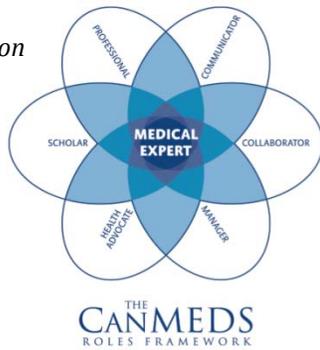




### CBD facts

- A model to prepare physicians for practice that is based on competency oriented outcomes
- Based on patient needs
- More accountability and flexibility
- Focused on achieving skills and performance
- Based on the needs of the learner
- Increased complexity of care
- Improving learning/teaching environments
- Time facilitated, not time-based
- Learning and assessment strategies built-in
- Focus on expanding ability and skill level across the continuum of learning and practice
- Assessment with meaningful, measurable markers of progression of competence
- Provides clarity to Preceptors regarding expectations of resident performance at each stage of training
- Formative feedback on performance in clinical activities based on milestones
- Provides clarity about progression through training
- Based on CanMEDS framework, which, has been adopted by 47 other jurisdictions



### Introducing...

The CBME Competence Committee is a sub-committee of the Residency Program Committee. Its membership includes faculty members and the chief resident from the Department/Division. A program may consider, but is not mandated, to include a single external faculty member from another Department/Division. The Competence Committee will meet quarterly (usually at the conclusion of the Residency Program Committee meeting) to review all resident progress and make decisions about promotion and the need for remediation. Performance indicators to be reviewed for the decision making process will include (but are not limited to) all documented performance information and written recommendations from Academic Advisors. The Competence Committee is an independent sub-committee of the Residency Program Committee. Membership for the Competence Committee is part of the Department/Division administrative duties for all postgraduate training programs.

The Competence Committee will ordinarily be chaired by the Program Director and membership will include the program academic advisors, the chief resident (or delegate), and the option of a single non-voting external faculty member. Only the Program Director and program academic advisors are voting members on this committee. The size of the Committee should reflect the number of residents in the program with a minimum size of three members for smaller programs. Members of the Committee are normally from either the Residency Training/Program Committee or clinical supervisors associated with the program. Including a member that is 'external' to the program faculty is strongly advised. This individual may be an academic advisor, or program director from another residency program, or may be an educational leader within Postgraduate Medical Education at Queen's University.

The CBME Competence Committee members must have adequate academic protected time to carry out their responsibilities, and be supported by the Department/Division Chair.

The suggested guideline for meeting is once quarterly. It is expected each meeting should be 30-60 minutes total.

#### CBD

##### Competence By Design

Competence by Design (CBD) is the Royal College's initiative to improve physician training and lifelong learning. The CBD initiative will transition specialist medical education from a traditional time-based model to a hybrid form of competency-based medical education (CBME).

#### CBME

##### Competency Based Medical Education

A paradigm shift across the continuum from premedical studies through practice to competency-based medical education (CBME); the shift from the old style of medical education to a competency-based system of education requires four components: (1) identifying the outcomes; (2) defining performance levels for each competency; (3) developing a framework for assessing competencies; and (4) continuous evaluation of the CBME program to see if it is indeed producing the desired outcome.

#### EPA

##### Entrustable Professional Activity

Think of this as a clinical **task** that is specific to our discipline. It is a clever way to bundle several competencies, meaning that if a resident can successfully demonstrate a clinical task (e.g. - Performing, presenting, and documenting an assessment plan for patients with all cancers) they have successfully completed the milestones within that EPA.

#### MILESTONE

This is a descriptor of an observable **ability** that is expected at particular stage for a competency.

**CBME LEAD** (RCPS) is the faculty member who will guide the transition and implementation process for competency-based medical education at the program level.

**CBME Academic Advisors (AcAd)** are faculty members who are directly responsible for supervising and supporting residents with their progression through the stages of residency training. This will involve regular meetings with assigned residents at regular intervals to conduct comprehensive reviews of performance information; review, discuss, and facilitate the implementation of individualized learning plans; prepare recommendations for the Competence Committee regarding residents on-going development and readiness to progress to the next stage of training. AcAds liaise with the Program Director and CBME Lead.