The introduction of competency-based medical education for postgraduate training in South Africa

Specialist training has increasingly become the subject of public discourse, with greater demands for accountability from various stakeholders in safe delivery of healthcare. This includes the appropriate selection of specialist trainees, the assurance that these trainees are afforded suitable opportunity for achieving clearly outlined learning goals in appropriate contexts with adequate support, and the requirement that they are subjected to assessment that allows them to showcase their development over time.

The traditional approach to medical education and assessment has focused primarily on lists of knowledge objectives, but is now shifting towards an outcomes-based education (OBE) framework, where learning outcomes guide all curriculum and assessment decisions in a constructively aligned manner. Competency-based medical education (CBME), which can be considered a type of OBE, aims to ensure that all graduates attain the minimum standards for unsupervised practice (competence) in their field. The five core components of CBME curricula are: outcome competencies; sequenced progression; tailored learning experiences; competency-focused instruction; and programmatic assessment (PA). PA intends to build a system of assessment that is embedded in the entire learning cycle of registrar training, thereby addressing the current challenges in assessment inherited from our 20th-century models.

The next component of planning CBME curricula is the selection of assessment tools to measure learners’ progress in achieving the required competencies. Unfortunately, competencies can feel somewhat detached from the clinical environment in which they are applied, making it difficult for them to be practically taught and assessed. Initial attempts to confirm attainment of the various competencies specified by these frameworks depended on directly assessing long lists of individual competencies. Entrustable professional activities (EPAs) were introduced to make the connection between competencies (characteristics/abilities of learners) and the professional activities to be entrusted to them on graduation.

For postgraduate medical training, EPAs represent the translation of daily specialist practice into units of practice that can be oversee, assessed, monitored and certified. Therefore, EPAs facilitate workplace-based assessment within a CBME context. By describing the specific skills proficiency, knowledge and higher-order abilities required to be entrusted to perform a specific activity, EPAs provide a framework for assessment tools to measure the degree to which a trainee can be entrusted to perform that activity unsupervised. Defining the units of practice that encompass a specialty also allows for redesign of the curriculum and re-evaluation of training methods, with emphasis on providing trainees with the knowledge and skills required to carry out these activities.

The national conversation regarding mandatory WBA was initiated in 2017 and, while progress has been slow, there is a renewed commitment to achieving this goal by both the Colleges of Medicine of SA (CMSA) and the SA Committee of Medical Deans (SACOMD). The joint national WBA Steering Committee, with representatives of all specialist training platforms, has been launched in the last year in a collaborative effort between the CMSA and the SACOMD. The aim of the committee is the implementation of WBA for postgraduate medical training in SA. Following a series of
EDITORIAL

The successful webinars in 2021, further roadshows and workshops are planned for the second half of 2022 to address the essential issues around WBA – what it is, why we need it, how we are going to design and implement it, who is responsible for it, and when all of this will take place. The current estimate of national implementation is the beginning of 2024. There is growing commitment to the groundwork needed to ensure that the SA implementation of WBA is not only educationally sound, but feasible and acceptable to our clinical teachers, who shoulder substantial service delivery burdens. We believe the inclusion of a carefully designed WBA process is not only feasible, but also promises to enhance clinical service delivery.

The SA clinical training platform, while unique, will benefit through the implementation of the various components of CBME. Our commitment to a transformed and decolonised curriculum demands that we translate the learnings from the Global North into systems and processes that recognise our inequitable contexts, while building a national framework for development. We are at a threshold at which our response to the calls for greater accountability will translate into modern curricula, which will deliver globally competent specialists and subspecialists who are fit for purpose in SA and beyond.

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