Letter to the Editor

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To the editor:

As noted by Drs. Sinclair, Abu-Laban and Toth [1], the transition of Royal College Residency Training from a time-based model to competence by design is the single biggest change to residency education since the recognition of the specialty of Emergency Medicine (EM) in Canada. Training in all specialties worldwide is changing to so-called competency-based methods. This approach emphasizes an explicitly sequenced progression from novice to expert practice, frequent observation and coaching, and promotion based on evidence of ability. It is meant to be more learner-centred and more accountable to the public we serve than traditional time-in-training methods.

As outlined in CJEM by Sherbino et al. [2], the new curriculum involved a complete reimagining of specialty EM training. During the period 2016–2018, more than 45 EM residents, educators and leaders from across Canada met in Ottawa over 9 days and via countless teleconferences to redefine the content, process, and procedures of specialty Emergency Medicine training. Discussions were intense and lively, but in all cases, decisions were reached through consensus. The resulting design was subsequently distributed in broad consultation with EM stakeholders, including the Canadian Association of Emergency Physicians.

Drs. Sinclair, Abu-Laban, and Toth outline some ongoing concerns with the new design of training that predate the curriculum. Their recent letter expresses concern about: “aspects of clinical family medicine, specifically, transitions of care and community care”, selective time, and time-in-training.

We believe that the new design of specialist EM training allows program directors greater flexibility to tailor education to individual and local priorities. With competence by design there are no prescribed rotations, typical of traditional training models. Rather, the competence by design model outlines the required training experiences, describing the competencies to be acquired or expected patient presentations to be encountered while allowing local flexibility in determining the appropriate clinical environment. This does not imply that every topic needs its own rotation; there are many educational methods used in residency. Specific to transitions of care, there is a transition to practice EPA that requires a graduating resident to demonstrate “Coordinating and collaborating with healthcare professional colleagues to safely transition the care of patients...” This includes transitions to primary care providers and long-term care facilities, among others. We feel that transitions of care, including the transition of care into the community, are effectively incorporated into residency training standards.

In designing the competence by design curriculum, there was a robust dialogue about allowing selectives, including an area of concentrated expertise (ACE). The committee strongly endorsed the ACE as an essential component of specialty Emergency Medicine training. As a specialty, Emergency Medicine in Canada has greatly benefited those who have advanced our practice via an area of specialty interest. Whether at the local or national level, specialist Emergency Physicians will use the competencies gained during their ACE to enhance emergency care for all Canadians.

Finally, there is a common misconception that competence by design will regularly allow residents to graduate early. The goal of competence by design is not to shorten time-in-training, rather it is to provide greater flexibility to residents and residency programs in tailoring local education design to maximize effectiveness. Based on nearly 30 years of experience, the majority of residents will require 5 years of training to demonstrate all required competencies. Under exceptional circumstances, some trainees may demonstrate the required competencies in a shorter timeframe. This has been observed

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in a pilot competence by design orthopedic program [3]. The notion that resources saved from early graduation will simply be applied to training additional EM residents is naïve and does not take into account the realities of the distribution of post-graduate ministerial funding.

The new curriculum is a journey rather than a destination. The Specialty Committee regularly reviews and modifies the existing requirements and standards for resident education to ensure that our trainees achieve the necessary competencies to meet the evolving demands of Emergency Medicine. We welcome the engagement of the breadth of voices across the EM community as we continue to improve specialty EM training.

References

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