



Royal College guidance on meeting training requirements in the era of COVID-19
Effective date: May 7, 2020
Guide: COVID-02-CBD
Version: 1.1 (January 2022)

Guide 2: Meeting competency-based (CBD) training requirements

ISSUE

The ongoing COVID-19 pandemic continues to cause uncertainty and disruption for medical education programs across Canada. The Royal College developed three documents in the early stages of the pandemic to support programs to meet national standards in this disrupted training environment:

- Guide for meeting time-based training requirements (COVID-01-Time)
- Guide for meeting competency-based (CBD) training requirements (COVID-02-CBD)
- Guide for meeting training requirements for Areas of Focused Competence (COVID-03-AFC)

Although we are now in the third academic year of the pandemic, this guidance remains in place. These guides aim to identify solutions, provide support, and emphasize where there is flexibility for programs, while also upholding national, discipline-specific standards.

COMPETENCY-BASED TRAINING REQUIREMENTS

Royal College training programs are required to meet national, discipline-specific standards. Residents in Competence by Design (CBD) cohorts must meet the standards outlined in the discipline's Competencies, Training Experiences, and Entrustable Professional Activities documents in order to be eligible for the Royal College exam and for certification.

CHALLENGES POSED BY THE COVID-19 PANDEMIC

We recognize that the impact of various waves of COVID-19 will be felt differently by each program, specialty, school, and region. Despite best efforts to maintain the educational mandate of programs, there may be CBD residents who, due to changes in patient load, redeployment, limitations to clinical activities, or personal COVID-related illness, may have difficulty completing a portion of the requirements for training in the usual way.

PRINCIPLES FOR DECISION-MAKING IN A CHANGING ENVIRONMENT

Solutions identified by accredited programs will evolve alongside the pandemic. With this in mind, the following principles are offered to guide the decision-making of educational leaders during this period.

1. **Safety comes first.** The personal health and safety of all trainees, faculty, volunteers, and administrative staff involved in postgraduate medical education will continue to come first.
2. **Patient care takes precedence.** Similarly, should the choice need to be made, the quality and safety of patient care will continue to take precedence over education and training during the pandemic.
3. **Maintain education activities, where possible.** The Royal College advocates for a continued balance between service provision and education for all trainees. We encourage programs to



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maintain their education mandate to the best of their ability and the Royal College will work hard to support you in this task.

4. **Perfection is not the goal.** Adjusting to the challenges presented by the COVID-19 pandemic will take time, patience, and flexibility. The Royal College will work with schools and training programs to provide help and support as scenarios arise and modifications are made.
5. **Graduating residents and trainees must be competent to practice unsupervised.** Trainees must continue to be held to a high standard and programs must have defensible evidence for their decisions to promote, graduate, or credential their trainees. As such, policies to pass and/or progress all trainees en masse during this time are not acceptable to the Royal College. Such policies conflict with the mission of postgraduate medical education in Canada and risk damaging the public's trust in our medical education system.
6. **The contributions trainees make to the COVID-19 situation may count towards their requirements.** While it may deviate from the training requirements prescribed by a discipline-specific committee, under proper supervision, alternate clinical activities that can be mapped to relevant requirements may be used in the achievement of competence.
7. **There is no 'one size fits all' solution.** Creative and flexible solutions will be required to ensure that trainees are competent and, as much as possible, stay on track to complete their training. While it is critical that all trainees meet the requirements of training, there will be flexibility as to *how* programs facilitate this via alternative training experiences (e.g., simulation, virtual reviews) and teaching during the pandemic.
8. **Documentation is critical.** The Royal College advises programs to document their decisions about alternate training activities during the pandemic. This documentation will help to keep a record of how trainees deviated from typical curriculum plans, as well as ensure that programs have defensible evidence of their decisions to progress a resident to certification or deem a trainee eligible for the FRCPC credential. These records will be reviewed during accreditation of the program, and will be considered as part of the program's accreditation status.

CONSIDERATIONS FOR PROGRAM DIRECTORS

The Royal College understands that impacted residents may not meet the training requirements exactly as they are stipulated (i.e., training settings, number of observations, exposure to some contexts, etc.). The design of CBD programs allows for flexibility in the selection, duration, and sequencing of training experiences to facilitate acquisition and demonstration of competence. Should residents run into barriers in fulfilling the requirements of their program as a result of the COVID-19 pandemic, there is flexibility for program directors to modify a resident's learning plan to meet the requirements. Program directors may also consider alternatives to standard learning activities, such as simulation and video-based procedure reviews and teaching. The goal is to provide, whenever



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possible and appropriate, alternative options for residents to achieve the essential competencies needed for independent practice. Most importantly, residents must acquire the established competencies of the discipline before they receive their certification.

