by affected disciplines and will be used as a framework to determine responsibility for and oversight of shared competencies identified at the national level, to be implemented locally. As each model will have significantly different policy implications in practice, the model chosen must be mutually decided between two disciplines.

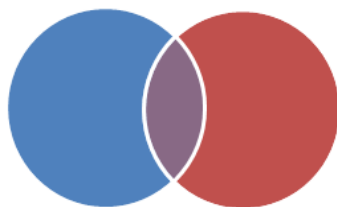
Delegated model



The delegated model proposes that the responsibility for and oversight of the shared competencies identified between disciplines is 'delegated' from one discipline to the other.

- In this model, one of the trainee's programs and associated Competence Committee are wholly responsible for the assessment and completion of the competencies (represented as milestones and EPAs) and training experiences of both disciplines that overlap between the two disciplines. The ownership and oversight of shared competencies would not overlap.
- This model is also suitable in cases where some, but not all, competencies within a given stage (e.g., Transition to Practice) are delegated. Examples include instances where one discipline will delegate the majority of competencies to another, but will maintain ownership and oversight of a resident's achievement in a specific area (e.g., entrustment of in-patient related EPAs).

Conjoint model

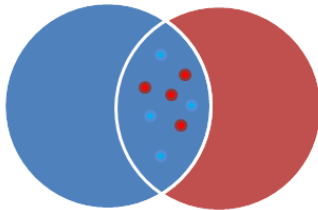


The overlapping (conjoint) model proposes that the responsibility for and oversight of the shared competencies between disciplines is mutually shared between the two disciplines.

- In this model, the trainee would be overseen by two Competence Committees, and would involve a conjoint discussion of overlapping competencies. Both committees would be actively involved in the resident's education, though would make independent decisions regarding the completion of requirements and achievement of competencies relating to their own discipline.
- Should a disagreement occur between the two committees regarding an equivalent requirement, a mechanism would be in place to rectify this decision.

Discretionary model

The discretionary model proposes that responsibility for and oversight of the shared competences between disciplines (e.g., Disciplines A and B) is housed within and based on the curriculum of one of the disciplines, which determines the availability of training experiences.



- For example, if it is determined that the shared competencies are based on the curriculum of and training experiences provided by Discipline A, trainees also participating in Discipline B will tailor available training time established by Discipline A, including electives, to obtain the required competencies for both disciplines. Based on these training experiences, Discipline B determines the amount of credit that can be attributed to a resident's training in this discipline.
- In this model, the trainee would be overseen by two Competence Committees, one per discipline. The two Competence Committees would be actively involved in the resident's education, and would make independent decisions regarding the completion of requirements and achievement of competencies relating their own discipline. Training content of the shared competencies between the two disciplines would be based on the curriculum and rotation requirements of the one discipline (A). This discipline determines availability of training experiences, and trainees in the second discipline customize those experiences and/or available electives to obtain the requirements relating to the shared competencies for both disciplines.

Example applications of the three models are shared in Attachment A.

3. ROLES AND RESPONSIBILITIES

Royal College Specialty Committees

Royal College Specialty Committees with indication of overlapping competencies (milestones, EPAs) with another discipline are responsible for collaboratively identifying shared competencies between two or more disciplines based on the full document suite of affected disciplines, and with support from the Royal College Office of Specialty Education. In addition, affected disciplines are required to make decision between the three models outlined in this policy to establish oversight of and responsibility for competencies shared between discipline programs at the local level. A complete list of competencies shared between the disciplines, as well as the determined model of oversight is to be formalized within the document suites of affected disciplines, for submission to the Royal College Specialty Standards Review Committee (SSRC). Should disciplines which have previously offered double-counting wish to discontinue this practice, they would be responsible for preparing and submitting an application to discontinue double-counting or overlap training to the Royal College's Committee on Specialties (COS).

Committee on Specialties (COS)

The Committee on Specialties is responsible for approving the models for oversight determined by pairings of Specialty Committees. In instances where there are disagreements between disciplines, the Committee on Specialties' policy and procedure relating to the 'Resolution Mechanism for Adjudicated Disputes between Royal College Disciplines' (COS 3.1) can be utilized to adjudicate complaints between disciplines recognized by the Royal College. In instances where disciplines which have previously offered double-counting submit an application to effectively cease the process, the COS will be responsible for making recommendations to the Committee on Specialty Education, who has authority to render a final decision on applications to discontinue Overlap Training.

