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Accreditation Council for Graduate Medical Education (ACGME) and American Board of Medical Specialties (ABMS) Joint Task Force on Competency-Based Medical Education (CBME) during COVID-19 Residency and Fellowship Disruptions

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TASK FORCE MEMBERS AND AFFILIATION

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Charge to the Task Force

ABMS and ACGME were charged with jointly developing a plan, for independent consideration and possible modification or adoption by each entity separately, to provide guidance to program directors (PDs) and designated institutional officials (DIOs) regarding the basics of learner assessment and optimal use of clinical competency committees. The goal was to create a clear understanding of ACGME's and ABMS's expectations for trainee assessment during this time of disruption of residency and fellowship programs by the COVID-19 pandemic. The elements of the plan are contained herein as part of a joint statement that describes the expectations of both ACGME and the ABMS and provides guidance for resident/fellow readiness for promotion or graduation, as well as recommendations for Board eligibility.

Process

In late May 2020, representatives from ACGME and ABMS met to develop a coordinated approach to residency and fellowship training and Board certification amidst disruptions caused by the COVID-19 pandemic. The objective was to develop guidance for training programs that would best serve residents, fellows, and other health care practitioners while protecting the interests of patients and the public. Another purpose of the discussions was to allow ACGME and ABMS to exchange information and understand the relevant considerations involved in addressing changes to training program requirements and assess how such changes might ultimately affect trainees' eligibility for Board certification.

After discussing the needs of patients, residency programs, residents, fellows, and the certifying Boards, ACGME and ABMS independently decided to provide guidance to training programs and Boards for academic year 2020-21. Between mid-June and end of August, the Task Force met three times by webinar and communicated asynchronously to complete this report. The draft recommendations of this Task Force were reviewed by senior leadership at both organizations and the ABMS Member Board Executives. The Task Force made changes to the report based on their recommendations. This final report was reviewed and approved independently by ACGME and ABMS.

Recommendations for Competency-Based Medical Education (CBME) during COVID-19

1. Resident/fellow assessment must address all six general competencies and the pertinent sub-competencies within the specialty. **Table 1** provides examples of a *minimal* set of assessment methods that could be used to support an entrustment decision in the context of disrupted training during COVID-19.
2. The curriculum should be mapped to the competencies by using the sub-competency milestones.
3. The programs of assessment must be mapped to the competencies by using the sub-competency milestones to ensure all core competencies are assessed.
4. Review Committees (RCs) focus on the quality of educational programs, and the Boards focus on the qualification of the individual seeking certification.
    a. The RC program requirements define the necessary and appropriate educational experiences and assessments for promotion in or completion of a residency or fellowship. Each training program, through the authority of the program director with input from the Clinical Competency Committee, determines whether a trainee has achieved the competencies to practice safely and without supervision.
    b. The ABMS Member Board in each specialty will define, describe, and communicate the amount of time and number of patients or procedures (if applicable) that it will require of a resident or fellow to meet Board eligibility standards. Member Boards will evaluate the qualifications of each candidate, recognizing that alternative forms of education and clinical experience may have been necessary during the COVID-19 pandemic. Determinations of competence must not be compromised.
    c. RCs and Boards will coordinate this work so that residency program requirements of the RCs work hand in glove with certification eligibility requirements required by ABMS member Boards in order to promote the best interests of residents, fellows, other health care providers, and patients.
5. Before December 2020, each residency program's Clinical Competency Committee should review the current status and progress of residents and fellows scheduled to graduate in June 2021. By no later than December 31 of the graduation year, program leadership should assess the current state of progress in the program for each individual resident or fellow and then work with each resident or fellow not meeting milestones to create an individual learning plan (ILP) for the remaining time in the training program. The ILP should include an identification of the remaining competency gaps. The individual and the program should have the opportunity to address those gaps with an increase of observations and feedback before the end of the academic year.

The Task Force offers these recommendations as residency and fellowship programs anticipate continued disruptions to training during the COVID-19 pandemic. This is a time of extraordinary pressure for everyone in health professions education. In spite of this pressure, it is vital to keep the public interest in mind. These recommendations are offered as the minimum set of criteria for guiding decisions about learner progression and readiness for graduation during this COVID-19 pandemic for the 2020-21 academic year.

Traditional time-based or volume-based measures may not be fully achievable during this period. The current environment is not "normal," and each program should use the principles of CBME and the guidance below to make informed decisions about advancement, graduation, and Board eligibility. Educational experiences may be modified or disrupted through alternative forms of education such as virtual learning, deployment to another clinical rotation or activity (*e.g.*, ICU, ED, wards, telemedicine), or by missing a traditionally required rotation. Also, qualifications for some specialty Boards may not be program requirements but they are typically completed during a residency or fellowship (*e.g.*, Fundamentals of Laparoscopic Surgery (FLS) or a research thesis). Programs should work to ensure that these are also completed.

CBME-based principles and activities have grown over the years and are used to support an entrustment decision-making process that determines whether a resident or fellow is ready to progress to the next stage in his or her professional career (**Table 2**). "Entrustment decision-making" focuses on the conscientiousness, trustworthiness, discernment, and competence of the resident or fellow. The demonstration of conscientiousness, trustworthiness and discernment supports confidence in assessment outcomes. Entrustment is grounded in the patient and educational outcomes that a graduate can deliver on the Quadruple Aim. The Quadruple Aim simultaneously improves patient experience of care, population health, and health-care provider work life, while lowering per capita cost.

