

# Shifting from Competencies to Entrustable Professional Activities (EPAs)

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The medical education system in India has embraced a competency-based approach to medical education. The National Medical Commission (NMC) has made it mandatory for all medical colleges in India to follow the competency-based medical education (CBME) curriculum. Competency-based medical education has become an essential guiding principle for medical educators, leading to the introduction of new teaching and learning methods such as early clinical exposure, self-directed learning, small group discussions, and horizontally and longitudinally integrated learning modules, including the AETCOM module. The change has also brought in new theory and clinical assessment methods for both formative and summative assessments. A lot of hard work has been put in by the central medical agencies and faculties of medical education to plan, design, and provide training to faculty members of medical colleges across the country. This was a mammoth task, but the results are promising.

The inquiry arises as to whether the implementation of a CBME curriculum results in Indian medical graduates (IMGs) who are better equipped to provide patient care. The connection between education and healthcare practices, as well as patient outcomes, is critical. Therefore, the correlation between the activities undertaken in CBME programs and outcomes is of particular importance. It has been noticed that there is a significant discrepancy between the competency framework and the practical application of patient care in clinical settings. This has raised questions about how a fixed-duration training program alone can lead to a license to practice. The importance of conducting a thorough evaluation of the professionals' competence is being emphasized.

The concept of entrustable professional activities (EPAs) was created almost 20 years back by Ollen ten Carte in 2005. According to him the concept of a competency-based training framework was too abstract and theoretical to be used practically in the daily training and assessment of medical students. Entrustable professional activities act as a bridge between CBME and daily clinical activities.

Ollen ten Carte<sup>1</sup> defined EPAs as "a unit of professional practice (a task or group of tasks) that can be fully entrusted to a trainee, as soon as he or she has demonstrated the necessary competence to execute this activity unsupervised"

Entrustable professional activities refer to clinical tasks that can be delegated to trainees after they have demonstrated the required competencies. Entrustable professional activities are an important means of assessing trainee readiness for independent practice since they reflect the trainee's ability to perform specific tasks safely and effectively. By entrusting EPAs to trainees, supervisors can provide them with opportunities to develop their skills in a

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structured and supervised manner, while also ensuring patient safety. Consequently, the identification and implementation of EPAs is an essential component of competency-based medical education, supporting the development of capable and confident healthcare practitioners.

A common question that arises in discussions about using EPAs for educational purposes is how to differentiate them from competencies. It is crucial to understand the difference between EPAs and competencies, not only for their separate use but also for appreciating their complementary nature. "Competencies" refer to the essential attributes of an individual during training. They encompass the observable ability of a health professional to integrate knowledge, skills, attitudes, professionalism, and ethics necessary for effective medical practice.<sup>2</sup> Entrustable professional activities stands for a task and to complete a task (EPA), an individual must possess certain competencies. As individuals gain more competency over time, they become increasingly capable of completing the task (EPA) with minimal supervision. Entrustable professional activities were introduced to implement CBME by assessing the gradual increase in independence and responsibility of a trainee while performing a task. As the competency level of the trainee increases, the level of supervision (LOS) required decreases, resulting in safe and successful performance of the activity.

Entrustable professional activities, provide a practical approach to guide the assessment and evaluation of a graduate's professional abilities. Rather than focusing on a large number of competencies, EPAs break down the tasks and activities that a graduate must perform competently. This makes it easier for faculty to oversee, assess, monitor, document, and certify the progress of a trainee. Entrustable professional activities are important because they allow learners to integrate a large number of competencies into a manageable number of activities. This helps learners to receive meaningful feedback on their performance, which is tailored to their

individual needs. Each EPA includes several milestones (abilities) that are bundled into it. By assessing one EPA, all the milestones bundled into it are evaluated. Entrustable professional activities require learners to apply multiple competencies in an integrative manner. For example, even taking a patient's history involves several domains of competence.

Entrustable professional activities are not assessment tools themselves, but their performance can be assessed. The assessment of EPAs includes evaluating the LOS needed to perform the activity safely and effectively. Broad competencies are broken down into narrower sub-competencies and milestones to assess observable behaviors along a developmental spectrum. Milestones and EPA LOS both play an important role in the trainee assessment system.

The Milestones provide detailed descriptions of the competencies and sub-competencies required for resident or fellow development. Milestones are stages in the development of specific competencies. They provide a development trajectory for individual skills and knowledge. A milestone refers to a specific point on a continuum of a particular skill or sub-skill. These points are clearly defined and are usually specific to a particular specialty. For instance, a milestone for internal medicine could be the ability to collect information required to define and diagnose a patient's medical problem. Each milestone sets out the expectations for residents at different stages of their development in a particular skill or competency.

Here are some key points to keep in mind regarding milestones in EPA:

- Milestones provide descriptors for deeper understanding.
- They enable movement away from over-reliance on high-stakes medical knowledge testing,
- They are a guide and an 'item bank' for more meaningful assessments.
- Help identify learner gaps and help provide individualized feedback to progress to the next level of learning.
- They provide a critical framework for competency-based education deliberations and judgments.

Let us look into these examples for a clearer understanding: -

If a student Intern is asked to take the blood pressure of a patient and enter it in a health record without a supervisory double check, there is entrustment of a contribution to health care, and the activity would principally qualify as a (tiny) EPA. For practical purposes, EPAs are larger. Entrustable professional activities can be conceived of as broad tasks or groups of tasks.

Another example of a broad task – is "Performing a clinical assessment of a patient". This will incorporate obtaining consent from the patient, obtaining a history, performing a physical examination, and formulating a differential diagnosis and a management plan, including appropriate investigations, documenting the assessment and next steps. This must be evaluated against a proposed list of standard competencies – Competency 1, Competency 2, and so on. It will include several domains of IMG competence like knowledge,

skills, attitude, communication, professionalism, ethics, etc. Milestones will be sub-competencies and descriptors, which will also help to identify the learning gaps for individualized feedback. Milestones outline the stages of developing specific competencies, providing a trajectory for individual skills and knowledge. These can aid a supervisor's entrustment decisions, such as direct or distance supervision.

Assessment of trainees can focus on EPAs. The key question is whether trainees can be trusted to execute them. This translates to 5 levels of supervision for the EPA. The original formulations of EPAs described five levels of supervision (ten Cate, 2013), which correlate to permission to:<sup>3</sup>

- Level I – Be present and observe only, without active participation.
- Level II – Act with direct, proactive supervision, (i.e., with a supervisor physically present in the room).
- Level III – Act with indirect, reactive supervision, (i.e., supervision readily available on request).
- Level IV – Act with supervision not readily available but with distant supervision and oversight.
- Level V – Provide supervision to junior trainees.

The EPA framework is a valuable addition to CBME as it complements other constructs such as competencies and milestones. Competencies refer to the abilities of a learner, while milestones indicate a learner's progress toward demonstrating competency.

Competency-based medical education includes two important elements: Entrustable professional activities and milestones. Entrustable professional activities are units of work that can be observed and measured. They can be mapped to competencies and milestones, which are crucial to performing them safely and effectively. Milestones are used to define the developmental trajectory for individual competencies. Health professionals are adopting EPA into curricula to implement competency-based education. Entrustable professional activities titles alone are insufficient to establish requirements or direct EPA implementation. Constructing fully elaborated EPAs creates a shared understanding for better decision-making to provide standards for certifying bodies.

## REFERENCES

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