**Competence by Design:**
**Policy Advisory Communique Series**

**CBD Policy Advisory Working Group Membership***

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## Introduction & Background

The implementation of competency based medical education (CBME) heralds a move from time based to competency based assessment and credentialing. Competence by Design (CBD) is the Royal College initiative to introduce CBME to Canadian specialty education. The CBD Policy Advisory Working Group was struck in order to provide guidance and input regarding the perceived impact of Competence by Design on postgraduate medical education (PGME) policies.

The purpose of this advisory group was to: review existing postgraduate medical education (PGME) policies and identify areas that may be affected by the change to Competence by Design; suggest common language, where possible, for PGME policies; and make recommendations for the revision of PGME policies via suggestions for questions to consider and/or suggestions for modification.

The proposed recommendations are not intended to be prescriptive in nature, but are offered as a means of support to postgraduate faculties in transitioning and adapting existing policies to reflect competency based medical education.

## Process and Methods

The CBD Policy Advisory Working Group was struck in March of 2016. In initial meetings the group established a terms of reference and process for its work.

The group established and followed a series of steps to achieve its work:

- Identification of key policy topic areas to address
- Development of templates for topic-specific data extraction
- Execution of individual topic-specific environmental scans reviewing current policies

- Gap analysis for each policy topic comparing current policies to a CBME approach
- Development of suggestions for common language, concepts for consideration when revising policies and /or recommendations for policy revision
- Documentation of this work in individual policy communiques each addressing a specific key policy topic

During this work, the Policy Advisory Working Group identified policy areas of particular relevance to other audiences – for example, medical regulatory authorities. Those areas are specifically noted in the '**Summary of Key Common Themes**' and related documentation within the Communiques.

## Identification of Key Policy Topic Areas

The working group identified policies that held implications for time-based training, along with those policies pertaining or related to assessment, progression and supervision of trainees.

- Remediation, specifically including Probation/Dismissal
- Assessment, specifically including Educational Handover
- Transfers & Re-entry
- Waiver of Training
- Moonlighting
- Graduated Responsibility/Resident Supervision

## Reporting findings and recommendations

Each of the subsequent chapters addresses a distinct key policy area topic, and includes a description of the template headings employed for data extraction. Each chapter also identifies and defines key terms in support of providing a common language for PGME policies. Finally, the chapters conclude with specific guidance for PGME policy reform in the format of rationale for change, considerations and recommendations for faculties.

These recommendations are provided to support discussion at individual universities, and for consultation with resident organizations and regulatory authorities as universities work to implement CBME-supportive policies at their individual institutions.

## Summary of Key Common Themes

### Language

As postgraduate policies are reviewed and revised to reflect CBME, careful consideration will need to be made for the language and terminology employed to articulate policy processes. Broadly, concepts describing time-based progress decisions and procedures will give way to competency based language that reflects an environment of continual learning and ongoing observance of the progression towards competency achievement. This will necessitate a shift in the language used in various policies for PGME; as such, each of the topic-specific communiques includes identified key terms and definitions implicated in the change, in addition to proposed common language for respective policy concepts.

Currently, policy language particular to **Remediation** and **Assessment** policies incorporate terms such as 'weakness', 'deficiency' and/or 'failure' to describe performance that may require intervention or further development. CBME focuses instead on linking these concepts to a resident's progress, as in 'not progressing as expected /failing to progresses'.

Terminology presently associated with progress decisions, such as 'rotation' and 'FITER' will no longer be employed, but will be replaced by 'learning experience' and 'portfolio' respectively, within **Assessment** policies. Similarly, time-focused language to reflect a residents progress such as 'Postgraduate Year' (PGY) will be replaced by 'stage' (of training) within the competence continuum, predominantly within policies that address **Moonlighting**, **Assessment** and **Graduated Responsibility/Supervision of Postgraduate Trainees.**

This transition in language upholds the shift towards understanding achievement as it occurs across a continuum of learning, rather than cataloguing consecutive sections of time to indicate that skills have been acquired.

