Entrustable Professional Activities for postgraduate Family Medicine training in Africa

Primafamed

Lusaka, Zambia

Prof Louis Jenkins

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24 June 2025

PRIMAFAMED

Primary Care and Family Medicine Network for sub-Saharan Africa

Brief in program

Aim:

At the end of the workshop participants will have written at least one EPA for their training program and hopefully have clear ideas for a few more EPAs.

Overview:

This workshop will give a brief overview of how family medicine in South Africa developed entrustable professional activities (EPAs) and discuss how international trends should be contextualised for low resources countries in sub-Saharan Africa. Participants are encouraged to think beforehand what EPA titles they would consider for their training programmes. During the workshop participants will be guided how to finalise and unpack these titles or adapt EPAs from other programmes. At the end of the workshop participants will have written one complete EPA and may have started on a few more.

Looking back…….

Primafamed 2024

- We had workshops on EPAs and developing portfolios

Self-allocate Group Roles

5 min (individually)

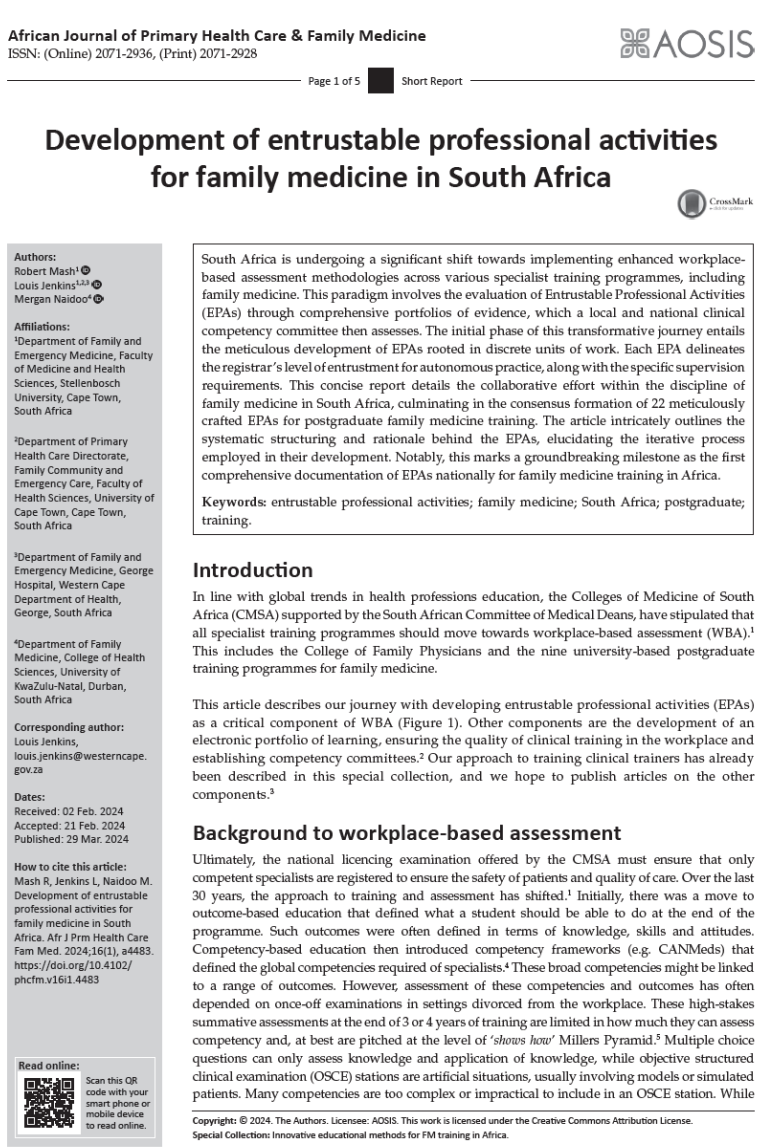
- Reflect on your own knowledge and experiences with EPAs and workplace-based assessments and write it down.

30 min (discuss as a group)

1. Are you using EPAs? OR What do you understand about EPAs?
2. How have/are you implemented/ing EPAs, incl using portfolios?
3. How will/do you assess EPAs, including thoughts on CCCs?

