



ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Competence
by Design

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Competence by Design Document Suite

Handbook and Guidelines for Review

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PART 1: CBD Specialty Standards Document Suite: Overview

(Discipline) Competencies

The *(Discipline) Competencies* document contains a high-level description of the competencies of a graduate of a given Royal College-accredited discipline or special program. This document also provides a definition of the discipline and the context of practice in which the competencies are relevant and applicable.

Pathway to Competence

The *Pathway to Competence* document illustrates the progression of a resident's competence through four stages of training in a given discipline or special program. The pathway identifies milestones (both generic and discipline-specific) that the resident must acquire in order to attain the exit competencies outlined in the *Discipline Competencies*.

Training Experiences

The *Training Experiences* document outlines the mandatory and recommended training activities that support a resident's acquisition of competence. The document identifies clinical activities such as inpatient care; ambulatory clinics, and surgical procedures; as well as non-clinical activities such as a scholarly project, journal clubs, and simulation exercises.

ePortfolio

The *ePortfolio* provides evidence of a physician's development and maintenance of competence from residency until retirement. It tracks the learner's progress as he or she meets milestones and develops competencies, and it identifies assessment strategies to evaluate the performance of Royal College entrustable professional activities (RC EPAs).

Standards of Accreditation

The *Standards of Accreditation* document describes the requirements that a given residency program must meet in order to deliver training and thus achieve and maintain Royal College accreditation.

PART 2: Document Descriptions

The new CBD document suite is designed to meet the needs of all stakeholders in medical education. While regulatory bodies require a high-level outline of training and outcomes, program directors and educators need a granular breakdown of teaching objectives. Compared to the previous document suite, the new CBD version puts a greater focus on outcomes; provides more guidance, tools and resources; and places a larger emphasis on physicians in practice. Finally, it reflects a necessary change in the credentialing process brought about by the Royal College's new competency-based educational model.

(Discipline) Competencies

Based on the new 2015 CanMEDS Physicians Competency framework, the *(Discipline) Competencies* document provides an overview of the key and enabling competencies from each of the seven CanMEDS Roles that a resident acquires in order to practice as a fully functioning physician or surgeon. Upon completing a Royal College accredited program, a resident will possess all of the competencies outlined in the *Discipline Competencies* document.

To create this resource, specialty committees modify and supplement the generic CanMEDS Framework with Royal College support. The process involves multiple stages of review, including input from the Royal College Office of Specialty Education (OSE) clinician educators, education writers, and document specialists. The Specialty Standards Review Committee (SSRC) sanctions the *Discipline Competencies* document in a final stage of approval. All following revisions must be approved by the SSRC, and amendments take effect at the beginning of the next academic year.

The result is a tailored, discipline-specific document that gives a concise description of the discipline, the context of training and practice, and the desired outcomes for skills development. Supervisors, program directors, postgraduate deans, educators, and residents benefit from a clear outline of the parameters and goals of training. This viewpoint is also most useful for regulators, who benefit from a succinct overview of national standards.

Pathway to Competence

The *Pathway to Competence* document details the progression that a resident will follow in order to attain the competencies laid out in the *(Discipline) Competencies*. The *Pathway to Competence* portrays the ideal progression by identifying milestones—observable markers of an individual's ability along a developmental continuum. In CBD, the Competence Continuum includes four stages of training: Transition to Discipline, Foundations of Discipline, Core of Discipline, and Transition to Practice. As residents progress through training, they must achieve the stage-specific milestones that lead to each of the competencies in the *(Discipline) Competencies* document.

To create the *Pathway to Competence*, specialty committees begin by establishing a description of the stages of training for their discipline. How long is each stage? What will residents be doing? What should the learners know and be able to do before moving to the next stage? With the description as a guideline, the committee then modifies and supplements the CanMEDS 2015 Milestones Guide.

As with the (Discipline) *Competencies*, specialty committees receive support and input from the Royal College in the creation of this document. The *Pathway to Competence*, however, does not undergo a SSRC review. Rather, the document remains 'evergreen,' meaning that the specialty committee can make alterations to the document with OSE approval at any time. This flexibility allows for adjustments and revisions throughout the academic year.



In its complete form, the *Pathway to Competence* is presented as a chart with the competencies, organized by CanMEDS Role, appearing down the *y-axis*, and the stages of training as columns along the *x-axis*. Each row displays the milestones for the associated enabling competency, allowing readers to see a progression across stages. Ultimately, the *Pathway to Competence* will also allow for customized isolated views. For example, a preceptor might need to see all of the Medical Expert milestones that a resident must achieve in the Core of Discipline stage, or maybe view the ideal progression for just one particular key competency (e.g. handover).

This ability to choose different views is important, as one of the primary audiences for the *Pathway to Competence* is the frontline educators, who need a breakdown of learning goals at any stage of a resident's training. It is the resource that supervisors and program directors reference to identify why a resident might be struggling, and what skills the resident needs to improve in order to progress. In this vein, the *Pathway to Competence* is also a helpful resource for learners. It outlines exactly what is expected of them, and it projects an educational roadmap that helps residents identify their own learning objectives. Practicing physicians may also use the pathway to set personal goals for maintenance of competence. With the *Pathway to Competence*, residents and practitioners have more accountability and involvement in their own skills development.

