Post MD Education
UNIVERSITY OF TORONTO

CBME/CBD MYTH BUSTING FACT SHEET

CBME/CBD IMPLEMENTATION

MYTH #1: COMPETENCE BY DESIGN (CBD) IS AN OPTION

FACT: We have heard from some residents, faculty and program directors that they would like to opt out of CBD. Opting out of CBD is not an option. The Royal College sets the standards for specialty certification. Our residency programs are accredited to meet the Royal College standards.

The universities are working with the Royal College to clarify the "musts" and where we have local flexibility to implement as is appropriate for our context. These discussions are ongoing as we work through implementation, but the standards are nationally set and approved.

MYTH #2: CBD MEANS THAT TRACKING RESIDENTS BY PGY YEARS WILL 'GO AWAY' DUE TO TRACKING RESIDENT PROGRESS ACROSS A CBD CONTINUUM

FACT: The tracking of progress across the competence continuum will be required to document a resident's progress. In addition, given that funders, funding and payment schedules are based on a resident's year, and a negotiated agreement between PARO and CAHO, programs will need to monitor and document promotion from PGY year to year.

MYTH #3: CBD MEANS THAT RESIDENTS WILL BE DONE 'EARLY'

FACT: In planning and implementing CBD, each discipline is estimating the 'usual' time period for completion of the Royal College-Entrustable Professional Activities (EPAs) and the Specialty Training Requirements. It is anticipated that most residents will finish within the *usual* time period with a small number needing more time to master the competencies – which is similar to the current situation. It is anticipated that a small number of residents will master the competencies more quickly, in which case, they will have the opportunity for further development through elective experiences.

For Cohort 1 programs:

- Medical Oncology, which is currently a 2-year subspecialty program following 3 years of training and certification in Internal Medicine, anticipates that the usual time for residents to complete the CBD program will continue to be 2 years.
- OHNS, which is currently a 5-year training program, also anticipates that the usual time for residents to complete the CBD program will continue to be 5 years.

MYTH #4: COMPETENCE COMMITTEES ARE NEW. WE WILL IMPLEMENT BASED ON THE ROYAL COLLEGE GUIDELINES

FACT: Many residency programs at University of Toronto have long had an Evaluation, Promotion or Examinations (Sub)Committee that reviewed resident progress and promotion before they became 'popular'. Some of our residency programs currently review individual and group assessment data; assessment trends over time; and/or identify residents performing below expected. Some committees are subcommittees of the Residency Program Committee (RPC), while others are separately constituted.

As part of CBD implementation, the Royal College will establish expectations around which data competence committees are to review; and the time-points at which progress and promotion decisions are to be made for each of the 4 stages of competence. Additionally, a national committee is discussing which resident information is to be shared with the Royal College (see: http://www.royalcollege.ca/rcsite/cbd/assessment/ competence-committees-e). The Royal College continues to clarify expectations and develop more resources, so be sure to check their site periodically for updates.

Locally, each university will customize CBD for their own context. Many U of T residency programs are moving forward to develop Competence Committees (using whatever name they choose). Generally, at University of Toronto the Competence Committee (CC) monitors and makes decisions about residents' progress throughout the different stages of their residency education by:

• Working within the processes outlined in "Guidelines for the Assessment of Postgraduate Residents of the Faculty of Medicine at the University of Toronto" (PGME Assessment Guidelines, see: http://pg.postmd.utoronto.ca/about-pgme/policies-guidelines/evaluation-guidelines

• Using data to make judgments about a resident's progression throughout residency (e.g. competence stages, promotion from one year/level to next, identification of needed improvement or remediation, identification of needed enhancement or enrichment); and

• Reviewing assessment and performance data patterns and trends (e.g. across residents, stages, sites, rotations, assessment tools/approaches) to identify areas of excellence and needed areas for improvement.

MYTH #5: CBME IS BEING DRIVEN BY PGME

FACT: CBME is a partnership of many individuals and groups, both internal and external.

