COMPETENCE BY DESIGN TECHNICAL GUIDE

TRAINING REQUIREMENTS

Competence by Design Technical Guides are a series of documents to support program education leaders, postgraduate medical education (PGME) offices, and specialty committees to interpret accreditation standards and applicable Royal College policies, and to understand how those requirements can be operationalized in conjunction with institutional policies.

In Competence by Design (CBD), there are two types of training requirements[1] that must be achieved or completed by a resident in order to be eligible for examination and certification

1) Royal College-defined: Each discipline's specialty committee defines the standardized national Competencies, Entrustable Professional Activities (EPAs), and Training Experiences that must be achieved or completed for certification in that discipline.

2) Institution- and/or program-defined: Institutions and/or programs may also establish tasks, competencies, or other requirements that must be achieved or completed by the resident during training at that institution.

DEFINITIONS

Competencies: The integrated knowledge, skills, abilities, and behaviors that individuals must demonstrate to perform effectively in professional practice. For Royal College disciplines, the required competencies for certification are outlined in the Competencies document for that discipline, as developed by the discipline's specialty committee.

Entrustable Professional Activities (EPAs): Authentic tasks of a discipline as defined by the specialty committee of that discipline.

Fundamental changes: Change to Competencies, Training Experiences, and EPAs are considered fundamental if they describe a substantive change in the scope of practice of the discipline and/or if they will result in an increase in the expectations on residents. For example, adding new clinical skills or procedures, adding a new clinical training experience, or adding a new EPA.

Minor changes: Changes to Competencies, Training Experiences, and EPAs are considered minor if they do not increase expectations on residents. For example, typo corrections, wording changes that do not change the intent of a statement, or deletion of a competency or training experience that does not change scope of practice.

Training Experiences: Training experiences are the individual clinical and learning activities that support a resident's acquisition of competence. These activities can include inpatient care, ambulatory clinics, performing technical procedures; or extra-clinical activities (e.g., simulation exercises, scholarly projects, journal clubs, etc.).

[1] This Technical Guide refers to the training requirements set by the Royal College and institution and/or program. For more information about assessment of those training requirements, please see Technical Guide: Assessment.

WHAT PROGRAMS NEED TO DO

Develop a curriculum plan:[2] Programs are expected to deliberately plan and document their curriculum. This is demonstrated through a map organized by stage of training. For each stage, the map must clearly identify the relevant EPAs (or Competencies where applicable), Training Experiences, corresponding rotations, and associated assessment methods.

Accreditation tip: Under the general standards of accreditation, all residency programs are required to have a curriculum plan that is specific to the discipline.[2] Programs are encouraged to review the accreditation standards specific to the curriculum plan to ensure that all necessary components are addressed, including those that are not specifically mapped to an EPA (e.g., education regarding fatigue risk management). A guidance document to support the development of a curriculum plan that meets accreditation standards, along with an optional curriculum plan template, is available in CanAMS, the digital accreditation management system.

Apply national training requirements as written:[3] The Royal College-defined training requirements for a specific discipline (set by the specialty committee) are the same, regardless of institution. They cannot be altered by individual institutions or programs. An exception to this is the "Assessment Plan" for each EPA – the number of assessments required, and the type of assessment used, may be adjusted at the discretion of a program's competence committee).[4]

Allow residents to identify and address their individual learning objectives:[5] Residents' educational experiences should be tailored, where possible, to meet their learning needs and future career goals, while meeting the national standards and training requirements.

Assess achievement of all competencies via successful completion of training requirements:[6] Residents must successfully complete all the training requirements for their program, which includes national-level Competencies, Training Experiences, and EPAs, and any other requirements set by the institution and/or program. A system of programmatic assessment is required that includes strategies beyond workplace-based assessment of EPAs to ensure that assessment covers the breadth and depth of required knowledge, skills and attitudes needed to inform resident progress.[4]

Apply updates to Royal College-defined training requirements:[7] The specialty committees regularly review and may revise their discipline's Competencies, Training Experiences, and EPAs. Changes may be either "fundamental" or "minor" (see *Definitions*). Programs must apply the appropriate version of the requirements to each resident, as per the *Policy on the Application of new versions of discipline-specific training standards in Competence by Design* (November 2022):

- **Competencies and Training Experiences**: Fundamental changes to Competencies and Training Experiences apply only to residents entering the program (i.e., beginning Transition to Discipline) as of the effective date on the document. Minor changes to Competencies and Training Experiences are applicable to all residents on the effective date.

