

# 5 Key things you should know about CanMEDS and Competence by Design

Since 1996, the CanMEDS Physician Competency Framework has been a fundamental aspect of residency training in Canada, in part because of the elegant simplicity of describing physician competencies in seven clear roles. In the era of Competence by Design, CanMEDS continues to be the foundation of specialty medical education, with the addition of robust processes to ensure each physician reaching the end of their residency has successfully achieved competence in every CanMEDS Role.

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## CanMEDS Continues to Define Physician Competency Outcomes

In the era of Competence by Design, CanMEDS competencies continue to provide clear expectations about the skills and abilities expected of a physician in all domains of their medical practice.

CanMEDS competencies are now written to be stage specific, and they illustrate a resident's expected progression from novice trainee to independent clinician. These stage-specific CanMEDS competencies are known as milestones. They assist learners, curriculum designers and clinical teachers to determine where a person is situated in their progress toward competence.

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## Competence By Design is a New Process for Teaching and Assessing CanMEDS Competencies

Competence by Design is a new approach to Royal College residency training. It transforms specialty medical education from a system that is primarily based on time to one that is based more on outcomes (i.e., CanMEDS competencies). Notable components of this new process include

- introduction of entrustable professional activities into Royal College training standards,
- emphasis on workplace-based assessment and coaching as part of a program of assessment and
- group decision-making processes by competence committees.

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## Residents Draw on Their CanMEDS Competencies to Perform Entrustable Professional Activities (EPAs)

The Royal College defines an EPA as a stage-specific clinical task that an individual can be trusted to perform in a given health care context, once they have demonstrated sufficient competence.

EPAs were introduced into Canadian residency training as part of Competence by Design. Disciplines define their own EPAs, choosing the activities that will best enable programs to ensure their residents develop the competencies needed to progress through training appropriately. When defining an EPA, the specialty committee also identifies the CanMEDS milestones

(i.e., competencies) required to perform that clinical task.

As part of Competence by Design, the EPAs and milestones provide clinical teachers and residents with clear expectations of the skills and abilities residents need at each stage of training, which makes them particularly useful for identifying and planning teaching and coaching opportunities. However, not every CanMEDS competency can be taught or assessed using an EPA, which is why EPAs are just one important part of an overall program of assessment.

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## Workplace-Based Assessment and Coaching Help Build Competence Across all CanMEDS Roles

Workplace-based assessment is an important tool in Competence by Design. The overall goal is to promote a culture where residency education is supported through regular, documented, direct observations and coaching.

In Competence by Design, the results of individual observations are shared with residents in a timely way to guide learning. Specific and actionable suggestions are then recorded for the benefit of the learner and for consideration by a competence committee. When individual workplace-based assessments are aggregated over time, the data from multiple observations and multiple sources contribute to a clearer picture of a resident's performance and progress. Performance on EPAs is an important indicator of progress, but in Competence by Design, programs often also continue to use other important assessment modalities to ensure residents are competent in all seven CanMEDS domains (e.g., narrative assessments, summaries of daily clinical performance, in-training tests, OSCEs, simulations sessions).

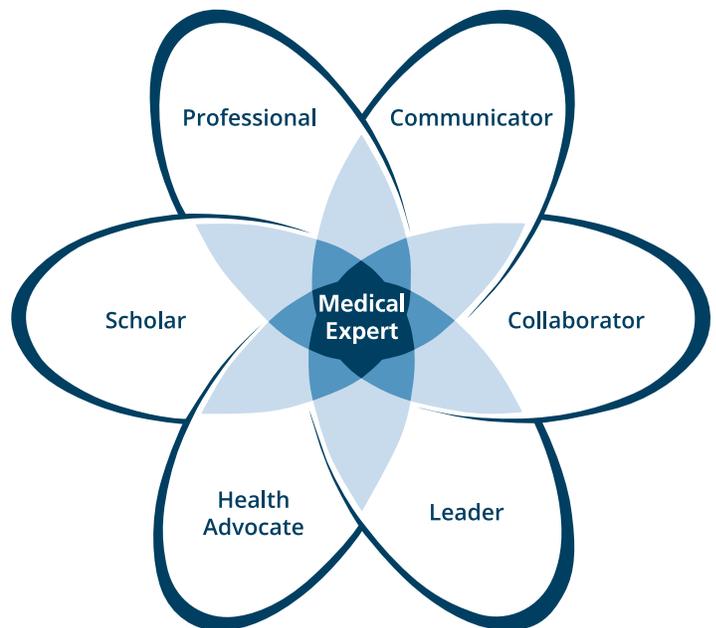
CanMEDS is woven into the foundation of Competence by Design. As the implementation of Competence by Design continues across the country, each discipline is building on CanMEDS to develop its own milestones, EPAs and other parts of its residency curriculum.

**When a physician reaches the end of their Competence by Design residency, they will have attained competency in every CanMEDS Role.**

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## Physician Competence Recommendations are Made Through a Group Process

A resident's promotion from one developmental stage to the next is determined through the group decision-making process of a competence committee. The committee synthesizes and reviews qualitative and quantitative assessment data to determine and guide the resident's progress toward acquiring all of the CanMEDS competencies. Although the committee considers data related to EPAs, it also reviews other data sources that contribute to a picture of the resident's overall competence, with the goal being that the resident will attain competence in all CanMEDS Roles and complete all required training experiences.



CANMEDS