Evidence of competence

- During the COVID-19 pandemic, it is expected that competence committees may have decreased and/or limited evidence when making their recommendations about resident progress or promotion.
- Competence committees are encouraged to continue reviewing resident progression, considering new and possibly fewer EPA observations as well as other data points in the context of the overall picture of resident performance.
- In order to make recommendations on learner status and progression, the competence committee must have enough evidence of consistent performance that signals that a resident is meeting the requirements of their current stage (i.e., all of the CanMEDS stage-specific competencies [CanMEDS milestones]).
- There may be the case in which a resident has not achieved an EPA for a given stage, but in the judgment of the competence committee, the resident is showing overall competence for that stage. The competence committee *may* decide to recommend that the resident be promoted to the next stage if:
 - There is sufficient evidence that the resident is on track to achieve the EPA and the committee will continue to track future evidence concerning the achievement of the incomplete EPA
 - The EPA is standalone, i.e., the EPA is not a foundational task for the achievement of EPAs in the subsequent stage of training
 - There is a clear plan in place for subsequent training experiences that will facilitate the achievement of that EPA
- To facilitate the continued progression of residents, programs are required to document all activities (changes to learning plans, competence committee decisions), particularly if they are considered 'out of the norm' for normal program operations.

Alternative training experiences

While they may deviate from a program's typical curriculum plan, new clinical activities (including being deployed to another service to provide pandemic care) can be considered as an educational activity for residents and may be utilized to facilitate work-based observations and the achievement of the competencies of the discipline. The alternative experiences that program directors use to fulfil these objectives will require thoughtful consideration and must be:

- Implemented under appropriate supervision



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- Relevant to the discipline
- Relevant to the competencies of the discipline

For example, some off service residents have been redeployed to Internal Medicine ward teams and are taking on the role of communicating patient updates to family members. This deployment adds a valuable contribution to the ward team and an opportunity to enhance clinical and intrinsic CanMEDS Roles and skills in an off service environment.

Extension of training

In competency-based medical education, time is used as a resource to facilitate the achievement of the essential competencies of the discipline. Ultimately, it is the Faculty of Medicine's prerogative to decide if a CBD resident needs to extend their training. This option may be considered when an essential training requirement is absolutely unavailable due to the COVID-19 pandemic and the resident has no alternative method to demonstrate achievement of competencies prior to graduation. We expect these circumstances to be rare overall across all postgraduate programs and are hopeful that through applying alternative experiences, residents may still complete their training within the usual envelope of time.

Program directors will be asked to consider a variety of factors when determining a resident's readiness for certification. In order to further assist programs in their consideration as to whether a resident is ready to graduate, the table below has been developed to guide decision-making (a flow chart can be found on *page 6*).

Summary of options for decision-making

	Residents mid-program	Residents near graduation
Training alternatives available	<p>Competence committee continues to receive evidence of the discipline-specific competencies achieved through relevant experiences. Alternative training activities recorded.</p> <p>Upcoming activities for next academic year are adjusted, as needed, to meet training needs (i.e., modified learning plan put in place).</p>	<p>Competence committee receives evidence of the discipline-specific competencies achieved through relevant experiences. Alternative training activities are recorded.</p> <p>Program director provides attestation of competence for unsupervised practice to the Royal College based on the essential competencies of the discipline and evidence collected.</p>
No training alternatives available	<p>Competence committee and program director reviews situation and uses any available evidence.</p> <p>Upcoming activities for next academic year are adjusted, as needed to</p>	<p>The competence committee is encouraged to consider the overall picture of a resident's performance in their review.</p> <p>Residents cannot progress to graduation if they are missing a substantial portion and/or essential</p>



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	address remaining gap(s) in training (i.e., modified learning plan put in place).	component of their requirements for training and may need to be set up for an extension of training. Key questions for the competence committee to consider: <ul style="list-style-type: none">- Did the resident experience disrupted training during an elective or an essential component of training? If so, the resident should not progress.- Did the resident experience exposure to the training experience and/or competency or a comparable experience (i.e., similar context, equivalent senior level of training) at another point in their training?
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ATTESTING TO THE COMPETENCE OF GRADUATING RESIDENTS

Graduating residents must be competent to practice independently. As such, policies to simply pass and/or progress all residents during this time are not acceptable to the Royal College. Such policies conflict with the mission of postgraduate medical education in Canada and risk damaging the public's trust in our medical education system.

During this time, the process for attesting to the competence of residents for certification will not change for cohorts expected to meet CBD training requirements. Program directors, in partnership with their postgraduate deans, will continue to have the authority to sign off on the competence of graduating residents.

In order to support this process, the Royal College advises programs to document their decisions within the individual resident's, competence committee, and Residency Program Committee (RPC) file for CBD residents. This will help to keep a record of how residents deviated from typical curriculum plans, as well as ensure that programs have defensible evidence of and rationale for their decisions to graduate their residents.

FLOW CHART: GUIDANCE ON THE EXTENSION OF TRAINING