### Time-Based Requirements

Alterations to the duration of training are presently addressed via policy mechanisms aimed at either extending or waiving a specific amount of time spent within a given rotation. In the world of CBME, achievement is based on competence demonstrated and not time spent in training. Minimal or maximal duration of training may therefore need to be effected within the policies that address **Remediation** and **Waiver**(s) **of Training**.

As previously identified, the concept of Postgraduate Year, or 'PGY', is the present surrogate nomenclature for the delegation of trainee responsibility. In CBME, competence level

achieved, or 'stage of training' will serve as the basis for allocation of trainee responsibility. Policies to be considered in light of this change include those that address **Moonlighting**, **Assessment** and **Graduated Responsibility/Supervision of Postgraduate Trainees.**

Another policy concept for consideration concerns that of resident **Transfers**; namely, the current system whereby time-based exposure determines the eligibility for a resident to transfer from one program to another. In CBME, eligibility for transfers will be based on that resident's exposure to a given discipline, their experience, overall fit/suitability and other factors as deemed appropriate by the PGME institution. **Transfer** policies should be reviewed and reframed with these considerations in mind.

The completion of a rotation is presently the proxy for achievement of an academic credit. For CBME, the achievement of competence as ascertained by the program's Competence Committee, in consultation with the program director and postgraduate dean, will serve as the basis for granting an academic credit. This will impact those policies addressing both **Transfers** and **Moonlighting**.


### Organizational Structures and Processes

To support and facilitate the transition to CBME, new organizational structures will need to be implemented at postgraduate institutions. These include the establishment of Competence Committees and in some instances, Academic Advisory roles, intended to support both learners and the overall processes by which eligibility for progression decisions are determined. Competence Committees are mandatory as outlined by the Royal College; however the terms of reference and associated procedures for these groups are to be developed at the level of the faculty or program, with the support of Royal College guidelines (RCPSC, 2017). As these groups are developed and implemented locally, postgraduate offices should consider their own respective role in the process of gathering observations to inform **Remediation**, and should consider carefully what type of learner information they will need to capture and catalogue. As Competence Committees will be responsible for the review of learner progression information, postgraduate offices should put their focus on the elements that affect patient and learner safety, and any potential impacts to other learners, resources, or to overall progress decisions.

## Considerations for Other Stakeholders

As many of the recommendations for postgraduate institutions will have implications for other stakeholders, including regulatory authorities, hospitals and the Ministry of Health, specific issues for consideration by these groups are outlined below.

In light of CBME, the College of Family Physicians of Canada (CFPC) and the Royal College should revisit and revise those policies that use rotation as the basis for awarding academic credit, such as policies describing procedures for **Transfers** or **Waivers of Training**. With regard to the role of regulatory authorities, the working group acknowledged that consideration should be given to the criteria used to determine the issuing of licensure. As the issue of pathway to licensure is entirely within the purview of regulatory authorities, including the Federation of Medical Regulatory Authorities of Canada (FMRAC), these groups should examine their policies to consider the effects of accelerated training on service delivery.

As multiple observations from multiple observers in various contexts will form the comprehensive image of a resident's competence, consideration for the ongoing storage of documentation on training observations within **Assessment** policies should be made. Regulators will therefore need to determine whether source documentation or summary decisions should be retained for the purposes of progress decisions. Consequently, regulatory authorities should also review policies and procedures for **Remediation** that address reporting of instances of remediation and probation. With the expectation that individual learning plans will be initiated more frequently, the nature and frequency of information gathered and recorded may require adjustment.

Considerations for workforce capacity and service delivery should also come under scrutiny, as time-based rotations are de-emphasized. The Ministry of Health, hospitals and other healthcare institutions are advised to consider the effects that revisions to **Waivers of Training** policies will have on minimum training duration requirements, along with any potential impacts this may have on service delivery.

Regulators are also advised to review the language used to address clinical supervision guidelines for policies addressing **Graduated Responsibility/Resident Supervision**, as these may have implications for other policy topics such as **Moonlighting,** or for different types of work performed by residents in varying jurisdictions.

**References**

Royal College of Physicians and Surgeons of Canada. (2017). *Competence committees: A critical component of competency-based assessment.* Retrieved from
http://www.royalcollege.ca/rcsite/cbd/competence-committee-e