Editorial

Competency-Based Medical Education (CBME): Revolutionizing How Doctors Are Trained

Mahnoor Junaid Malik[1]

[1]Final Year MBBS Student, Rawalpindi Medical University

Cite this Editorial: Malik MJ. Competency-Based Medical Education (CBME): Revolutionizing how doctors are trained. Students' Supplement. J Rawalpindi Med Coll. 2024;28(S2):1-2

Online Access

A time-based educational paradigm that prioritizes completing predetermined courses, rotations, and clinical hours has been used to train physicians. Although somewhat successful, this approach does not guarantee that all graduates will acquire the particular abilities and proficiencies needed to satisfy the changing demands of patients and healthcare systems. Competency-Based Medical Education (CBME) has the potential to completely change the way physicians are educated since it places more emphasis on the abilities of learners than on the length of training. It places a strong emphasis on developing skills in a variety of areas, such as leadership, teamwork, professionalism, communication, and clinical knowledge. Implementing CBME is not without difficulties, despite its potential. The infrastructure of medical education must be completely redesigned in order to make the shift from a time-based to a competency-based system. In contrast to conventional methods, CBME functions according to a number of fundamental principles such as making sure trainees provide patients with high-quality care, enabling learners to advance according to their mastery of competencies rather than following set schedules, including frequent, formative tests to assess whether trainees are acquiring the necessary skills or not and encouraging an attitude of constant learning to make sure that doctors maintain their competence over the course of their careers. CBME programs have been associated with better clinical preparation among medical graduates, especially in areas requiring procedural and diagnostic abilities, according to a study published in Academic Medicine. Additionally, because CBME is flexible, educational institutions can modify their curricula to address new healthcare issues.[1]

Therefore, in order to implement CBME we have to redesign our curriculum, come up with pertinent learning activities, produce reliable assessment instruments and most importantly train our faculty members. Some of the hurdles that we are going to face are; firstly, resistance from both students and teachers to changing from time-based training to CBME, and secondly, assessment complications as competency evaluation is a complicated process requiring instruments that are valid, dependable, and practical for widespread use. The use of Competency by

Design (CBD) in postgraduate medical education in Canada is a noteworthy illustration of the application of CBME. In order to monitor progress, this framework places a strong emphasis on milestones and entrustable professional activities (EPAs). Although long-term effects are still being assessed, preliminary findings indicate that CBD has increased teacher and student involvement.[2] According to a study in U.S. in which CBME was examined in surgical training programs, residents with CBME training showed more technical skill than their counterparts in conventional programs. However, the time and workload of the faculty turned out to be major obstacles to broad acceptance.[3]

CBME has the ability to reduce healthcare inequities in low- and middle-income countries (LMICs) through the production of physicians with abilities specific to local needs. However, in order to overcome obstacles such a lack of faculty and poor infrastructure, CBME implementation in resource-constrained settings require innovative solutions. The need for skilled, flexible doctors will only increase as healthcare systems become more intricate. CBME will make sure that medical education is in line with the reality of contemporary practice. By giving students individualized feedback and engaging training environments, technological integration—such as artificial intelligence and simulation-based learning—can improve CBME even further. The training of physicians will undergone a significant change with competency-based medical education, as it will give more emphasis on results and accountability than on procedures. Despite ongoing difficulties, CBME is a vital advancement in medical education because it produces skilled, patient-centered, and flexible doctors.

Hence concluding, CBME has the potential to revolutionize healthcare delivery globally if more institutions embrace this framework, ultimately leading to better patient outcomes and societal health.

References

1. Frank JR, Snell LS, Cate OT, et al. Competency-based medical education: Theory to practice. Med Teach. 2010;32(8):638-645.
2. Holmboe ES, Sherbino J, Long DM, et al. The role of assessment in competency-based medical education. Med Teach. 2010;32(8):676-682.
3. Royal College of Physicians and Surgeons of Canada. Competence by Design: Reshaping Canadian Medical Education.2010;32(9):70-82.