- Decide who will report-out

then *25 min (plenary discussion)*
A reporter from each group has 5 minutes to share



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AOSIS
Page 1 of 5 Short Report

Development of entrustable professional activities for family medicine in South Africa

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South Africa is undergoing a significant shift towards implementing enhanced workplace-based assessment methodologies across various specialist training programmes, including family medicine. This paradigm involves the evaluation of Entrustable Professional Activities (EPAs) through comprehensive portfolios of evidence, which a local and national clinical competency committee then assesses. The initial phase of this transformative journey entails the meticulous development of EPAs rooted in discrete units of work. Each EPA delineates the registrar's level of entrustment for autonomous practice, along with the specific supervision requirements. This concise report details the collaborative effort within the discipline of family medicine in South Africa, culminating in the consensus formation of 22 meticulously crafted EPAs for postgraduate family medicine training. The article intricately outlines the systematic structuring and rationale behind the EPAs, elucidating the iterative process employed in their development. Notably, this marks a groundbreaking milestone as the first comprehensive documentation of EPAs nationally for family medicine training in Africa.

Keywords: entrustable professional activities; family medicine; South Africa; postgraduate; training.

Introduction

In line with global trends in health professions education, the Colleges of Medicine of South Africa (CMSA) supported by the South African Committee of Medical Deans, have stipulated that all specialist training programmes should move towards workplace-based assessment (WBA).[1] This includes the College of Family Physicians and the nine university-based postgraduate training programmes for family medicine.

This article describes our journey with developing entrustable professional activities (EPAs) as a critical component of WBA (Figure 1). Other components are the development of an electronic portfolio of learning, ensuring the quality of clinical training in the workplace and establishing competency committees.[2] Our approach to training clinical trainers has already been described in this special collection, and we hope to publish articles on the other components.[3]

Background to workplace-based assessment

Ultimately, the national licencing examination offered by the CMSA must ensure that only competent specialists are registered to ensure the safety of patients and quality of care. Over the last 30 years, the approach to training and assessment has shifted.[1] Initially, there was a move to outcome-based education that defined what a student should be able to do at the end of the programme. Such outcomes were often defined in terms of knowledge, skills and attitudes. Competency-based education then introduced competency frameworks (e.g. CANMeds) that defined the global competencies required of specialists.[4] These broad competencies might be linked to a range of outcomes. However, assessment of these competencies and outcomes has often depended on once-off examinations in settings divorced from the workplace. These high-stakes summative assessments at the end of 3 or 4 years of training are limited in how much they can assess competency and, at best are pitched at the level of '*shows how*' Millers Pyramid.[5] Multiple choice questions can only assess knowledge and application of knowledge, while objective structured clinical examination (OSCE) stations are artificial situations, usually involving models or simulated patients. Many competencies are too complex or impractical to include in an OSCE station. While

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Special Collection: Innovative educational methods for FM training in Africa.

Plenary Feedback: (25 minutes)

- Are you using EPAs? OR What do you understand about EPAs?
- How have/are you implemented/ing EPAs, including using portfolios?
- How will/do you assess EPAs, including thoughts on CCCs?

What are EPAs?

EPAs allow for entrustable decisions regarding competence in a described clinical work context

They provide the ‘bridge’ between curricula learning outcomes, competency frameworks and everyday professional activities in the clinical workplace

Units of professional practice (task or responsibility that a registrar can be trusted with)

Job description of a family physician (What do you do)

Ten Cate O, Scheele F. Competency-based postgrad training: Can we bridge the gap between theory & clinical practice?. Acad Med. 2007;82(6):542–547. https:// doi.org/10.1097/ACM.0b013e31805559c7

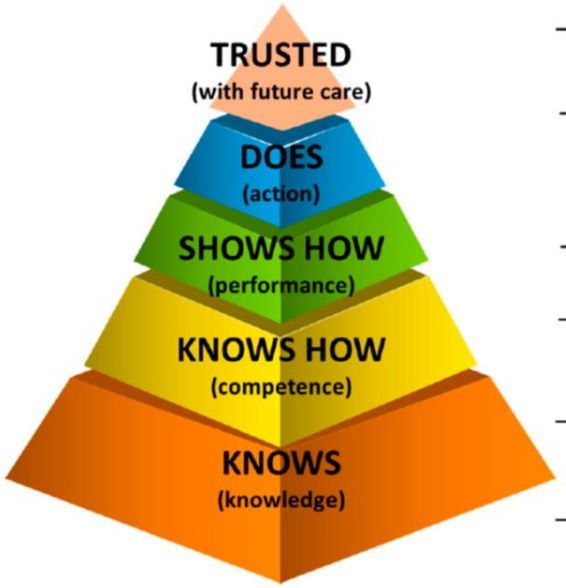
Why do we need this?

