

# CBD Adaptations Plan

## Frequently Asked Questions

July 2024

### HOW WAS THE CBD ADAPTATIONS PLAN CREATED?

The Royal College hosted three National CBD Summits between September 2023 and March 2024 where system partners (including the CBD National Advisory Board, PGME Deans, Program Directors, CBME Leads, Resident Doctors of Canada [RDoC], Specialty Committee Chairs, Fédération des médecins résidents du Québec [FMRQ], and Collège des médecins du Québec [CMQ]) collaborated to create the *CBD Adaptations Plan*. The group clarified the key challenges of CBD and identified appropriate interventions, which culminated in the final *CBD Adaptations Plan*, which was presented to and approved by Royal College Council in late June.

### WHY CHANGE CBD?

Six years of CBD program evaluation data from multiple sources (Royal College, RDoC, FMRQ, individual institutions and other scholarly work) show that institutions are experiencing some real and difficult challenges with CBD implementation. Despite many CBD successes and tremendous opportunities for the future, any unmanageable assessment burden experienced by residents, frontline faculty, program administrators, and educational leaders must be addressed.

### WHAT ARE THE ADAPTATIONS TO CBD?

The fundamental design of CBD has not changed. As per the *Essential Requirements of CBD Implementation* document, released in Summer 2023, CBD continues to include developmental stages of training, Entrustable Professional Activities (EPAs), robust assessment of learning and competence committees that make evidence-informed decisions on progression and promotion of residents.

The key improvement is a much more flexible approach to implementation. Previously, the model had overly prescriptive expectations for local implementation. With the flexibilities communicated in 2023 and the *CBD Adaptations Plan*, there is now an emphasis on clarifying the authority programs and institutions have in making decisions around CBD implementation. For more information, review the [Essential Requirements of CBD Implementation](#) and stay tuned for updates to CBD resources, such as the Technical Guides, which will provide further guidance.



## HAVE THE ACCREDITATION STANDARDS CHANGED AS PART OF THE CBD ADAPTATIONS PLAN?

Updates to the *General Standards of Accreditation for Residency Programs* will be released on July 1, 2024. The new program-level standards include modifications aimed at ensuring resident portfolios are consistently used and assessment data is presented in a way that supports decision-making processes, while still allowing flexibility for local needs and context. These changes were informed by discussions initiated by the CBD Steering Group. As per the standard practice for version applicability, the new standards will apply immediately to applications for accreditation of new programs and 12 months later (July 1, 2025) for all other types of Royal College accreditation reviews.

Should there be a need for any additional revisions to accreditation standards, identified through the implementation of the *CBD Adaptations Plan* (see Interventions 1.5, 1.8 and 2.1), those changes will be considered for incorporation in a future version of the accreditation standards.

## WHAT IMMEDIATE CHANGE IS REQUIRED FOR MY PROGRAM? MY INSTITUTION?

Schools and programs are encouraged to consider the interventions assigned to Institutions in the *CBD Adaptations Plan* and any actions that can be taken to respond to local challenges in new and effective ways.

## CAN PROGRAMS CHOOSE TO STOP USING EPAS?

No, they may not. EPAs remain a mandatory element of residency training in Canada. EPAs are authentic tasks of a discipline as defined by the specialty committee for that discipline and form the basis of training curriculum and the certification exam. The language or wording of an EPA and its associated milestones **cannot** be changed, other than by the discipline's specialty committee. Demonstration of competence in the EPAs of the discipline is **required** for certification.

That said, direct observation of an EPA is only one way of assessing competence. Other tools of assessment can be used to infer that a learner has the knowledge-skills-attitudes (KSA) encompassed within an EPA. Assessment tools should be multimodal and capture the full range of resident learning across various learning experiences.

Competence committees must have evidence, based on both direct and indirect observation, to support decision making about resident entrustment for the EPAs. To get this evidence, a program, with the oversight of their PGME office, may modify the EPA assessment forms and/or identify their preferred method of assessment to obtain evidence of achievement for any given EPA. The chosen assessment methods must be documented and accessible to residents.

For accreditation, programs are expected to show a curriculum plan that links assessment strategies with expected stage-specific competencies, including EPAs.



## **WHAT IS THE ROYAL COLLEGE DOING TO REDUCE THE BURDEN ON RESIDENTS AND FACULTY?**

Addressing the burden of assessment on residents and faculty is a top priority of the CBD Steering Group. EPAs and their associated workplace-based assessment have been overly emphasized, overshadowing other types of assessment, feedback, and coaching, which was not the intention. A rebalancing of these expectations is part of the solution.

Each discipline's specialty committee (which sets the standards for their discipline) must ensure that the EPAs reflect the necessary breadth and depth of the discipline but are also encouraged to consider the relevant burden of assessment within the programs in their discipline. The Royal College will assist specialty committees to move toward this challenging yet essential equilibrium.

Efforts to identify the appropriate number of EPAs, the recommended number of EPA observations, the variety and quantity of contextual variables, and the milestones, will be informed by CBD implementation data and guided by a Clinician Educator. This work began with a pilot of the proposed process in Spring 2024, with disciplines anticipated to begin participating in the new process in Fall 2024. Revision of standards for all disciplines will take several years.

It is important to acknowledge that reconsidering the number of EPAs and observations is only part of the solution. These updates need to be matched with program-initiated changes that empower and support faculty to coach their trainees and to trigger and complete observations.

## **CAN COMPETENCE COMMITTEES DEVIATE FROM THE NATIONAL SPECIALTY COMMITTEE EPA ASSESSMENT PLAN RECOMMENDATIONS?**

The number of EPA observations noted in the discipline-specific standards are intended as guidelines and not as requirements. While residents must be assessed on every EPA, competence committees, with oversight from their PGME office, have discretion to determine the number of entrusted observations required for each EPA and each resident. The number of observations is not audited by Royal College surveyors at the time of accreditation.

## **WHAT HAPPENS IF A PROGRAM TRIES TO OPERATIONALIZE A "MINIMALIST APPROACH" TO CBD ASSESSMENT (E.G., MINIMUM EPA OBSERVATIONS, RETURN TO ITERS, NO USE OF MILESTONES, ETC.)?**

While ITERs/ITARs (summative records of performance over time) add value, relying solely on these for promotion decisions is not compatible with CBME principles or the CBD design. Programs must ensure that their assessment program is based on multiple assessments of residents' competencies across various educational experiences, over time, by multiple assessors, and in multiple contexts.



### **WHAT IF I HAVE ADDITIONAL QUESTIONS?**

Please direct inquiries to your institutional CBME Lead, who can then bring common issues forward to the CBD Steering Group. As well, you can email the CBD team at any time at [cbdsecretariat@royalcollege.ca](mailto:cbdsecretariat@royalcollege.ca)