Summary

Training programs continue to be disrupted by COVID in academic year 2020-21. We recognize that typical metrics such as time, volume, and specific rotations completed may be unavailable for all trainees. The principles provided are the minimum required to make a defensible, high-stakes entrustment decision for an individual to complete training and advance to the next stage of one's professional career during this period of disruption. It is possible that these principles will inform future CBME decisions using more robust and deeper data. Programs, competency and review committees, and ABMS Member Boards will use this period as a pilot to learn about what works as the implementation of CBME grows over time.

Table 1. ACGME/ABMS Core Competencies and Examples of Minimal Required Competency-Based Assessments that Could be Used During COVID-19 Disruption

Competency	Competency-based Assessment Options
Medical Knowledge	• In-training exam • Feedback from multiple faculty evaluations
Patient Care	• Work based clinical assessment through direct observation of the individual during care delivery • Feedback from multiple faculty and peer evaluations • External structured curriculums, standardized assessments, and simulation
Professionalism	• Informed self-assessment • Feedback from multiple faculty and peer evaluations • Multi-source feedback, such as a 360-degree evaluation
Communication	• Patient reported feedback • Feedback from multiple faculty and peer evaluations • Multi-source feedback, such as a 360-degree evaluation, especially regarding interprofessional care
Practice-based Learning and Improvement	• Evaluation of knowledge, skills, and attitudes from participation in systematic efforts to improve the quality, safety, or value of healthcare services
Systems-based Practice	• Feedback from multiple faculty evaluations regarding ability to practice in a complex healthcare system • Multi-source feedback, such as a 360-degree evaluation, especially regarding interprofessional care

Table 2. Van Melle Framework for Competency-based Medical Education[1]

Component	Description
An Outcomes-based Competency Framework	• Desired outcomes of training are identified based on societal needs • Outcomes are paramount so that the graduate functions as an effective health professional
Progressive Sequencing of Competencies	• In CBME, competencies and their developmental markers must be explicitly sequenced to support learner progression from novice to master clinician • Sequencing must consider that some competencies form building blocks for the development of further competence • Progression is not always a smooth, predictable curve
Learning Experiences Tailored to Competencies In CBME	• Time is a resource, not a driver or criterion • Learning experiences should be sequenced in a way that supports the progression of competence • There must be flexibility to accommodate variation in individual learner progression • Learning experiences should resemble the practice environment • Learning experiences should be carefully selected to enable acquisition of one or many abilities • Most learning experiences should be tied to an essential graduate ability
Teaching Tailored to Competencies	• Clinical teaching emphasizes learning through experience and application, not just knowledge acquisition • Teachers use coaching techniques to diagnose a learner in clinical situations and give actionable feedback • Teaching is responsive to individual learner needs • Learners are actively engaged in determining their learning needs • Teachers and learners co-produce learning
Programmatic Assessment (i.e. Program of assessment)	• There are multiple points and methods for data collection • Methods for data collection match the quality of the competency being assessed • Emphasis is on workplace-based assessment • Emphasis is on providing personalized, timely, meaningful feedback • Progression is based on entrustment • There is a robust system for decision-making • Good assessment requires attention to issues of implicit and explicit bias that can adversely affect the assessment process.

[1]Van Melle E, Frank JR, Holmboe ES, Dagnone D, Stockley D, Sherbino J; International Competency-based Medical Education Collaborators. A core components framework for evaluating implementation of competency-based medical education programs. Acad Med. 2019;94(7):1002-1009

Resources to Support Competency-based Medical Education Assessment

Milestone and Assessment Resources homepage: https://www.acgme.org/What-We-Do/Accreditation/Milestones/Resources

Milestones Guidebook (2nd Edition). Available at https://www.acgme.org/Portals/0/MilestonesGuidebook.pdf?ver=2020-06-11-100958-330

Milestone Guidebook for Residents and Fellows (2nd Edition). Available at: https://www.acgme.org/Portals/0/PDFs/Milestones/MilestonesGuidebookforResidentsFellows.pdf?ver=2020-05-08-150234-750

Clinical Competency Committee Guidebook (3rd Edition). Available at: https://www.acgme.org/Portals/0/ACGMEClinicalCompetencyCommitteeGuidebook.pdf?ver=2020-04-16-121941-380

- See CCC Guidebook Executive Summaries at: https://www.acgme.org/What-We-Do/Accreditation/Milestones/Resources

Milestone Implementation Guidebook. Available at: https://www.acgme.org/Portals/0/Milestones%20Implementation%202020.pdf?ver=2020-05-20-152402-013

Faculty Development in Assessment:

ACGME Developing Faculty Competencies in Assessment. There will be several courses offered online this fall. You can obtain more information at https://www.acgme.org/Meetings-and-Educational-Activities/Other-Educational-Activities/Courses-and-Workshops/Developing-Faculty-Competencies-in-Assessment

Developing Faculty Competencies in Assessment Online Mini-course: Available at https://dl.acgme.org/courses/an-introduction-to-assessment-1

National Milestone Reports

2019 Milestone National Report. Contains Predictive Probability Value (PPV) tables for almost all core specialties with instructions on proper use of PPVs. Available at https://www.acgme.org/Portals/0/PDFs/Milestones/2019MilestonesNationalReportFinal.pdf?ver=2019-09-30-110837-587
The 2020 Milestones National Report will be available by the end of September 2020.

Milestone Bibliography. Contains all research to date (updated twice yearly). Available at: https://www.acgme.org/Portals/0/PDFs/Milestones/MilestonesBibliography.pdf?ver=2020-08-19-153536-447