

This document is the second component of a three-part FAQ series designed specifically to answer questions from resident teachers and supervisors in early CBD cohort specialties. This document will be helpful to supervisors who will soon begin to implement elements of CBD and who have question about how best to do that.

1. **What are milestones and Entrustable Professional Activities (EPAs), how do they differ and when will I use them?**

When CanMEDS was updated and released in 2015, it included for the first time a sequence of statements that we call milestones. For CBD^a, we define a milestone as a descriptor of the level of ability expected of an individual at a particular stage of their career for a specific competency. For every CanMEDS Role there is a series of milestones that describe the entire continuum of medical education. In total there are close to 800 milestones.

Given that it is impractical for front line faculty to do regular assessments of 800 milestones, CBD introduces another educational concept that we call Royal College EPAs^b, which will play a major role in the teaching, learning and assessment that occurs in the clinical workplace. RCEPAs are defined as the tasks or units of work performed by a professional in a given discipline.

If milestones are an organizing framework for curriculum and documenting how people progress (i.e. teaching), you can think of EPAs as a technology for assessment in the clinical workplace. The introduction of an EPA creates a strong link between a physician's day-to-day clinical work and the competencies the physician is required to perform effectively.

An EPA is a clever and elegant way of doing a small number of assessments that encompass a large number of milestones. Some people think of an EPA as a basket or a bundle that holds a bunch of milestones. There is no magic number of EPA's required throughout training, each specialty or subspecialty will define what EPA's are best suited to ensure their trainees progress through training appropriately. As a supervisor in Medical Oncology, you will observe and record a resident on an EPA multiple times and you may only 'unpack' an EPA and look at all of the milestones if/when a learner fails to progress.

Note: around the world there are many definitions of milestones and EPAs, which adds to the complexity of CBME.

2. Is it feasible for me to do all of these assessments in a busy clinical practice?

Yes, CBD assessments are being designed so they are feasible to do within any busy program. In CBD, you will make use of your clinical oversight activity to engage in work based assessment of resident performance. What's new is that you will have a framework of clinically relevant milestones and EPAs designed by your colleagues specifically for you, which will help you integrate teaching and assessment into the activities that you already do on a daily basis. In some cases, the learning and teaching happens implicitly today, but with the introduction of EPAs and milestones, the experience will be much more explicit and deliberate. CBME will structure the learning, observation and assessment of a small number of specific tasks or milestones, providing you with more effective and efficient ways to manage your existing educational activities.

3. What will residents experience in the new system?

CBD organizes training into a series of stages along a continuum and clearly lays out markers for teaching and learning at each stage. Your residents will benefit from having access to these clearly defined, specialty-specific competency targets that they can then use to guide their learning. Over the course of their training, your residents will benefit from frequent assessment and meaningful supervision from expert faculty like you. The goal is to ensure that your learners have acquired all of the content and ability that is defined for each stage of competence. Just like today, some learners will become competent quickly and some learners will need a little more time on task.

Residents will be introduced to a portfolio as a way to organize their learning and document their achievement of your specialty's or subspecialty's EPAs.

We are also reconsidering the role and timing of the Royal College certification exam, which currently occurs at the end of residency training. As part of CBD, the exam is expected to occur at the end of the core stage of training (i.e. the third stage) and it will be treated as an important point-in-time assessment. The exam remains an essential element of achieving the credentials of a specialist (subspecialist). However, it will now be held earlier on in the training period so that the focus of the final year can be on the transition to practice. Equally important emphasis will be placed on ongoing workplace-based assessments which have evidence to support them as both valid and valuable.

4. How will CBD affect me?

To make all of these important changes, we need your help to change the learner teacher dynamic. We want you to think of yourselves as coaches who are mindful of what stage your trainee is at and what they need to do to achieve a higher level. We want you to incorporate direct or indirect observation on a regular basis (e.g. every

day, every other day, a couple of times a week); something that is practical for the reality for your specialty or subspecialty and your work team. Your learner's competence will progress over time and your role as a teacher and supervisor is to help your learner continue to progress along the continuum.

5. What resources can I draw on to support my transition to CBD?

You may be among the first programs to implement CBD, but you are not alone. The following tools and resources are already available to help you. Please make use of these tools and give us your feedback.

- ✚ [CBD FAQ Handout - Part 1: Rationale](#)
- ✚ [CBD FAQ Handout - Part 3: CBD Terms and their uses](#)
- ✚ [CBD online resources](#)
- ✚ [Future of Medical Education in Canada Postgraduate \(FMED-PG\) Project](#)

Contact Us

Visit the Royal College [CBME/CBD website](#) for more information,
or contact us at CBD@royalcollege.ca

^a Medical Teacher has dedicated a full issue on the International and Canadian research on, and development of, competency-based medical education (August 2010, vol 32, no 8)

^b ten Cate O. *Entrustability of professional activities and competency-based training*. Medical Education. 2005 Dec;39(12): 1176-7.

