Listen, Learn, Adjust:
The Royal College's response to the FMRQ's *Impact of CBD Report*

August 2018

Impact of Competence by Design

The FMRQ report, *The Impact of Competence by Design*, presented to the Committee on Specialty Education of the Royal College on May 3, 2018, provides important and helpful insights based on the lived experiences and observations of residents in Anesthesiology and Otolaryngology — Head and Neck Surgery. The Royal College is incredibly grateful to the FMRQ for undertaking this work and for sharing its constructive and concrete recommendations all of which are designed to facilitate and improve CBD implementation. We also want to acknowledge that this report addresses the seven recommendations created by the resident summit in December 2017 (see Appendix 1). Royal College staff and Fellows take the FMRQ's recommendations seriously and we are pleased to submit a response that outlines our planned response to the FMRQ's recommendations.

Moving forward - Royal College Actions

Interestingly, although not surprising, the FMRQ's findings and recommendations are well aligned with the findings of The Royal College's Competence by Design Implementation Pulse Check. In December 2017, we surveyed Anesthesiology and Otolaryngology – Head and Neck Surgery program directors across the country. This survey asked about their CBD implementation status, things that are working and the challenges they have encountered.

The total response rate was 63.3 per cent, including 76.4 per cent of Anesthesiology and 46.2 per cent of Otolaryngology – Head and Neck Surgery. Follow up interviews were conducted in February to delve deeper into CBD experiences. In the survey and the interviews, participants commented on the benefits and challenges they have encountered throughout the implementing process. The program directors' feedback can be grouped into four categories and mapped directly to a number of FMRQ's recommendations.

Table 1: Excerpt from Pulse Check Results

Advice for the Royal College	Advice for Programs
Additional information/ learning resources • Offer more concrete guidelines around competence committee structure, roles and responsibilities • Webinars and tutorials targeted at specific audiences • Provide more clarity around what is required vs what can be adapted by programs	**Embrace a gradual approach to implementation** • Don't stress (know the requirements but at the same time be aware of the flexibility) • Provide faculty with what they need, when they need it (bite-size pieces at a time) • Do not abandon previous practices if they were working well; instead use the information to complement the new assessment strategy to provide a more elaborate review of the resident's progress
Engage leadership • Continue to engage with school leadership (Deans, Vice Deans, PG Office, Department Chairs)	**Engage residents** • Help residents develop a growth mindset and emphasize the assessment for learning component • Encourage residents to proactively approach their preceptors for assessments and feedback
ePortfolio Enhancements • Make improvements to Portfolio (usability and features for showing resident progression) • More opportunities to trial ePortfolio	**Engage faculty** • The more involved faculty feel, the more likely they will be to support the changes • Involve off service faculty in CBD conversations/ preparation • Lean on a CBME lead/CBD spokesperson who can help guide faculty through the changes
Be more proactive	

In its May 2018 CBD report, the FMRQ concluded that its "observations are sometimes inspiring, sometimes troubling, but they certainly provide food for thought". The Royal College agrees with the sentiment - the journey to meaningful and sustainable change always involves progress/promise and setbacks. Change takes time, it is heavily dependent on context, and it must be rigorously studied and adapted through iterative cycles of feedback and learning. We appreciate the FMRQ's efforts to contribute valuable input into the learning and growth of CBD.

The following table summarizes the FMRQ's original 15 recommendations and includes the Royal College's planned actions and responses. It also includes related resources that the FMRQ and its members can access from the CBD Resource Directory. Where appropriate we have also mapped findings from the Royal College's Pulse Check to the FMRQ recommendations.

Table 2: Royal College Actions

FMRQ Recommendation	Royal College Actions	Resources available
1. Share CBD information with medical students before the start of residency. Make clear that CBD is unlikely to shorten training.	1.1 Facilitate medical students' access to CBD information by adding them as an audience within the RC's CBD Resource Directory and engaging in events like the April 2018 Summit at CCME in Halifax. 1.2 Rename the RC's CBD information package that was developed for use during CaRMS so that its purpose and intended audience are clearer. 1.3 Continue working with program directors and local colleagues to support the circulation of CBD information to medical students. 1.4 Review RC website to ensure it does not create unrealistic expectations with regards to shortened training.	CBD Directory CBD Resident Guide
2. Provide timely, practical and comprehensive CBD training/onboarding for residents.	2.1 Incorporate resident onboarding as an explicit component of RC's CBD Implementation Checklist (currently under development) as well as its CBD workshop design. 2.2 Emphasize the importance of instilling a growth mindset as part of the onboarding process. 2.3 Revise RC's resident orientation slide decks to include more information on the role, operation and composition of the Competence Committee. 2.4 Dedicate edition(s) of CBD Touchpoint and social media campaign to issues most relevant to residents. 2.5 Continue working with local colleagues to support orientation initiatives.	Resident Orientation slide deck

