



FAQ – Competence Committee (CC) Assessment & EPAs

KBIM 2024-2025

EPA Fundamentals & Planning

1	What is an EPA?	An Entrustable Professional Activity is a real-life clinical task that bundles several skills into one activity. When you can perform the task safely with minimal supervision, you've "earned" that EPA.
2	What are EPA milestones and unique achievements?	Milestones are the observable behaviours inside each EPA. Completing all milestone categories competently earns one unique achievement. Extra competent attempts beyond the minimum reflect positively on your record.
3	How many unique achievements are required at each stage?	TTD – 5 FOD – 41 + 7 F7 inputs = 48 COD – 109 + 6 C4B inputs TTP – 28
4	What is F7?	A structured learning-plan EPA; upload seven tutor-signed reflections into your e-portfolio.
5	Which EPAs go with which rotations or stages?	Each rotation handbook lists the EPAs you may complete in that block at your current stage. Plan your targets before each rotation.

Progression Requirements

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What must I do to progress to the next stage?

1. Finish the stage's EPA quota
2. Balanced end-of-rotation (EoR) reports
3. No major CANMEDS/professionalism concerns
4. Valid ACLS
5. Sick-leave/leave-of-absence/remediation periods that did not disrupt learning
6. Pass required exams
 - a. FOD→COD: R1 written + OSCE Simulation bundle (3 cases) passed
 - b. COD→TTP: R2 exam
 - c. COD→TTP: Complete research
 - d. Passing TTP: QI project

CC Communication

7	How does the CC communicate its decision and feedback?	<ol style="list-style-type: none">Each outcome line begins with a three-part code – e.g. "C · Progressing As Expected · Monitor."<ol style="list-style-type: none">Letter = stage (TTD, F, C, TTP)Second term = statusThird term = recommendationA brief written narrative is then added to explain the reasoning and next steps.
8	What do the status categories mean?	<ul style="list-style-type: none">Progress accelerated – ahead of timeline.Progressing as expected – on track.Not progressing as expected – needs targeted support.Failure to progress – formal remediation required.Inactive – under-performance, rotation problems, or approved leave.
9	What recommendations can the CC issue?	<ul style="list-style-type: none">Promote to next stageMonitorInformal remediationFormal remediationFormal remediation - ProbationDismissal

EPA Assessment Details

10	Who can see my EPA profile and assessments?	Program Director; Assistant Program Directors; Site Director and some designated members of the site committee during the academic year in which you're assigned to that site; Competence Committee Chair; Your sub-committee Head & Member. Note: All leadership, Residency Program Committee (RPC), and CC members sign non-disclosure agreements (NDAs) to protect your privacy.
11	Besides EPA counts, what else is evaluated?	Professionalism, communication, leadership, teaching, conference attendance, valid ACLS, ACP score, and CANMEDS-based EoR reports.
12	Which other assessment tools are used?	Multisource feedback (residents, nurses, patients); in-training (R1/R2) & ACP exams; case presentations; reflective practice; simulation cases; CANMEDS EoR reports.
13	What makes an EPA entry "high-quality"?	Same-day direct observation, specific non-judgemental feedback, and immediate portfolio entry by the tutor.
14	How should I request EPAs?	Request whenever a real clinical opportunity matches an EPA. Accept "not achieved" outcomes—they signpost areas for growth.
15	Similar EPAs—can one case cover more than one?	No. One case equals one EPA. Although titles overlap, milestone sets differ; separating them expands your clinical exposure.
16	My EPA shows "intervention/direct ion/support." Is it achieved?	No. That wording means the tutor intervened. Re-attempt independently to achieve it. Having multiple not-achieved entries is normal and viewed positively; the CC sees this as healthy iterative learning.
17	Can two residents claim the same case?	Yes – if each is assessed independently or in different EPA categories. Otherwise, the EPA is credited to the primary resident.
18	I met all numeric targets but wasn't promoted—why?	The CC also checks case mix, exams, ACLS validity, professionalism, and consistency. Any gap can delay advancement. Decisions are coded (stage · status · recommendation) and accompanied by written feedback.
19	Direct-observation EPAs: how can I complete them if tutors are not available?	You have 8 months in FOD and 2 years in COD to capture direct-observation moments. They can occur on the ward, in ER, during evening or on-call rounds—alert a tutor when a suitable case arises.

Additional EPA Information

20	How is CC feedback ratified?	The CC's Formal remediation proposals go to the RPC. The RPC must review and ratify it before any remediation process is initiated (a separate remediation document outlines the detailed process)
21	What sick-leave patterns trigger review?	15 documented days permitted per academic year. <ul style="list-style-type: none">- On-call: ≥ 2 missed shifts in one rotation raise concern.- Academic days: ≥ 3 missed days per year raise concern.- ≥ 4 consecutive "no-admission" days in a rotation also prompt review.