



## CBD Adaptations: Summary 1

The Royal College, in consultation with national stakeholders, has undertaken a detailed process to address concerns expressed during the launch and implementation of Competence by Design (CBD) over the past 7 years. While it is noted that some programs have introduced CBD effectively and positively, other programs have experienced challenges for residents, faculty and education leaders.

CBD Adaptations, also known as CBD 2.0, was published by the Royal College in September 2024. The Royal College has reaffirmed its commitment to CBD while recognizing and encouraging reflective and purposeful changes at the national and the local levels.

The balance of a national standard and local autonomy has been more clearly defined, recognising the need for each postgraduate office and program to create practices that work in their jurisdiction. Key messages highlighted by CBD Adaptations and that will underpin the University of Toronto PGME's work with our training programs to optimize CBD implementation going forward include:

1 | Competence by Design, the Royal College's model for competency based medical education, will continue to provide the framework for postgraduate medical education training programs in Canada.

2 | The essential elements of CBD remain, including:

- Stages of Training
- Training anchored in demonstration of competence for required Entrustable Professional Activities (EPAs)
- Requirement of Competence Committees to review and adjudicate resident performance and progression
- A fulsome program of assessment to ensure residents are meeting competency standards during and by the completion of their training program.

3 | CBD implementation may need to be reconsidered to:

- Decrease the burden of assessment which falls on residents and faculty
- Increase and enhance opportunities for authentic feedback for PG learners

4 | Programs, through the work of their Specialty Committees (of which Program Directors are a member) will be supported to review and, if required, revise their current Specialty CBD Standards nationally.

5 | Programs, led by the Program Director, Residency Program Committee and Competence Committee, in consultation with PGME, may consider various changes to how the assessment of Entrustable Professional Activities are operationalized within their program. Potential changes should be data-informed, arising from continuous quality improvement efforts (see the [U of T PG CQI Process for Making Local Changes to CBD Implementation](#))

For example, consideration could be given to:

- Utilize a robust assessment matrix to reduce reliance on workplace-based assessments (that is, decrease the focus on observation of EPAs in the clinical setting)
- Modify the number of required EPA observations
- Modify the "entrustment" target
- Review and, as required, revise the contextual variable targets for EPAs

6 | PGME, Departments, faculty and residents must work collaboratively to enhance and support the coaching culture across our postgraduate programs and within the clinical settings.



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More information will be forthcoming – stay tuned.

If you have any questions in the interim, please contact:

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