Internal individuals & groups working on 1) curriculum design, development and implementation; 2) development for faculty, teachers and learners; and 3) program evaluation include:

> Residency Program

- Residency Program Director
- Residency Program Administrator
- Residency Committee(s) (e.g. Residency Program Committee, CBD Planning Committee, CBD Research Committee, Competence Committee, Resident CBD Committee)

> Post MD

- Glen Bandiera, Associate Dean PGME
- Susan Glover Takahashi, Lead, CBME implementation
- Education Integration Group (EIG) for CBME in PGME
- Caroline Abrahams, Lead, Information systems

> Department/Divisions

- Vice Chair Education
- Faculty, teacher and learner development lead(s) (i.e. Sometimes done within Residency Program)

External individuals & groups working on CBME include:

> AFMC PG Deans Group

- Strategic national leadership on CBME policy and practices

> Royal College Specialty Committee

- Develop the specialty specific CBD documents over 2-3 years through a series of national meetings and specialty working groups

> Royal College CBD Education Team

- Provide leadership and develop resources for CBD development and implementation.
- Meet regularly with other external groups to support understanding

> CBME Leads Committee

- A network of the CBME Leads from each school
- This group meets via phone every 2 weeks and semi-annually to work through issues, implications and approaches to the implementation of CBME in each local context.

> Data Stewardship Committee (DSC)

- A network of organizations, groups and individuals who are navigating the issues of CBD data needs, priorities and privacy considerations.

In summary, PGME and its Education Integration Group are a support and enabler for CBD and CBME, in partnership with many internal and external people and organizations.

MYTH #6: FACULTY ADVISORS/COACHES ARE NEEDED TO IMPLEMENT COMPETENCE BY DESIGN

FACT: There is no CBD or accreditation requirement for Residency Programs to develop a system of Faculty Advisors and/or Coaches.

Based on local approaches to implementation some universities (e.g. Queen's University) have developed the new role of Faculty Advisors. At University of Toronto, some residency programs assign faculty advisors for all incoming residents. The use (or not) of faculty advisors for CBD implementation is one of the many decisions that programs will sort out as they plan for implementation with the support of the EIG team.

ASSESSMENT & IT SYSTEMS

MYTH #1: ITERS WILL DISAPPEAR

FACT: In the early cohorts that are implementing CBD, building a common national In-Training Evaluation Report (ITER) is not part of the assessment tools planned. The national tools should be viewed as the minimal requirements, with each university and program deciding locally what is needed and necessary to support effective residency education. PGME at the University of Toronto *will* continue to use ITERs, as they remain critical to capture assessments of teachers during day-to-day interaction of residents in the clinical setting.

MYTH #2: POWER WILL DISAPPEAR AS THE SHARED PLATFORM ACROSS RESIDENCY PROGRAMS

FACT: All residents will continue to be registered in POWER and have ITERs, Rotation Evaluations and Teacher Evaluations completed. Other complementary systems that provide additional learner assessments and monitoring of learner progress are being secured to support CBD implementation.

MYTH #3: PROGRAMS CAN DEVELOP ONLINE CBD SOLUTIONS THAT WORK FOR THEIR PROGRAMS

FACT: There will be an overall University of Toronto CBD information technology approach for use by all programs, with a required electronic platform to comply with best practices and reporting (e.g. to Royal College, hospitals, programs) on the following:

- Common CBD assessment tools (e.g. EPA assessment tools, Procedure assessment and logging tools)
- Program evaluation tools (e.g. Rotation Evaluations, Resident Assessment of Teacher Effectiveness)
- Resident, faculty, program tracking of progress
- Reporting for Competence Committees

For those launching the piloting in 2016-17 and 2017-18, an interim solution for an online tool is being used to complement what is available in the central system in POWER (i.e. ITERs, rotation evaluations, teacher assessments).

Programs may develop local 'extras' outside of the central resources and information required and provided.

ROTATION STRUCTURE & SCHEDULING

MYTH #1: GOALS & OBJECTIVES NO MORE

FACT: Rotations will continue to be focused around the educational purposes for that rotational experience. CBD programs are using brief "Rotation Plans" that include the focus of the rotation and also list the Required Training Experiences (RTEs), EPAs, and include a small number of focused Goals & Objectives (G&Os) that guide the rotation. An example of a rotation plan can be found here.

MYTH #2: CBD MEANS RESIDENTS WILL COME AND GO FROM CLINICAL SITES AT VARYING TIMES

FACT: The scheduling of CBD residents will continue to be done in advance, as per previous practice. Predictable schedules and resident assignments are important to learners, faculty and clinical sites and will continue with the implementation of CBD.