FMRQ Recommendation	Royal College Actions	Resources available
3. Commit to timely and transparent progression discussions with residents.	3.1 Revise the Competence Committee Guidelines to clarify the need to inform residents about their promotion and/or lack of promotion. 3.2 Update ePortfolio training modules to clarify the expectations around communications with residents. This update will incorporate similar language to that provided by the FMRQ in recommendation 3.	Competence Committee Terms of Reference Competence Committee Processes and Procedures
4. Require all staff training on giving good feedback.	4.1 Refocus efforts on disseminating the RC's CBD coaching model. 4.2 Continue work on the RC's new self-directed "coaching-in the moment" training that will be easily disseminated to on and off-service faculty. 4.3 Continue working with local colleagues to support local faculty development efforts.	CBD Coaching Model Resources
5. Commit to regular review of discipline specific standards (including EPAs). *Also prominent in Pulse Survey Results – Key Challenges	5.1 Ensure ongoing review, and as needed revision, of CBD documents as part of regular specialty committee business.	
6. Establish clear evaluation criteria for EPAs and milestones.	6.1 Make efforts to share the RC entrustment module to help inform/support local faculty development. 6.2 Provide explicit guidance to support faculty to better understand that EPAs are just one component of the overall CBD assessment strategy. 6.3 Continue working with local colleagues to support local faculty development efforts.	Entrustability Module EPA Fast Facts

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FMRQ Recommendation	Royal College Actions	Resources available
7. Be clear that programs have a responsibility for ensuring that faculty complete observations (including documentation).	7.1 Create a tip sheet for programs on how to use data from their ePortfolio to evaluate the frequency and quality of recorded observations as a faculty development tool. 7.2 Investigate common barriers to observations and ways to address these barriers. 7.3 Continue working with program directors and local colleagues to support local faculty development.	Workplace-based Assessment Package for Clinical Teachers CBD Coaching Model Overview (2-page handout) CBD Coaching Model Video
8. Encourage policies that support the use of ePortfolio and alternate/back-up methods for documentation of EPAs *Also prominent in Pulse Survey Results – Key Challenges	8.1 Continue to make the RC Resident ePortfolio available to all schools/programs that would like to use it.	
9. Provide residents with clear schedule and rotations for CBD	9.1 Update existing resources to clarify resident need for/request for this information. 9.2 Support local curriculum mapping activities.	Curriculum Mapping Slides Curriculum Mapping webpage
10. Allow for 'growing-pains' during transition period: a. Encourage off-service rotations to be tied to EPA b. Minimize duplication of evaluation methods	10.1 Encourage programs to stop doing things that add little or no value. Programs should avoid layering new processes over old ones. Retain what works and replace ineffective processes with new CBD ones. 10.2 Develop a how-to-guide to help programs incorporate workplace-based assessments and documented observations into their workplace.	

FMRQ Recommendation	Royal College Actions	Resources available
11. Encourage the move to CBD, but support programs to maintain elements of conventional system if/when they add value *Also prominent in Pulse Survey Results – Advice to PDs	11.1 Clarify that EPAs are just one component of the overall CBD assessment strategy. Programs should continue to use local tools and processes that work for residents and faculty. 11.2 Develop and disseminate a workplace-based how-to-guide to help Programs incorporate workplace-based assessments and documented observations into their residency training programs.	
12. Make Competence Committee decisions objective, transparent, comprehensive and flexible. *Also prominent in Pulse Survey Results – Support from the RC	12.1 Continue to provide support to local competence committees.	Competence Committee resources
13. Clearly articulate different roles and responsibilities in CBD	13.1 Incorporate this as an explicit component of its CBD Implementation Checklist (currently under development) as well as its CBD workshop design.	
14. Enable continuous improvement measures	14.1 Support learning from CBD experiences through regular Pulse Check Surveys and social media campaigns that ask residents to share their experiences. 14.2 Encourage sharing of best practices through web-based resources, and sharing of progress stories in CBD Touchpoint and on the website. 14.3 Continue working with local colleagues to develop continuous improvement measures.	

