

## What is “CBD 2.0”?

“CBD 2.0” is a concept that originated at the Royal College in spring 2023 when there were strong signals that CBD implementation was challenging, and that change was needed. The “2.0” label was used to demonstrate a commitment to taking lessons learned from the initial years of CBD implementation and making strategic enhancements as well as addressing previous shortcomings.

The outcome of this process is what we now call the [\*CBD Adaptations Plan\*](#). The CBD Adaptations Plan does not represent a change to the framework of CBD. CBD still requires planned stages of training, specific training requirements (including EPAs) set by the Specialty Committee, strong programs of assessment for EPA and non-EPA based competencies, decision-making by competence committees, and effective feedback and coaching for residents.

The CBD Adaptations Plan is a plan to change how CBD is operationalized within programs on an ongoing basis, with a particular focus on reducing the burden of assessment and increasing coaching and feedback to residents. How this looks will be different depending on the needs of each discipline, institution, and program.

The key improvement is a more flexible approach to implementation. Previously, the model had overly prescriptive expectations for local implementation. Since the inception of CBD, various disciplines, institutions, and programs have adopted different strategies, with some taking a more rigid approach in their implementation, particularly related to concerns with ongoing program and institutional accreditation requirements. For example:

- an over-emphasis on the assessment elements of CBD and less on coaching and learning;
- reliance on EPA observation as the only assessment method rather than using other methods to support in-the-moment learning and longitudinal feedback;
- strictly adhering to the exact number of EPA observations outlined in the discipline specific EPA Guide when local customization is appropriate and encouraged;
- considering only scores of 5 on the O-score (or other entrustment scale) as successful attainment of an EPA; and
- over-reliance on residents triggering EPA assessment.



While programs may be successful following strict adherence practices, many still do not realize that they are able to be more flexible in implementing CBD to meet their institutional or program needs and goals with the resources available. This has happened for many reasons (misunderstandings, unclear communication, fear of accreditation, etc.), and programs have not felt empowered to take advantage of the flexibility intended from the outset. We anticipate that clarifying the opportunity for flexibility will encourage programs to work with their RPC and PGME offices to make appropriate and practical adjustments to their implementation of CBD.

There will be changes at the Royal College level as well:

- Over the next several years, additional supports, options for assessment, program flexibility, focused program evaluation information, and best practices will be provided to each specialty committee to assist them with reviewing their standards (including EPAs), with the goal of reducing the burden of assessment. This may include reducing the number of EPAs in a given stage, reducing the number of observations required per EPA, simplifying assessment tools, or reducing context variables for each EPA.
- We are refreshing our CBD communications strategy to focus on achieving a shared understanding of the model of CBD and its goals, and clear delineation of flexibility and requirements within CBD.

In summary, the CBD Adaptations Plan is designed to allow for a better customized fit of CBD principles to all disciplines and increased autonomy for schools to design implementation strategies best suited to their programs' needs.