

## **COMPETENCE BY DESIGN SPRING 2023 STATEMENT AND ACTION PLAN FREQUENTLY ASKED QUESTIONS (FAQs)**

### **1. What was the rationale for the creation of this document?**

Six years of CBD program evaluation data from multiple sources (Royal College, RDOC, FMRQ, individual institutions, and other scholarly work) detail some real and difficult challenges some institutions are experiencing with CBD implementation. Despite many CBD successes and tremendous opportunities for the future, any inappropriate assessment burden experienced by residents, frontline faculty, program administrators, and educational leaders (e.g., program directors & competence committee members) to the extent that it exists in some programs and institutions must be addressed. The Royal College leadership made a public pledge in December 2022 to all its invested groups that we would consider what changes could occur swiftly and provide a plan for more comprehensive review of the initiative to date to inform revisions that would address emerging concerns. This document is the first step in the RC's "Call to Action". In providing this statement, the Royal College acknowledges the major investment made by schools and the College itself in CBD and commits to the principle that an optimal implementation of CBD requires a strong collaborative partnership between the Royal College as a standard setter and the schools as education providers and innovators.

### **2. How was The Essential Requirements of CBD Implementation document created and what was the feedback from invested groups?**

The Royal College has six years of evaluation data from multiple sources and has had numerous opportunities to meet with invested groups across the country. Initial drafts of this document were shared for the purposes of obtaining feedback from the CBD National Advisory Board, CBME leads, the PGME deans, Specialty Committee chairs, and other leaders across many of the 17 Canadian institutions. In particular, the CBD National Advisory Board has membership across all invested groups, including FMRQ and RDoC and represents the widest representation possible for stakeholder input.

The document was written to explicitly achieve a balance between a) maintaining the key principles of CBME that underpin the CBD model, which provides confidence that graduating residents possess the necessary competencies, and b) respecting the role and expertise of program leaders and PGME offices to exercise their duties of educational design, assessment rigor, and scholarly innovation in their local context. Feedback has indicated widespread support around the need for change, and general support for the document with some concerns that the document either goes too far or not far enough. We are satisfied that the document articulates what change and flexibility is possible within existing standards and structures and provides an opportunity for schools to adapt without forcing any specific change on the system currently.

### **3. Does this document change existing accreditation standards?**

No, the existing accreditation standards have not changed. Accreditation is a holistic evaluation of a program, based on the CanERA model co-developed through CanRAC which includes the

Royal College, CFPC and CMQ. It is not an evaluation of CBD implementation in isolation. We recognize, however, that it can feel like accreditation puts an undue emphasis on certain components of CBD. We are committed to ensuring that both volunteers and staff involved in the accreditation process have a clear and renewed understanding of the level of focus and the type and amount of information reviewed, as well as the importance of considering the wider context in which residency training takes place, including factors that impose limitations beyond a program's control, such as hospital staffing shortages and challenges of poorly functioning electronic systems.

**4. What immediate change is required for my program? My institution? My specialty committee?**

While no action is mandated, it is hoped that schools and programs will feel enabled by the clarity and flexibility noted in the document to respond to local challenges in new and effective ways. As we embark on a consultative process to determine revisions to the CBD model and supporting standards, some mandatory changes may emerge at the end of the 12-to-14-month period.

**5. Can individual program competence committees deviate from the national specialty committee EPA assessment plan recommendations?**

Yes, if the program includes all required training elements (including contextual variables) and exposures, and the competence committee has evidence, based on direct and indirect observation, to enable decision-making about resident entrustment relative to the required EPAs and competencies. Understanding the many challenges of assessment within local contexts, these national specialty specific assessment plans are intended as guidelines only and not as requirements. Each institution has the authority and mandate to adopt, develop and use the assessment tools that are best suited to their programs. We encourage all programs to work with their specialty committees and partner with their CBME Leads and PGME offices to work towards best -practices and customized solutions.