FMRQ Recommendation	Royal College Actions	Resources available
15. Be aware of the work-load and stress that CBD brings. *Also prominent in Pulse Survey Results – Key Challenges	15.1 Support PDs and programs with the change elements of CBD via CBD workshops and online materials. 15.2 Strategize on ways to help Competence Committees operate efficiently. For example, the more fulsome the reporting via the ePortfolio, the more efficient the conversations at the CC meetings. 15.3 Offer faculty development tools/resources to encourage rich, timely and valuable documented observations. 15.4 Continue working with local colleagues to support local efforts to implement CBD in an efficient and effective manner.	Change Checklist Change Tips and Resource Slides

Learning and improving together

The Royal College recognizes that CBD implementation is a complex series of interventions, actions and learning by a multitude of stakeholders, particularly local leaders, faculty, residents and PGME offices. While Table 2 sets out actions that the Royal College will take to improve implementation and better support our stakeholders, we welcome feedback on our planned actions and we also encourage all of our stakeholders to let us know what we can do to support local implementation activities. In the late summer and fall 2018, Royal College staff will engage PG Deans, CBME National Faculty Leads, Program Directors, FMRQ and RDoC to explore our individual and collective actions aimed at supporting and facilitating the numerous ongoing local CBD implementation activities and in particular improve CBD implementation for the launched and upcoming disciplines.

The FMRQ report concluded with a statement that "the work has only just begun".
The College appreciates of the commitment and dedication of FMRQ and all stakeholders who are working hard to implement CBD. We will continue to engage our diverse stakeholders in the medical education community. Together we will make the necessary and timely adjustments to CBD implementation so that we can achieve our greater purpose of enhanced patient care and create a more "entrustable system".

Appendix 1: CBME Resident Summit Consensus Statement

CBME Resident Summit Consensus Statement
1. The number of required EPAs, milestones and observations should reflect a balance between practicality and comprehensiveness. In the short-term, Anaesthesia could benefit from review.
2. Faculty members on both on-service and off-service rotations providing feedback on EPAs should receive adequate faculty development both prior to CBME implementation and on an ongoing basis.
3. Programs should emphasize co-production by requesting and responding to input from learners and faculty members in a regular and continuous fashion.
4. Academic promotion as directed by CBME Competence Committees should be objective, transparent, comprehensive and flexible relying not only on the raw number of observed clinical experiences.
5. While residents should share the CBME feedback process, departments must assume responsibility for timely completion of requested assessment forms.
6. The Royal College should facilitate the sharing of best practices in CBME implementation in collaboration with departments and programs & provide increased clarity on anticipated launch date.
7. Programs should assume responsibility of mapping EPAs to resident rotations.

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Appendix 2: Summary of CBD Implementation Rollout

The goal of Competence by Design (CBD) is to build the competencies and skills of physicians required to meet 21st century patient needs. This first phase of CBD is designed to better support resident learning and assessment. The Royal College and its many partners have worked collaboratively over the better part of a decade researching competency-based medical education and bringing the best of this learning model to the development of CBD. It represents a major change for the health care system and, as a result, there are people all across the country working tirelessly together to make the changes happen in an efficient and effective manner. The country has made significant progress over the past several years. In fact, CBD is now a reality for residents in eight disciplines and another 12 disciplines are continuing to work toward a 2019 launch.

Remarkably, an additional 20 disciplines are already actively involved in CBD workshops. Their goal is to accept residents into a CBD program as early as 2020. Our shared progress toward CBD is worth celebrating and it is also important to learn from the experiences of the early launch disciplines and the residents within those programs.

Launched in 2017	Launched in 2018	Working to launch in 2019
• Anesthesiology • Otolaryngology — Head and Neck Surgery	• Emergency Medicine • Forensic Pathology • Medical Oncology • Nephrology • Surgical Foundations • Urology	• Anatomical Pathology • Cardiac Surgery • Critical Care Medicine • Gastroenterology • General Internal Medicine • Geriatric Medicine • General Pathology • Internal Medicine • Neurosurgery • Obstetrics and Gynecology • Radiation Oncology • Rheumatology