So the core elements, this is kinda breaking down CBD to understand how it all, what it all means and how it fits together and what are the, what are the real key elements. So around assessment requirements, the Royal College has identified a number of requirements that need to be met and they adhere to the accreditation standards and to also quality comprehensive assessment of trainees under this new model. So the terms ‘EPA's’ and ‘milestones’ are really defining what those competencies are.

So in EPA's is a professional activity that they're expected to be able to do. And milestones are a subset under that. So if the trainees expected intubate a patient, there's a number of other skills that they need to be a knowledge that they need to have in order to be able to do that.

So EPA's and milestones are essentially the competencies and sub-competencies. The CanMEDS roles you may be familiar with if you've been in medical education. They were developed by the college in 2015 and these EPA's and milestones mapped to those can meds roles. So medical expert, communicator, collaborator, scholar, manager. All of those roles are to be achieved by residents prior to transitioning to practice.

So they're very important as well. Increased emphasis on direct and indirect observation. So as part of the assessment of observing those competencies and assessing those competencies in their training environment. There is very much an increased emphasis on directly observing them and also providing, documenting that observation in a variety of assessment tools and commenting and giving feedback to that resident while you're coaching them. And that's the role of the supervisor and coach in that environment. We'll talk more about that as well.

So there's many low stakes observations. Think of it as like a plot graph where there's lots of observations on an EPA or milestone and it's being documented.

And it's just a capture of how they're doing at that time in that context. There, be it a PEEDS or an acute situation, or an outpatient situation? How all there's all these different contexts that are captured as well. And all those low stakes observations inform how the trainee is doing at any 1, so that feedback can happen. And we can ensure that they're on their learning path. And when things kind of fall off or delay that we can intervene early and get them back on their learning path. And also that they're empowered to understand what that learning path is, what's expected of them, and that they can participate very much in their learning journey. So narrative is really about actionable feedback.

It's delivered in a timely way. It's very concrete, so the trainee understands what was observed. What do they need to do to be able to progress and be more, achieve a higher level of competence. And that's all curated and collated.

And it's reviewed in a group decision-making about how they're doing or do, can they, are they ready to progress to the next stage of learning? And that's done by a Competency Committee. Non CBD programs may have an assessment committee or something similar. In CBD it's referred to as a competence committee.

It's typically chaired by a PD. And sorry, it's typically chaired by a Competency Committee chair, not a PD. And the members are various faculty and supervisors. The stages and progression that the trainee moves through is determined by their performance, by what's noted and assessed in terms of how competent they are in their independence and their ability to safely practice that EPA. And that decision is made in a competence committee review session. And it's based on entrustment of how ready they are to be able to move forward and how independent.

We'll talk more about that.