

As someone who will soon start teaching and assessing residents training in a CBD context, you may still have some questions about the rationale behind the changes you are about to make. This 3-part FAQ document is designed to answer your questions and to help you feel comfortable with the “why of CBD” (part 1) so you can focus on the “how of CBD” (part 2) and “key terms” (part 3).

1. What is Competency-Based Medical Education (CBME)?

In simple terms, CBME is an approach to medical education that focuses on outcomes. In a CBME system, a curriculum is organized around the outcomes expected of a resident and that resident’s advancement is dependent on having achieved those expected outcomes. Rather than over-emphasizing time as a surrogate marker of competency, in CBME the trainee is expected to meet a specific set of competencies and their advancement is dependent on their ability to meet those outcomes. For a formal definition of competency-based medical education please see part 3 of this series, Terms and their Uses.

2. We have a world-class medical education system, why change to a competency- based system?

Yes, we do have an excellent medical education system in Canada, but we also acknowledge that our current medical education system was created over 100 years ago. Over the last century, patient expectations, medical technology, medical knowledge and the health care system have changed dramatically – yet our education model has stayed relatively the same.

As a self-regulated profession, Fellows of the Royal College recognize that a change is necessary. We need to ensure that we continue to train physicians that are well equipped to provide excellent patient care in a system where patients expect physicians to demonstrate their competence openly and continually throughout their career. CBD is one important way that the Royal College will demonstrate our collective accountability to the public; CBD is a physician education model that supports continuous learning and continuous assessment.

3. Are other countries or groups changing to a competency-based approach?

We are not alone in making this change; CBME is a growing trend around the world. In the past few years, for example, the idea of competency-based medical education has become an increasingly common theme at medical education meetings world-wide. In fact, in 2009, the Royal College anticipated the changes to come, and set out to provide leadership in CBME by convening an international collaborators group called the

International Competency-based Medical Education Collaborators (ICBME). The ICBME members are from a number of countries such as Australia, Canada, Great Britain, the Netherlands, and the US. Since 2009 they have met monthly to discuss the latest developments in CBME. This group published a series of articles on CBME including key definitions in the August 2010 issue of Medical Teacher. The ICBME Collaborators will publish another series of papers in 2016 to update key developments in CBME.

4. What is “Competence by Design”?

The Royal College and its partners have worked collaboratively over the better part of a decade researching CBME and bringing the best of this learning to the development of Competence by Design^a. Inspired by the Future of Medical Education in Canada Postgraduate (FMEC-PG) project^b, the ICBME Collaborators and other best practices occurring worldwide, we have configured our own mix of CBME approaches for a unique initiative we call “Competence by Design”. The goal of CBD is to enhance patient care by improving learning and assessment, ensuring physicians demonstrate the skills and behaviours required to continuously meet evolving patient needs.

The Competence by Design title is meant to convey the idea that responsible medical education involves systematically thinking about (i.e. designing) a learner’s journey through their entire career in medicine.

CBD is a huge change for the Canadian medical education system, in fact it is the biggest transformation that we have worked on in the College’s history. The structured roll out of CBD started in 2014 and will continue for about a decade. As members of the first cohorts you are leading the way and helping design CBD from the inside.

5. What are the biggest changes associated with “Competence by Design”?

There will be a number of major changes to medical education and practice as the Royal College and its many partners transition to a system that is truly competency-based. This transition will not happen overnight, but as members of the first cohorts in CBD, the changes will impact you first. For your convenience we’ve prepared a simplified description of what you can expect to see over the course of the next several years.

First, we have overhauled the way that we do curricula. We have updated the **CanMEDS Physician Competency Framework^c** and incorporated a concept called the Competence Continuum. This concept divides specialty and subspecialty training into four discrete stages: a transition to the discipline, a foundation period, a longer core period of training and, finally, a transition to practice. For each CanMEDS competency, we have also written statements (milestones) that correspond with the stages in the Competence Continuum.

The second major change is that we are completely overhauling how we do **physician assessment**. Currently supervisors are asked to assess skills or abilities they may not have even observed. Going forward we are taking a systematic approach by timing the type and mode of assessment at each stage so that it accurately reflects the development of a physician across their career.



And finally we are changing our **accreditation** system so it focuses more on the outcomes of the program and less on its processes. As part of CBD, we are moving toward a time when accreditation visits are much less arduous because rather than emphasis on resource-intensive paper-based documentation, programs will have real-time data to show how their residents are progressing, as well as digital tools to support programs' and faculties'/schools' of medicine own continuous quality improvement. We are adopting competency based technologies and organizing our whole system of training around a new super portfolio.

Contact Us

Visit the Royal College [CBME/CBD website](#) for more information,
or contact us at CBD@royalcollege.ca

^a Medical Teacher has dedicated a full issue on the International and Canadian research on, and development of, competency-based medical education (August 2010, vol 32, no 8)

^b <https://www.afmc.ca/future-of-medical-education-in-canada/postgraduate-project/index.php>

^c Frank JR, Snell L, Sherbino J, editors. CanMEDS 2015 Physician Competency Framework. Ottawa: Royal College of Physicians and Surgeons of Canada; 2015.

http://www.royalcollege.ca/portal/page/portal/rc/common/documents/canmeds/framework/canmeds_full_framework_e.pdf

