

advocacy. Even when confusion prevails among counsellors on this topic, in absence of proper guidance, the documented figures would help us to keep away scepticism about additional psychological burden [2].

**MANAS PRATIM ROY**  
Public Health Specialist,  
Department of Pediatrics,  
Safdarjung Hospital,  
New Delhi, India  
manas\_proy@yahoo.co.in

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## Competency-based Medical Education: The Next Steps

Modi, *et al.* should be congratulated for an excellent account of competency-based medical education, and for discussing its contextualisation within healthcare professional education in India [1]. Although their account is high quality, there are additional features of competency-based medical education that need to be discussed. There is a need to have teachers and tutors who can deliver competency-based medical education, and also assessors who can reliably judge when learners have reached the requisite competence. These teachers-cum-assessors will need to develop new educational skills to make these judgements. In the past, assessors might have judged a trainee by looking at the time they have spent in training, or their completion of various modules, their passing of certain exams; however, these achievements will no longer work in the new world of competency-based medical education [2,3].

First and foremost, when introducing this new concept of medical education in India, considerable planning will need to be given to win the hearts and minds of the assessors. Another challenge will be making the somewhat theoretical concept of competency-based medical education understandable and practical for all stakeholders – including both trainees and trainers. In this regard another model of medical education touched on by the authors will need to come to the

foreground – that of entrustable professional activities (EPA) [4]. The attractiveness of EPA is that they convert the high-minded hypotheses of competence back to the grassroot level of clinical medicine. All clinicians understand what it is to trust a trainee to carry out a procedure, or to do a consultation with a certain type of patient, or indeed to go “on-call” without resident supervision. So an important first step in the journey that medical education in India must take is that of converting competences into EPA which are very much context-specific; only that those relevant in the specific clinical and learning environment of India will work. Doing this work will be challenging and time-consuming, but the potential reward is great: a new generation of trainees who have been trained to the highest possible international standards.

**KIERAN WALSH**  
BMJ Learning, BMA House,  
Tavistock Square,  
London WC1H 9JR  
kwalsh@bmj.com

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