- Workplace-based assessment (WPBA) in health education - global priority.
- From assessment of learning to assessment for learning (Burch)
- Safeguarding the public & early Id of registrar in difficulty
- Many programs - developing EPAs as part of programmatic assessment. (Ten Cate)

1. Burch V. The Changing Landscape of Workplace-Based Assessment. Journal of Applied Testing Technology, *Vol 20(S2), 37-59, 2019.*
2. Sathekge M. Time to review the contribution of work-based assessment in our high-stakes exams. Transactions 2017;61(1):4-5. https://www.cmsa.co.za/view_document_list.aspx?Keyword=Transactions.
3. Jenkins, L., Mash, R., Motsohi, T., Naidoo, M., Ras, T., Cooke, R., & Brits, H. (2023). Developing entrustable professional activities for family medicine training in South Africa. *South African Family Practice, 65*(1), 6 pages. doi:https://doi.org/10.4102/safp.v65i1.5690

Activities?

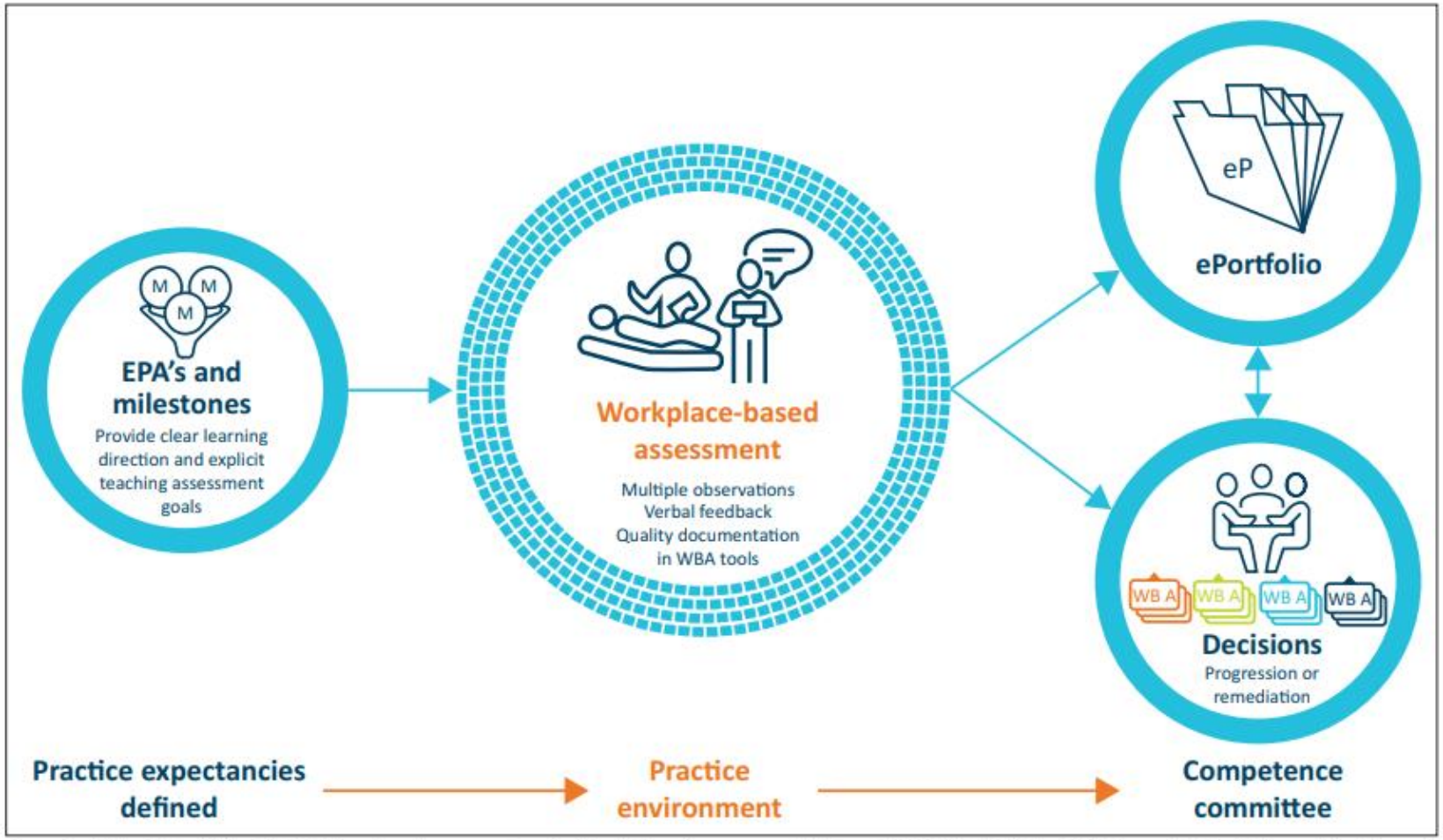
- Evaluate learning in context – doing and becoming
- Top of Miller's pyramid



