



Implementing a Competency-Based Approach to Medical Education

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COMPETENCY-BASED MEDICAL EDUCATION

Competency-based medical education (CBME) is a new approach to the design, implementation, assessment, and evaluation of medical education programs. CBME de-emphasizes time-based training, focuses on graduate outcome abilities, and targets competencies based on societal and patient needs.

RESIDENT DOCTORS OF CANADA RECOMMENDATIONS

The transition to CBME affects the entire Canadian medical education community. To properly implement a CBME approach, colleges, faculties, programs, hospitals, and other stakeholders should work together:

Planning a Smooth Transition

- Create a robust CBME strategy
- Facilitate the successful implementation, seamless incorporation, and buy-in of new assessment methods and teaching approaches
- Create standardized CBME language that includes shared definitions of Entrustable Professional Activities (EPAs), milestones, and competencies
- Collaborate, coordinate, and exchange information in order to develop consistent, specialty-specific EPAs

Innovating in Curriculum Design

- Clearly define training requirements and service expectations, and clearly present them to faculty and residents
- Ensure residents should obtain their competencies primarily through direct clinical exposure
- Relate milestones/EPAs to residents' future practice and development as competent, integrated physicians
- Ensure that residents have a sufficient variety and depth of clinical exposure
- Develop new scheduling and delivery approaches that ensure quality for both traditional and CBME-trained cohorts

- Engage in continuous quality improvement efforts to assess, improve, and adjust approaches over time

Re-engineering Assessment and Promotion Activities

- Align assessment and promotion with a competency-based approach, and make it transparent
- Use multiple assessment tools, enlist various assessors, adapt to varied learning environments, and promote formative feedback and self-reflection
- Track resident progress through a learning portfolio
- Identify any residents who require additional resources as early as possible
- Design examination content to reflect a trainee's stage of training and competency, and expand their capacity so as not to delay training progression
- Make promotion the responsibility of the program, not the certifying or licensing body, and de-couple assessment from residency matching or hiring processes
- Do not use data on patient outcomes to assess competency

Allocating New Resources to Support Residents and Faculty

- Ensure adequate physical, human, financial, and technological support for CBME
- Develop cost-effective "lean" strategies that identify system inefficiencies and support continuous improvement to ensure that resources diverted to the CBME transition do not compromise patient care, programs, and Post Graduate Medical Education (PGME) offices
- Respect time demands for residents and faculty who will be adapting to new assessment and teaching methods, and faculties should support their training by establishing CBME champions

For more information on the transition to CBME, visit our website at: residentdoctors.ca