

Introduction

The Royal College Committee on Specialty Education (CSE) has approved this document, effective immediately, which is intended to give postgraduate institutions and programs more agency over how they implement specialty-specific standards and Competence by Design (CBD) document suites.

It is important to note that CBD implementation places unique challenges within the variable contexts of training environments across Canada. Understanding the significant challenges and associated assessment burden faced by programs, additional flexibility has been incorporated into the expectations of the accreditation process. Programs and competence committees, with PGME office oversight and approval, are allowed to adapt, innovate, and have discretion to modify discipline-specific EPA assessment methods. This is outlined below to assist programs in realizing the vision and benefits of CBD but is not specifically evaluated during accreditation reviews.

The Essential Requirements of CBD Implementation

1. Stages of training

CBD organizes residency training into four developmental stages and clearly lays out markers for teaching and required training experiences at each stage. Each stage of training has associated learning experiences, assessment plans, and identified outcomes.

- Programs must be structured such that there is clear and deliberate decision-making about resident progression through the stages.
- Programs are expected to deliberately map all required competencies and EPAs to learning experiences and assessment strategies.
- Programs have the flexibility to determine the evidence on which stage-promotion decisions are made and how it will be reviewed and assessed.
- 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.

2. Assessment of learning

Assessment methods should be purposefully chosen for their alignment with desired resident outcomes. While the Royal College developed sample assessment forms to assist with EPA observation, procedural competencies, multiple-source feedback, and narrative observation, institutions and programs may use thoughtfully chosen assessment instruments of their choosing.

- Programs are expected to use multiple types of assessment tools and/or methodologies across their system of assessment to obtain qualitative and quantitative data. Discipline-specific training standards include reference to specific use of EPA observation forms. Understanding the many challenges of assessment within local contexts, these references will be used as guidelines, and not as firm requirements. Each institution has the authority and mandate to adopt, develop and use the assessment tools that are best suited to their programs.
- Assessment methods must be documented, accessible to residents, and the basis of competence committee decision-making.
- For accreditation, programs are expected to show a curriculum plan that links assessment strategies with expected stage-specific competencies, including EPAs.
- The core competencies of each specialty have been expressed whenever appropriate as EPAs, packaging much within each. Direct assessment of a professional activity is only one way of assessing competence. Other tools of assessment may be used to infer a learner has the knowledge-skills-attitudes (KSA) encompassed within an EPA. Assessment tools should be multimodal and capture the full range of resident learning across various learning experiences. Specifically, EPA observation-informed data should not be the sole source of data to inform promotion decisions, nor should entrustment in an EPA be construed as evidence that no further exposure to related content is required. At the end of training, a resident's postgraduate dean and program director, in consultation with a competence committee, must submit an attestation confirming the achievement of all training requirements. This is the evidence on which access to the examination and certification is based.

3. Assessment of Entrustable Professional Activities

EPAs are authentic tasks of a discipline as defined by the specialty committee of that discipline and form an important part of the assessment strategy in contemporary competency-based programs.

- Discipline-specific training standards provide statements on minimum numbers of entrusted EPA observations. Understanding the many challenges of assessment within local contexts, these statements will be used as 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. Qualitative-focused observations (e.g., narrative text/comments) that are timely, constructive, and specific are highly valuable to guide resident learning and should be an integral part of the work-based assessment design.

- A program, with the oversight of, and in alignment with the authority granted by, their PGME office, may modify the discipline-specific EPA assessment forms and identify their local preferred methods of EPA observation form components to include (e.g., bolded or unbolded milestones, entrustment scales (O-score or other), types and number of comment boxes), so long as the chosen components enable robust decision making by their competence committee(s).
- A program, or PGME office, may not change the language of an EPA, or its associated milestones. This can only be done by a discipline's specialty committee.
- Competence committees must have evidence, based on direct and indirect observation, to enable decision-making about resident entrustment relative to the required EPAs. Programs and competence committees have the authority to determine the appropriate amount and type of both qualitative and quantitative evidence required in the system of assessment to make decisions within their training environments, as long as both types of evidence are used.
- [Repeated from 1, above] Typically, a competence committee must ensure that each resident is entrusted with all mandatory 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 to ensure all EPAs are entrusted by the end of training.

4. Evidence-informed decision-making

Competence committees regularly review the status of a resident's progress and make periodic recommendations as to residents' readiness to be promoted between stages of training, sit their exam ('exam-eligible'), and begin unsupervised practice ('certification-eligible').

- All programs require a competence committee or equivalent that collates, synthesizes, and appraises qualitative with quantitative data to assess a resident's progress towards competence. Competence committees must make deliberate, data-informed decisions about resident promotion to the next stage of training.
- Residency program committees (RPCs) have overall responsibility for resident assessment, and competence committees report to RPCs. As such, the RPC is responsible for and must be aware of CC decisions. Programs have the flexibility

to determine the communication and decision-making processes between the CC and RPC, in alignment with their institution's policies and procedures.

Background

The foundation of the CanERA (Canadian Excellence in Residency Accreditation) accreditation process is a robust set of standards that set high and uniform expectations for the objective evaluation and continuous improvement of Canadian residency programs and the institutions that sponsor them. The [General Standards of Accreditation for Residency Programs](#) prescribe the requirements that apply to all residency programs and their respective learning sites. The CanERA accreditation standards were developed to accommodate competency-based as well as traditional programs, and are common to the Royal College, College of Family Physicians of Canada, and the College des Médecins de Québec programs. The standards emphasize high-yield markers of quality residency education, provide clarity of minimum expectations, and allow flexibility to focus on outcomes and innovation.

In addition to the general standards, each discipline also has specialty-specific standards that residency programs must comply with and that are evaluated through accreditation. The standards of accreditation for each discipline, specified in the associated document referred to as the Standards of Accreditation for the Discipline, build upon and complement the general standards, providing discipline-specific expectations regarding educational experiences and content, assessment, and resources. Both general and specialty-specific documents must be read in conjunction to determine the full breadth of expectations for each program.

Specialty committees provide input to accreditation surveys, focused on discipline-specific content tied to general and specialty-specific standards. Specialty committee input on pre-survey documentation is provided to the residency program ahead of a regular accreditation review to allow preparation of responses, and to the assigned surveyors to inform the conduct of their review.

As each discipline transitions to CBD, a new set of [discipline-specific standards](#) applies and is described in a suite of documents, including:

- Discipline Competencies (replaced specialty-specific Objectives of Training (OTR))
- Training Experiences (replaced Specialty/Subspecialty Training Requirements (STR))
- Standards of Accreditation (replaces Specific Standards of Accreditation (SSA))
- EPA Guide / Pathway to Competence (Entrustable Professional Activities (EPAs) and Milestones)

Accreditation and CBD are part of a quality improvement process that evaluates programs in several domains:

- Program organization
- Education program
- Resources

- Learners, teachers, and administrative personnel
- Continuous Improvement

Specific requirements that relate to CBD and which will be assessed through accreditation include:

- Functioning of the Competence Committee (robust, fair, transparent)
- Alignment of the curriculum with discipline-specific standards (to the enabling competency level)
- System of assessment (robust, timely)

Accreditation is not meant to be punitive, but rather a process by which indicators of quality residency education in Canada can be specified and programs use of such indicators in continuous quality improvement activities can be supported. There is no expectation of perfection, particularly during a time of transition; programs are expected to demonstrate increasing progress towards the implementation of new standards, including those defined for a discipline's transition to CBD.