

Policy on The application of new versions of discipline-specific training standards in Competence by Design

1. Objective

This policy relates to national discipline-specific training standards (i.e., Entrustable Professional Activities (EPAs), Competencies and Training Experiences) for recognized specialties, subspecialties, and special programs in the Competence by Design (CBD) model of training.^{1,2,3}

Discipline-specific training standards evolve over time due to developments in the discipline, changes in practice profile, changes to related disciplines, new technologies, revisions for clarity or to ensure that standards are contemporary, etc. This policy defines expectations for the application of revised iterations of a discipline's training standards.

There are several principles guiding the application of discipline-specific training standards:

- *National application of training requirements*
The Royal College sets national training standards to assure consistency of graduate competencies, in service of high-quality care and patient safety. As such, and in line with current practices, the protocol for the application of new training requirements are applied nationally and all residents within a discipline – regardless of their training program – transition to new training requirements in the same fashion.

¹ For the versioning of standards documents for Areas of Focused Competence (AFCs), please see the [*Policy on the Application of New Versions of AFC Competency Portfolios*](#).

² Guidelines for applying new versions of both the discipline-specific standards of accreditation and the General Standards of Accreditation for programs and institutions can be found in the *CanERA Policy Manual for the Accreditation of Canadian Residency Programs and Institutions with Residency Programs*.

³ The Pathway document is not included in this policy as it is an operational document intended to support curriculum design, rather than a training standards document.

- *Contemporary training requirements for assessment*
Changes to discipline-specific training requirements are applied in a timely manner, ensuring that residents' achievements are held to contemporary standards. Further, the protocol used is responsive to an evolving clinical environment and can nimbly address fundamental changes to training requirements, should they be required.
- *Fundamental changes to EPAs are not applied to a resident's current or previous stage(s)*
In cases where there is a change to EPAs, there is no impact to a resident's current stage of training. Instead, changes that are applicable only to the resident's upcoming stages; this establishes a balance between maintaining clear expectations for training while ensuring access to contemporary educational design and training requirements.
- *Flexibility and discretion for decision-making at the local program level*
Local program competence committees have the discretion to choose to apply a new version of the EPAs to a resident's current stage in instances where a new version of the training standards documents has been disseminated but the changes do not apply to a resident's current stage of training.

2. Definitions & Acronyms

CBD	Competence by Design is the Royal College's version of competency-based medical education.
CSE	Committee on Specialty Education
Competencies	The Competencies document contains a high-level description of the competencies of a graduate of a given Royal College-accredited discipline or special program. This document also provides a definition of the discipline and the context of practice in which the competencies are relevant and applicable.
Discipline-specific training requirements	In CBD, discipline-specific training requirements take the form of Competencies, Training Experiences, and the Portfolio of Entrustable Professional Activities (EPAs). These requirements are developed by specialty committees and applied nationally by programs to inform resident training and assessment in each program and are then used to confer resident eligibility for Royal College examination.
EPAs	Entrustable Professional Activities: EPAs are clinical tasks that a supervisor delegates to a resident once the resident has demonstrated sufficient competence, or, in the context of a practicing physician, tasks that may be performed autonomously once sufficient competence has been demonstrated. Achievement of the EPAs of the discipline is required for certification.
Fundamental change	Revisions to the <u>Competencies, Training Experiences, and EPAs</u> are considered "fundamental" if they describe a substantive change in the scope of practice of the discipline. Changes to the <u>Training Experiences</u> may also be "fundamental" if they will result in an addition to the mandatory expectations on residency programs.

	For examples of fundamental changes, see the appendix .
Minor change	Minor changes are any changes that are not fundamental (see definition above). For examples of minor changes, see the appendix .
PGME	Postgraduate Medical Education
Royal College	Royal College of Physicians and Surgeons of Canada
Specialty committees	The discipline-specific committees of the Royal College. The term is inclusive of specialty (sub)committees, subspecialty committees, and advisory committees.
SSRC	Specialty Standards Review Committee, the committee that approves specialty-specific national standards at the Royal College.
Stage of training	In CBD, residency training is divided into four stages (Transition to Discipline, Foundations of Discipline, Core of Discipline, and Transition to Practice) and the achievement of competencies is sequenced to promote progression through a program.
Training Experiences	The Training Experience document illustrates the progression of a resident’s competence through the four stages of training in each discipline or special program.

3. Policy

- 3.1 Training requirements are the basis for decisions regarding exam eligibility and certification, and are used by programs to inform curriculum. Authority to determine a resident’s eligibility for examination has been delegated to the PGME Office at accredited institution.
- 3.2 Changes to a discipline’s training standards are identified by the Specialty Committee or the Royal College.
- 3.3 The Royal College determines whether a change is “fundamental” or “minor” based on the definitions identified in section 2 “Definitions”.
- 3.4 If there are both fundamental and minor changes to a discipline’s training standards, “minor” changes will be considered part of the overall “fundamental” update and applied according to the policy directives for “fundamental” changes.
- 3.5 The Royal College will endeavour to provide postgraduate offices at accredited institutions with as much notice as possible about changes to training requirements. The following notice periods apply to each type of change:
 - i. For **fundamental changes**, the Royal College will provide finalized documents a minimum of six months’ notice before the changes are to be applied.

- ii. In accordance with the principle of flexibility (see principles in section 1.0: “Objectives”), there is no minimum notice for **minor changes**.

