

Postgraduate Medical Education, University of Saskatchewan
Competence by Design Working Group (CBD-WG)
Terms of Reference

Purpose and Role: The purpose of Competence By Design Working Group (CBD-WG) is **to inform and assist with the design and implementation** of the RCPSC's CBD initiative in the residency programs at the University of Saskatchewan. It also has an **advisory role on strategic issues** to the Associate Dean, PGME. The CBD-WG has a specific time-limited purpose (initially up until June, 2018 and most likely will extend to the duration of the CBD implementation in all program but with less frequent meetings and modified membership).

Background: The CBD initiative has involved people with different backgrounds and expertise and roles working with the Royal College on different aspects of CBD (e.g.; program-specific EPAs and milestones, e-portfolio etc.) through its various subcommittees. Further the initial plan for the rollout has been somewhat slowed down. Locally, at our institution, we still need to make a decision on the electronic platform that would be used for housing the program, learner and accreditation management information. It is well known by now that the CBD model of residency education is likely to be a hybrid (competence and time-based) model. It is closely tied to the newly rolled out CanMEDS 2015 framework, which has specific emphasis on patient safety and leadership.

The successful transition of our residency programs into CBD format would require work across several intra- and inter-organizational boundaries. Some of the key aspects that need to be addressed include, but are not limited to:

- changes to policies to adapt to CBD mode of training, assessment and decisions
- modifications to assessment process (appropriate use of formative and summative assessments, shared understanding and application of milestones and entrustable professional activities (EPAs))
- the role of the competence assessment committee (in managing and analyzing pertinent information to make decisions on progression)
- faculty development (for modifications required to teach, assess and provide feedback)
- e-portfolio (work with the RCPSC)
- electronic platform to house and have the ability to easily cross-talk with the RCPSC platform
- resource implications (\$, time, people, technical, physical etc.)
- use of simulation for learning and assessment
- others

The program(s) that are first out of the gate will provide learning opportunities not only for themselves but the ones to follow. It is essential that we tap into local and national expertise to ensure most efficient transition as it affects multiple aspects and facets of our organization.

Responsibility and Accountabilities

The **responsibilities** include:

- Frank discussions from multiple perspectives and collaboration on the design and implementation of CBD (what, how, by when, by whom).
- Develop a strategy and plan for institution-wide implementation of CBD to ensure alignment among various component parts and folding multiple independent ad-hoc efforts by various stakeholders into a smooth and effective transition process.
- Specific and frank discussions (informed by local knowledge and national learnings) and discovery of solutions to the barriers / challenges / concerns and unintended consequences
- Assist with and co-facilitate workshops/retreats /information sessions on CBD across the institution. Contribute to a monthly institution-wide dissemination on progress in CBD design and implementation through the PGME office.
- Become the advocates of the CBD initiative at our institution
- Squelch rumors about the project and generally bring calmness to the institutions' stakeholders

The members are **accountable** to the relevant educational leadership structure at the College of Medicine (Associate Dean PGME, Vice-Dean Education and the Dean)

Composition of the CBD-WG: It draws upon the expertise and interest and roles from various parts of our College of Medicine, groups responsible for PGME at our institution and key stakeholders. The members need to exercise a dual strategic and operational perspective.

The membership of this CBD-WG will be as follows:

- **Group A:** Program Directors – (open to other program directors based upon their interest at this stage)
 - **Family Medicine, Internal Medicine, Anesthesiology, Surgical Foundations Psychiatry, GIM, Emergency Medicine**
- **Group B:** Representation from Departments based upon expertise / experience / interest / involvement with the RCPSC in various activities: up to three.
- **Group C:**
 - Simulation:
 - Information Technology Unit:
 - Faculty Development:
- **Group D:**
 - Educators from PGME:
- **Group E:**
 - Residents: Up to three residents
 - Program Administrative Assistants (up to three)
 - Finance and HR – College of Medicine

The meetings would be open to representatives from: MOH, Patient Advocate, RHA, CPSS, SMA, SaskDocs, SMSS.

The quorum would be three members from Group A and one each from Groups B, C, D and E.

The CBD-WG is co-chaired by the Associate Dean PGME and a co-chair chosen from among the program Directors at its first meeting. *The Dean (Dr. Preston Smith) and the Vice-Dean Education (Dr. Kent Stobart) are ex-officio members of this working group.*

Meetings

Frequency: The CBD-WG meets every month for the first six months (April, May, June, no meeting in July August, Sep, Oct) via face-to-face meetings (will be video/teleconferenced) and then every 45 days until the first programs roll out. Thereafter the meetings are projected to be on a twice-a-month basis up until June 2018 could be modified based upon needs assessment).

Duration: The meetings would be of up to 2 hours duration and time-appropriate food/refreshments would be provided.

Other events: A one-to two-day retreat is being planned in the fall of 2016 with Dr. Jason Frank and Dr. Ken Harris and other national and international experts on this topic. Members may be called upon to co-facilitate sessions on various aspects at program or institution levels.

Decision-Making:

This will be by consensus and if consensus cannot be achieved then by a simple majority vote.

Support

The administrative/logistical (arranging meetings, minute taking, dissemination, organization of sessions and retreats) and financial support for this working group and its work will be through the PGME office.

The Terms of reference will be reviewed annually.

First iteration: Feb 23, 2016 (Anurag Saxena)