Committee on Specialty Education

In cases where disciplines which have previously offered double-counting wish to reject all models and cease double-counting or overlap training, the Committee on Specialty Education has authority to render a final decision on applications.

Office of Specialty Education (OSE)

The Office of Specialty Education, in partnership with the Specialty Committee chairs of the affected disciplines, is responsible for the coordination and facilitation of decision-making at the Specialty Committee level (identification of shared competencies, determination of a model for oversight of and responsibility for competencies shared between disciplines). This will include presentation of potential areas of overlap to affected disciplines for consideration, in order to facilitate decision-making and to limit heterogeneity in decision-making processes between discipline pairs. In cases where disciplines submit an application to discontinue double counting, the OSE will be responsible for determining the completeness of the application, and drafting communication for the relevant committees.

Postgraduate Dean, on behalf of program

In adherence to the shared competencies identified and model for oversight chosen by the Royal College Specialty Committees of the two affected disciplines, CBD programs will maintain the responsibility and accountability for the procurement and assessment of resident's training experiences locally, via the decisions of the Competence Committee.

4. DEFINITIONS

Double counting (Current system)

A feature of the current specialty medical education training system, in which eligibility for examination and certification is based on the successful completion of time-specified training requirements. In cases of double counting, training requirements may be equivalent between two disciplines and, an applicant, having had a gap in training between two specialties, would apply to double count, or use a past completed credit towards their current program of study.

Overlapped training (Current system)

A feature of the current specialty medical education training system, in which eligibility for examination and certification is based on the successful completion of time-specified training requirements. Overlapped training operates when residency training programs are

taken consecutively, overlapping or consolidating common requirements between disciplines to be used to complete both programs.

Overlap training (Competence by Design)

A renewed feature of the medical education training system under CBD, in which eligibility for examination and certification is based on the outcomes of training and common requirements may be overlapped in the completion of both programs. Models of overlap training provide a framework to identify shared or overlapping competencies, as well as determine responsibility for and oversight of shared competencies between disciplines.

5. PROCEDURE

A. Continuation of Overlap Training

Decision-making occurs at the national, Specialty Committee level according to the following steps:

1. **Identify shared competencies between CBD disciplines.** Based on the full document suite of both disciplines, and with support from the Royal College, a pairing of Specialty Committees will determine if an overlap exists between their disciplines, identifying the degree of overlap, as well as specific competencies that may be shared and the settings in which they are achieved. These overlapping competencies must be equivalent, but do not need to be identical in their wording or required educational experiences.
2. **Determine a model for oversight of and responsibility for competencies shared between disciplines.** The responsibility and accountability for the provision of educational experiences and assessment of competence must be clearly delineated and mutually decided between the two disciplines. A set of three models has been developed for overlapping training in CBD that are based on the principle that competencies can be shared between two disciplines. Once shared competencies between CBD disciplines have been identified, the decision between the proposed models is to be made at the Specialty Committee level, by the pair of disciplines in which incidences of applicable shared competencies have been identified.

The models for oversight of and responsibility for competencies shared between disciplines is approved by the Committee on Specialties. In instances where there are disagreements between disciplines, the Committee on Specialties' policy and procedure relating to the 'Resolution Mechanism for Adjudicated Disputes between Royal College Disciplines' (COS 3.1) can be utilized to adjudicate complaints between disciplines recognized by the Royal College. Special cases brought forward at the individual level will be adjudicated by the Credentials Unit of the Royal College.

B. Discontinuation of Overlap Training

In instances where a pair of Specialty Committees mutually determines that there is no overlap of competencies between their two disciplines and therefore wish to discontinue consolidation of training between their disciplines in CBD, the disciplines must submit a proposal to discontinue the practice. *This discontinuation clause is*

only intended to be used for pairs of disciplines: should a discipline wish to eliminate overlap training across a majority of its training pathways (i.e. a primary discipline wishing to eliminate across all of its subspecialties), the Committee on Specialties Length of Training policy will be applied, in recognition of the substantial impacts across the system of specialties in such a circumstance.