Training Experiences

The *Training Experiences* document identifies the mandatory and recommended training activities in which residents should partake in order to attain the milestones in the *Pathway to Competence* and, ultimately, achieve the competencies outlined in the (Discipline) *Competencies*. The document is organized by stage of training, and it identifies both required and recommended activities for each stage. The experiences included in this document capture all activities that facilitate learning—not just the clinical ones. For example, while a resident may need to participate in a particular procedure in order to achieve a Medical Expert milestone in the Core of Discipline stage for a surgical discipline,

he or she may also need to participate in a scholarly journal club, teach junior residents, or engage in a health advocacy initiative to achieve milestones associated with the Intrinsic Roles.

Also like the *Pathway to Competence* and *(Discipline) Competencies*, the specialty committee creates this document with Royal College support. The *Training Experiences* is subject to the same review process as the *(Discipline) Competencies*. After input from the Royal College OSE, clinician educators, education writers, and document specialists, the document is ultimately brought to the SSRC for approval. Any revisions that take place following the initial ratification must be approved by the SSRC, and amendments take effect at the beginning of the next academic year.

Because it provides a relatively high-level description of a national standard for learning activities, this document is a beneficial resource for regulators, program directors, and postgraduate deans. Educators and residents also rely on this resource to plan and prepare for training activities.

Standards of Accreditation

The *Standards of Accreditation* document describes the requirements that a given residency program must meet in order to achieve and maintain Royal College accreditation. The document outlines standards for elements of the program including but not limited to administrative structure and organization; human and physical resources; clinical, academic, and scholarly content; and evaluation. The document is structured with headings associated with each major program element.

To create the *Standards of Accreditation* for their discipline, specialty committees alter and supplement the *General Standards of Accreditation*, which have been updated by the Royal College in response to the need for a new credentialing process for CBD's competency-based educational model. Like the *(Discipline) Competencies* and *Training Experiences*, the Royal College provides guidance and coaching in the creation of this document, which undergoes a final review step with the SSRC. All following revisions must be approved by the SSRC, and amendments take effect at the beginning of the next academic year.

This document serves as a valuable guideline for program directors and postgraduate deans as to the resources needed to deliver training at their institutions. Regulators and Royal College surveyors also refer to this document as a standard to which to hold programs when conducting external reviews.

ePortfolio

The *ePortfolio* is the tracking and reporting component of the CBD document suite. It both records and provides evidence of a physician's development and maintenance of competence from residency until retirement. The *ePortfolio* displays Royal College entrustable professional activities (RC EPAs) for each stage of training.

EPAs are clinical tasks that a supervisor delegates to a resident once the trainee has demonstrated sufficient competence, or, in the context of a practicing physician, tasks that may be performed autonomously once sufficient competence has been demonstrated. As such, EPAs link clinical work to the educational framework of CanMEDS and each EPA

reflects many underlying competencies. Each RC EPA is associated with its assessment strategies, which are also identified in the *ePortfolio*.

Specialty committees compose RC EPAs and link them to assessment strategies with guidance and direction from the Royal College's OSE and with resources and templates from the assessment team. Like the Pathway to Competence document, the *ePortfolio* does not undergo a SSRC review.

Residents and practicing physicians record their accomplishments in the *ePortfolio*. Supervisors use it to record judgments about a resident's performance; in doing so, they contribute information for the decision to allow a resident to progress to the next stage of the program. This being said, the *ePortfolio* also serves as a helpful resource for program directors and postgraduate deans regarding the progression of their residents as well as the quality of their programs.

PART 3: Elements for Review

While each document serves a discrete purpose, the suite as a whole combines all vital elements of the Royal College's model of competency-based education. The review, then, must consider each document on its own and as a part of the suite.

Review Checklist

- ❑ **Consistent:** Documents in the suite should use the same terms and concepts consistently. If necessary, footnotes or appendixes should be used to define terms or concepts as they function within the suite.
- ❑ **Clear and concise:** Documents should be well written and easily understood by all stakeholder audiences. While technical medical terms may be necessary at times, the best effort should be made to ensure that the documents are accessible to audiences that may not have a clinical background. For example, a surveyor should be able to understand the requirements laid out in the *Dermatology Standards of Accreditation* despite the fact that he or she is not a Dermatologist.
- ❑ **True to the templates:** Specialty committees are encouraged to use the templates as a guideline. While straying too far from the templates can dilute the Royal College's underlying intent, leaving them untouched can be a missed opportunity to tailor the document to a specific discipline. Specialty committees should modify and expand the templates in an appropriate and balanced manner.
- ❑ **Realistic and appropriate:** With the introduction of stages of training, specialty committees are now responsible for setting expectations of resident performance throughout and beyond training, not just at completion. Specialty committees will need to consider logistics as well as skills-development expectations to come to an agreement as to the ideal pace and required resources for learner progression and maintenance of competence. This pace should be realistic and appropriate.
- ❑ **Coherent individually and jointly:** While each document in the suite must function according to the objectives outlined within, the entire document suite must also make sense as a whole. For example, the RC EPAs in the *ePortfolio* must represent an adequate culmination of milestones from the *Pathway to Competence* and competencies from the *(Discipline) Competencies*, and the assessment strategies must provide a suitable measure with which to evaluate all CanMEDS Roles involved in the RC EPA. The activities outlined at each stage of training in the *Training Experiences* document must also provide a quantity and breadth of experience that will facilitate the suite's prescribed skills development. There should be no discrepancies or contradictions between documents.

PART 4: Conclusion

As CBD implementation rolls out across disciplines, the review objectives for the document suite (and perhaps even the documents themselves) may evolve and adapt over time to meet the needs of key stakeholders. Insights that surface from reviews and user feedback on the function and design of the document suite will help to shape this essential resource.