

Guide 3: Meeting training requirements for Areas of Focused Competence

ISSUE

COVID-19 is a rapidly evolving situation that is causing uncertainty and disruption for medical education programs across Canada. To help support you, the Royal College has developed three documents regarding how programs may meet national standards in this disrupted training environment:

- Meeting training requirements for time-based programs (COVID-01-Time)
- Meeting training requirements for Competence by Design programs (COVID-02-CBD)
- Meeting training requirements for Areas of Focused Competence programs (COVID-03-AFC)

These guides aim to identify solutions, provide support, and emphasize where there is flexibility for programs, while also upholding national, discipline-specific standards.

AREAS OF FOCUSED COMPETENCE (AFC) PROGRAM REQUIREMENTS

Royal College training programs are required to meet national, discipline-specific standards. Trainees in AFC programs must meet the standards outlined in the Competency Training Requirements (CTR) and the Competency Portfolio (portfolio) in order to be deemed eligible for the AFC credential.

CHALLENGES POSED BY THE COVID-19 PANDEMIC

We recognize that the impact of COVID-19 will be felt differently by each program, AFC discipline, school, and region. Despite best efforts to maintain the educational mandate of programs, there may be AFC trainees 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 your 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 of rapid change.

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

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 practise 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 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 AFC 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 AFC DIRECTORS

The Royal College understands that impacted trainees may not meet the training requirements exactly as they are stipulated (i.e. number of observations, case mix, etc.). While many programs will experience challenges due to COVID-19, the highly unique nature of AFC programs may mean that trainees in these programs are at a greater risk of having a reduction in the volume of their cases and learning opportunities. Should trainees run into barriers in fulfilling the requirements of their program as a result of the COVID-19 pandemic, there is flexibility for AFC Directors to modify a trainee's learning plan to meet the requirements. The goal is to provide, whenever possible and appropriate, alternative options for trainees to achieve the essential competencies needed for

independent practice. Most importantly, trainees must acquire the established competencies of the discipline before they are deemed eligible for the AFC credential.

Evidence of competence

During the COVID-19 pandemic it is expected that AFC Directors may have decreased and/ or limited evidence of achievement for trainees. AFC Directors are encouraged, in consultation with clinical supervisors and the AFC Program Committee, to continue reviewing trainee evidence, considering new and possibly fewer achievements (evidence) in the context of the overall picture of the trainee performance.

In order to make a determination of a trainee's eligibility for the AFC credential, the AFC Director must have enough evidence of consistent performance that signals that the trainee has met the discipline's requirements. To facilitate this, we encourage the ongoing submission and review of evidence as required in the discipline's portfolio for each trainee.

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 trainees and may be utilized to gather evidence for the AFC portfolio and the achievement of the competencies of the discipline. The alternative experiences that AFC Directors use to fulfil these objectives will require thoughtful consideration and must be relevant to the competencies of the discipline.

Extension of training

In competency-based training programs, 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 competency-based trainee 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 trainee has no alternative method to demonstrate achievement of competencies prior to completing the program. We expect these circumstances to be rare overall and are hopeful that through applying alternative experiences, trainees may still complete their training within the usual envelope of time.

AFC Directors will be asked to consider a variety of factors when determining an AFC trainee's eligibility for the credential. In order to further assist AFC programs in their consideration as to whether a trainee is ready to achieve the AFC credential, the flow chart on *page 5* has been developed to guide decision-making.

ATTESTING TO THE COMPETENCE OF TRAINEES

To achieve the AFC credential, an AFC trainee must be competent to practise independently in the highly unique focus of the discipline. As such, policies to simply pass and/or progress all trainees 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 trainees for the AFC credential will not change. AFC Directors, in partnership with their postgraduate deans, will continue to have the authority to sign off on the competence of trainees, deeming them eligible for the AFC credential¹.

In order to support this process, the Royal College advises programs to document their eligibility decisions in both the trainee's file and the AFC Program Committee files. This will help to keep a record of how trainees deviated from typical curriculum plans, as well as ensure that programs have defensible evidence of and rationale for their decisions to deem a trainee eligible for the credential.

¹ Effective March 3, 2020, the Royal College ceased external assessment of summative AFC portfolios. If more information is required about this change, please contact the AFC Program Manager (lrumleski@royalcollege.ca).

FLOW CHART: GUIDANCE ON THE EXTENSION OF TRAINING