Assessment focus	Proposed methods of assessment
Readiness to cope with challenges in practice	Same as does + Entrustment-based assessments (e.g., discussion)
Performance integrated into workplace	360^0 assessment, Case-based discussions, Clinical competency assessments, DOPS, Multi-source feedback, Portfolios, Work place-based assessment
Performance in controlled settings	OSCEs, Practicals, Simulations, Standardized clients / patients
Application and Manipulation of knowledge, Relationships between concepts and principles	Case presentations, Essays, Gaming, Extended matching MCQs, Problem-solving approaches
Fact gathering, Processes, Scientific principles	Essays, Oral exams, Reports, Traditional MCQs, Various tests

Carr AN, Kirkwood RN, Petrovski KR. Practical Use of the (Observer)—Reporter—Interpreter—Manager—Expert ((O)RIME) Framework in Veterinary Clinical Teaching with a Clinical Example. Encyclopedia. 2022; 2(4):1666-1677. https://doi.org/10.3390/encyclopedia2040113

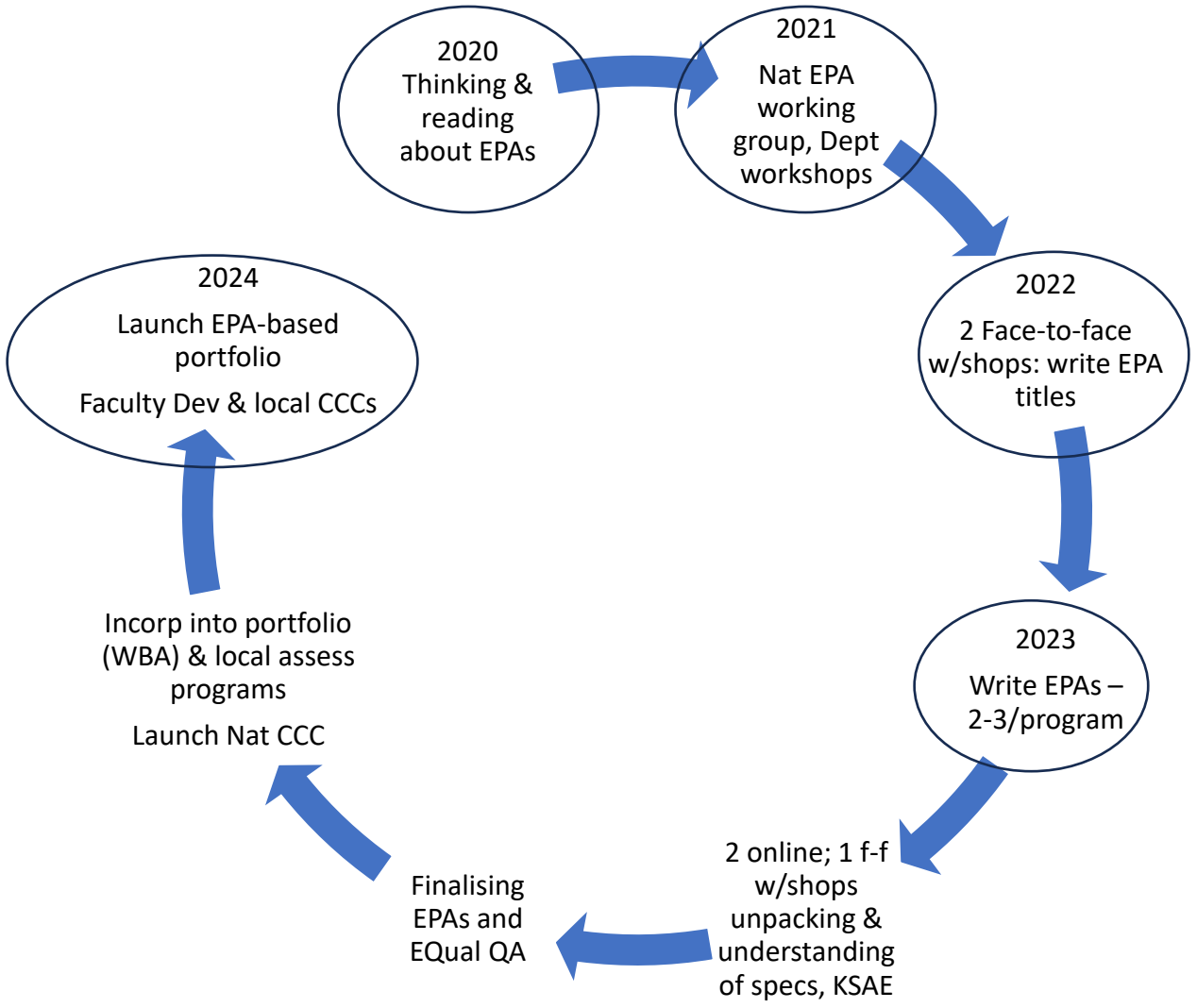
Key components of WPBA



Source: Dudek N, Gofton W, Bhanji F. Workplace-based assessment practical implications [homepage on the Internet]. 2017 [cited 2022 Nov 27]. Ottawa: The Royal College of Physicians and Surgeons Canada. Available from: https://med.uottawa.ca/pathology/sites/med.uottawa.ca.pathology/files/work-based-assessment-cbd_part_2.pdf

EPA, entrustable professional activity; WBA, workplace-based assessment.

How did FM in SA develop EPAs?



Hennus, M. P., Jarrett, J. B., Taylor, D. R., & ten Cate, O. (2023). Twelve tips to develop entrustable professional activities. *Medical Teacher*, *45*(7), 701–707. https://doi.org/10.1080/0142159X.2023.2197137

EPAs for FM in SA

Nr	EPA Title
1	Managing women and newborns in the peri-partum period
2	Managing pregnant women
3	Managing women and babies in the postnatal period
4	Managing children with undifferentiated and more specific problems
5	Managing children requiring inpatient care and procedures
6	Providing anaesthesia in the district hospital operating theatre