[2] *General Standards of Accreditation for Residency Programs*, version 3.0 (July 2024); Requirement 3.2.2
[3] *General Standards of Accreditation for Residency Programs*, version 3.0 (July 2024); Requirement 3.2.1
[4] See Technical Guides on Assessment and Competence Committees.
[5] *General Standards of Accreditation for Residency Programs*, version 3.0 (July 2024); Requirement 3.2.3
[6] *General Standards of Accreditation for Residency Programs*, version 3.0 (July 2024); Requirement 3.4.1
[7] *Policy on the Application of new versions of discipline-specific training standards in Competence by Design* (November 2022), clause 3.6

- **EPAs**: When changes are made to an EPA, those changes only apply to residents as they enter a new stage of training (i.e., programs are not required to apply new versions of EPAs to a resident's current stage of training). Fundamental changes to EPAs are effective nationally on the effective date on the document. Residents entering a new stage of training following the effective date of the revised EPAs will have those EPAs applied. Minor changes to EPAs are applicable as soon as is deemed feasible by the program and institution.

WHERE THERE'S FLEXIBILITY

Early application of a new version of training requirements: A residency-program committee (RPC), in collaboration with their competence committee and institution, may choose to apply a new version of a national training requirement to a cohort's current stage (e.g., if an EPA has been removed within a stage of training). The program director must inform affected residents when there is a change in the version of the training requirements being used and the time that the change will take effect.

Assessment methods: Programs are expected to use various assessment tools and/or methodologies to obtain data on achievement of training requirements. With oversight from their institution, programs have the agency to choose which assessment methods best meet the needs of their local contexts. The system of assessment for each program should be purposefully chosen for its alignment with the desired resident outcomes.[8]

Assessment methods that were required prior to the introduction of CBD, for example, rotation-specific ITERs, may be used at the discretion of the program or institution, but are not a Royal College requirement.

Time spent in training: Although each discipline's Training Experience document includes the "model duration of training," as suggested by the specialty committee, CBD moves away from the assumption that time is a surrogate for competence. Promotion is not guaranteed based on time spent in training. Instead, time is a resource to facilitate education, progression, repetitive practice and maturity of skills toward mastery.

Excellence, expertise, and mastery in a discipline are facilitated by time and accumulating experience, practice, and exposure to diverse contexts. It is important to acknowledge the care that a resident provides during their training should provide the opportunity to go beyond 'competence' in a discipline. **It is explicitly within institutional responsibility to set policies and make decisions on total duration of training and the implications of leave.**

At the discretion of the institution, there are some circumstances in which a resident may complete training later or earlier than expected:

- *Returning from a leave*: Some residents may take a leave of absence, such as parental or sick leave, during their training. Upon the resident's return to training, the program must conduct a comprehensive review of the resident's past training and achievements to determine the resident's stage of training and learning plan. For more information, see *Technical Guide: Leaves*.

- *Remediation (formal or informal)*: Some residents may demonstrate gaps in performance requiring additional training time.

[8] *General Standards of Accreditation for Residency Programs*, version 3.0 (July 2024); Requirement 3.4.1

- *Credit for prior training/clinical experience:*[9] When a resident enters a new program with previous training or clinical experience in a related area, the receiving program may assess prior experience and adjust training accordingly - for example, by placing a resident into a later stage or adjusting training experiences. In such circumstances, the previous training must be documented by the competence committee as justification as to why they represent a valid substitution for training requirements.[10]

- *Accelerated progression*: In extraordinary cases, a resident may finish all training requirements ahead of schedule and be deemed by the program as having exceptional overall performance in keeping with early readiness for independent practice. In this case, there is an opportunity for them to be given increasing responsibility and decreasing supervision while in the final stage of their training. This allows development of expertise and augmentation of training in areas that will be most relevant to their future practice (e.g., clinical, research, education, or leadership skills). In this approach, residents participate in a highly tailored Transition to Practice stage of training, while maintaining the typical timeline for completion.

- *Early graduation/completion of residency*: If allowed by the policies of their institution, residents who finish all training requirements ahead of schedule may also be considered eligible to graduate early. Anticipation of such an event should occur well in advance to allow for completion of the certification examination, avoidance of contractual conflicts, and organization of future employment or training.

[9] This is different from "overlap training," which is concurrent training in two programs at the same time (typically a primary specialty and subspecialty). Overlap between two disciplines' training is addressed in disciplines' Training Experiences documents and is governed by the policy *The application of 'Overlap Training' in Competence by Design*.

[10] *Policies for Certification in a Competence by Design Model of Residency Training* (May 2025); clause 3.2.1