Also, discipline-specific training standards provide guidelines on minimum numbers of entrusted EPA observations. Understanding the many challenges of assessment within local contexts, it should be emphasized that these are guidelines, and not as EPA observation quotas that will be audited at the time of accreditation. Local programs, through competence committee deliberations, have discretion to determine the number of entrusted observations required for each EPA and align this with the need to assess residents relative to all contextual variables ensuring robust and reasonable decisions to enable entrustment of an EPA.

**6. What happens if a program tries to operationalize a “minimalist approach” to CBD assessment (e.g., minimum EPA observations, return to ITERs, no use of milestones, etc.)?**

Reliance solely on ITERs (which are summative records of performance over time) as the source of data for promotions decisions is not compatible with CBME principles, the CBD design, or the expectations included in the document. Programs must ensure regular workplace-based feedback and coaching is provided to residents. Competence committees must have a variety of data upon which to base promotions decisions, which must reflect repeated observations over time and contexts. Finally, promotion decisions must be based on demonstrated competence, not 'completion' of specific rotations. Variability of implementation should be expected as programs, specialties, and institutions work in different contexts. The principles of CBD remain, while agency

is given for enhanced flexibility in design and assessment. The enhanced flexibility within CBD implementation described in the attached document does not endorse significant deviations from national specialty specific standards and reinforces managing any changes with appropriate PGME oversight and approval.

### **7. Can trainees pursue EPA observations outside of their current stage?**

Learners may continue to pursue assessments related to performance of certain EPAs ahead of their current stage of training, as appropriate. Typically, a competence committee must ensure that each resident is entrusted with all EPAs within each stage before promotion to the next stage. However, a resident may be promoted to the next stage with a limited number of EPAs remaining in the previous stage at the discretion of a Competence Committee, providing there is a mechanism in place to ensure all EPAs are entrusted by the end of training.

### **8. What is the purpose of the CBD Technical Guides?**

The CBD technical guides should not, in themselves, be used to determine minimum expected standards. They serve as important guides for CBD implementation (specifically technical guides #1 and #3 in relation to this document) and should be used as best practice guidelines, but not accreditation standards themselves. The associated technical guides will be updated to reflect changes that emerge in our planned consultative process over the next 12-14 months.

### **9. Will this document create additional burden for programs having difficulty implementing CBD?**

The Royal College staff, clinician educators, and leadership will continue to help guide struggling programs, will be launching a CBD Consult Service to assist programs experiencing the most difficulties. It is not the intention for this document to provide less guidance to programs; the technical guides can still be considered a high-fidelity resource for programs wanting that level of direction.

### **10. What is the CBD National Summit process?**

The Royal College acknowledges that formal design adaptations in the CBD model are required to achieve the intended impacts of competency-based medical education, improve residents' training experiences, and address the impact on faculty and residents. This will involve a series of three Royal College National Summits (beginning in June 2023) with key leaders from our invested partner groups to co-create the path forward - the evolution to CBD 2.0. Planning is underway for the summits over the next 12 months, along with a new Royal College CBD Consult Service which is soon to be launched to support struggling programs across the country. We look forward to working in partnership with all invested groups regarding ongoing CBD implementation and evolution.

### **11. Who should I share this document with?**

We encourage all partners in CBD (residents, faculty, program leaders, administrators, decanal leaders) to share this document widely within your program networks, specialty committee discussions, PGME offices at your institution, and with all resident groups to help clarify the opportunities for enhanced flexibility and how program customization is permitted within the accreditation process.

## **12. What if I have additional questions?**

Please direct inquiries to your institutional CBME Lead, PGME Dean, RDoC or FMRQ representative, and/or Specialty Committee Chair, who can then bring common issues forward to the Royal College CBD Steering Committee. As well, you can email the CBD Program Manager any time at [cbdsecretariat@royalcollege.ca](mailto:cbdsecretariat@royalcollege.ca) .