3.6 Application of changes depend upon the type of change and type of document:

i. Competencies and Training Experiences:

- a) **Minor changes** are applicable to all residents on the next July 1st after dissemination.
- b) **Fundamental changes** apply only to residents entering the accredited program (i.e., entering Transition to Discipline) on the next July 1st after dissemination, as indicated by the “effective date” on the document.

ii. EPAs:

- a) **Fundamental changes** are effective on the next July 1st after dissemination, as indicated by the “effective date” at the top of the document and apply only to residents when they enter the next stage containing revised EPAs (e.g., for residents entering into Transition to Practice from Core of Discipline when the changes are to TTP EPAs).
- b) Accredited programs are *not required* to apply new versions (of minor and fundamental changes) of the EPAs to a resident’s current stage of training or any completed stage of training.
- c) A competence committee may *choose* to apply a new version of the EPAs to a resident’s current stage (e.g., if a difficult or ill-positioned EPA has been removed or modified within a resident’s current stage of training). The program director must inform affected residents if there is a change in the version of the EPAs being used and the time that the change will take effect. The competence committee must clearly document and provide rationale for the version of EPAs that were applied to a resident during each stage.
- d) **Minor changes** are applicable to all residents entering into the stage containing the changes as soon as is deemed feasible by the program (e.g., for residents entering Core of Discipline from Foundations of Discipline when minor changes are made to Core EPAs). The changes must be applied within one year of dissemination.

3.7 Changes are identified by a new version code and effective date, located on the document cover.

- i. **Fundamental changes** are identified by a first digit increase to the version code, as well as the month and year the requirements are applicable (e.g., *July 2019; Version 1.0* becomes *July 2022; Version 2.0*).
- ii. **Minor changes** are identified by a second digit increase to the version code and always include the text “MINOR REVISION” as well as the month and year that the change is effective (e.g., *July 2021; Version 2.0* becomes *July 2021; MINOR REVISION - November 2022; Version 2.1*).

4. Roles and Responsibilities

4.1 Royal College Office of Standards and Assessment

- Works in collaboration with the specialty committees to support the renewal and continuous quality improvement of discipline-specific training standards.
- Approves revisions to EPAs.
- Communicates new versions of discipline-specific training standards to PGME offices with accredited programs and internally within the Office of Standards and Assessment.
- Considers trainees’ exam readiness upon receiving attestation from the PGME offices that residents have completed training according to the training requirements applied during their time in training.

4.2 Royal College Information Management Technology Services (IMTS)

IMTS provides schools with a document to upload to their own standards management system.

4.3 Specialty Standards Review Committee (SSRC)

The SSRC has been delegated authority by the Committee of Specialties (COS) and Committee on Specialty Education (CSE) to review and approve fundamental updates to Royal College discipline-specific training standards (Competencies, Training Experiences, excluding the EPA Portfolio) to maintain the highest standards of postgraduate medical education. The SSRC does not review minor changes to these documents.

4.4 Relevant Director overseeing standards, Royal College

The *relevant Director overseeing standards* is responsible for determining, or delegating authority to determine, whether a change to the Competencies, Training Experiences, or EPAs is minor or fundamental.

4.5 Specialty Committee

Specialty committees are responsible for monitoring the health of each discipline and ensuring its discipline-specific standards are up-to-date, which includes renewing and recommending necessary changes to the SSRC for approval.

4.6 Committee on Specialty Education (CSE)

The CSE is responsible for reviewing and approving changes to this policy and the procedure for its implementation.

4.7 Postgraduate Medical Education (PGME) Offices

PGME offices ensure the proper application of discipline-specific training requirements by programs and resident assessment.

The postgraduate deans submit an attestation that a resident has completed training according to the standards of the Royal College that are applicable to that resident's training period, on behalf of the program director, and that any version changes during a resident's time were adopted according to the policy stipulated above.

4.8 Competence Committees

Competence committees in accredited programs make recommendations to the RPC on the application of EPA versions for residents currently in a stage that has been revised (e.g., a difficult or ill-positioned EPA).

4.9 Residency Program Committee (RPC)

The local program's RPC makes decisions regarding a resident's status and EPA version applicability.

5. References

- CanERA Policy Manual for the Accreditation of Canadian Residency Programs and Institutions with Residency Programs
- [Royal College Policies for Certification in a Competence by Design Model of Residency Training](#)

6. Contact(s)

For information or clarification, please contact:

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7. Appendices

- Examples of fundamental and minor changes

8. Record of Policy Review

Policy number	
Most recent resolution:	Resolution No. 2022-12; CSE: 2022-11-24
Previous resolution(s):	
Approved by:	CSE
Approval Date:	November 24, 2022
Approval path:	CSE
Effective date:	November 25, 2022
Date of next review:	Fall 2025
Royal College Office:	Specialties Unit and ESID, OSA
Version status:	Approved policy
Keywords:	Competence by design, CBD, versioning, training requirements, policy, committee on specialty education, CSE, office of standards and assessment, OSA, specialty standards
Information security classification	Public

Appendix: Examples of fundamental and minor changes

EXAMPLES OF FUNDAMENTAL CHANGES:

- Competencies: adding new clinical skills or new procedures that enable the physician or surgeon to provide care to a new patient population or provide a new treatment (i.e., a change in scope of practice)
- Training Experiences: adding a new clinical training experience or making an existing training experience required instead of recommended or optional
- EPAs: moving an EPA from one stage to another or adding a new EPA; adding a new condition, treatment, or procedure to an EPA

EXAMPLES OF MINOR CHANGES:

- Wording clarifications without changing the intent of the current standard
- Typo corrections
- Deletion of a competency/training experience that does not change scope of practice (e.g., journal club)
- Deleting an EPA because an EPA at a later stage subsumes that same professional responsibility (i.e., deleting an EPA about performing procedures in uncomplicated patients because an EPA at a later stage addresses performing the same procedures in any patient)