Discontinuation applications for a pair of disciplines follow the process as noted:

1. Applications to cease practices of double-counting must come from the two relevant Royal College specialty committees. The COS meets twice yearly and, as such, there are two annual deadlines for the receipt of applications: February 1st, for consideration at the spring COS meeting or September 1st, for consideration at the fall COS meeting.
2. Documentation required for the application to discontinue Overlap Training includes:
 - A completed application, which includes a rationale for the change
 - An overview of the draft discipline specific document suites for the relevant committees, including documentation to explain why the competencies are divergent and that double-counting is not possible within the new CBD Specialty Specific Documents, and
 - Letters of support from all affected disciplines.
3. The Office of Specialty Education reviews the application to ensure its completeness. If the application is incomplete, the Office of Specialty Education confers with the applicant to complete the application.
4. The complete application is sent to two voting members of the COS for initial review. The COS reviewers submit a confidential written report to the Office of Specialty Education, indicating their opinion on the application, in principle.
5. The application is considered at the next COS meeting, at which time the initial report of the COS reviewers is considered. The applicant is invited to be available to the committee to answer any questions regarding the application.
6. Upon review of the application, the COS can make one of four decisions:
 - The application is recommended to proceed to the Committee on Specialty Education
 - The application is recommended to proceed to the Committee on Specialty Education, pending minor clarifications;
 - The application is deferred, pending major clarifications,
 - The application is denied, on the grounds that the application does not meet the applicable criteria for recognition.
7. If the application is endorsed by the COS, it is then sent to the Committee on Specialty Education for consideration.
8. The Office of Specialty Education informs the applicant of the final decision.

9. If the application is rejected, the applicant may appeal using the Appeal Policy and Procedure: Minor COS applications, provided the appeal criteria is met. If the appeal is denied or the applicant chooses not to pursue an appeal, the applicant must wait three years before resubmission.



6. REFERENCES

- Policy and Procedure: Resolution Mechanism for Adjudicating Disputes between Royal College Disciplines (COS 3.1)
- Policy and Procedure: Application to Change a Discipline's Length of Training (COS 1.4)

7. ATTACHMENT

- A. Models of oversight and responsibility for shared competencies: Example applications table

ATTACHMENT A: Models of oversight and responsibility for shared competencies – Example applications

	Delegated model	Conjoint model	Discretionary model
<p><i>E.g., A large overlap of competencies and RTEs exists between disciplines</i></p> <p>Internal Medicine (IM) and Nephrology</p>	 <ul style="list-style-type: none"> Suitable to high degree of overlap (competencies, RTEs) between two disciplines 	<ul style="list-style-type: none"> Inefficient in this context Not suitable to high degree of overlap between these disciplines Model is too complex for a large discipline such as IM to maintain tracking of shared competencies for all residents Results in a duplication of work Does not consider travel between programs 	<ul style="list-style-type: none"> Inefficient in this context Not suitable to high degree of overlap between these disciplines (too complex)
<p><i>E.g., A small overlap of competencies and RTEs exists between disciplines</i></p> <p>Internal Medicine (IM) and Critical Care Medicine</p>	<ul style="list-style-type: none"> While shared competencies and training experiences can be delegated to a single discipline, a greater benefit can be seen in using the conjoint model for small overlaps between disciplines. 	<ul style="list-style-type: none"> A small overlap in competencies may be managed by both disciplines so that the implementation remains true to the design of both programs 	<ul style="list-style-type: none"> Unnecessarily complicates the small overlap between these two disciplines
<p><i>E.g., Competencies that are shared between disciplines may be achieved during the training experiences of Discipline A, and may be applied as credit for Discipline B based on the discretion of the discipline's Competence Committee.</i></p> <p>Pediatrics and Child Maltreatment Pediatrics (AFC-diploma)</p>	<ul style="list-style-type: none"> The shared competencies cannot be completely accomplished within a single discipline's available training experiences. 	<ul style="list-style-type: none"> Shared competencies and training of experiences of the disciplines may not overlap in parallel; therefore the competency committees will not be operational at the same time. 	<ul style="list-style-type: none"> Suitable to overlap between disciplines/areas of focused competence in which residents tailor the training experiences in one discipline (including electives) to obtain required competencies for both programs. This model provides the opportunity to gain credit for competencies already achieved, based on the discretion of a Competence Committee. 