7	Providing anaesthesia for minor procedures
8	Managing adult and adolescent patients with chronic conditions
9	Managing adult and adolescent patients with undifferentiated problems
10	Managing patients with infectious diseases
11	Managing adults with conditions that may require surgery or procedures
12	Managing patients with mental health disorders
13	Managing patients with emergency conditions
14	Managing patients with forensic problems
15	Managing adults and children with palliative care needs
16	Managing care for older patients
17	Managing patients with impairments & rehabilitation needs
18	Supporting community-based health services
19	Supporting and providing health promotion and disease prevention services
20	Providing training and continuous professional development
21	Leading a clinical team
22	Leading clinical governance activities

‘Behind the scenes’

- EQual Rubric ~ determined quality of 22 EPAs (14 criteria)
- Standardised framework for EPA descriptions - (Nat Fam Meds Working Group June 2023 adapted AMEE 140 Guide)
- Preamble to EPAs - Transversal issues, e.g. Attitudes (A-RICH)
- Portfolio of learning revised to incorporate EPAs.
- Local and national Clinical Competency Committees started meeting
- EPAs being implemented in all programs
- Curriculum revise ~ required Knowledge / Skills / Attitude(Behaviours) / Experience
- Faculty development - monthly webinars unpacking EPAs in practice (2024)
- Face to face workshop (2 days) ~ 2 people/campus ~ Master trainers’, in 2024.

- Taylor DR, Park YS, Egan R, et al. EQual, a novel rubric to evaluate entrustable professional activities for quality and structure. Acad Med. 2017;92(11 Suppl):S110–S117
- Ten Cate O, Chen HC. The ingredients of a rich entrustment decision. Med Teach. 2020 Dec;42(12):1413-1420. doi: 10.1080/0142159X.2020.1817348. Epub 2020 Oct 5. PMID: 33016803.

Practice expectancies re-defined

Competencies as learning outcomes:

>200

Educationally defined

Entrustable professional activities (EPA):

22

Tasks needed in the workplace

Elaborating an EPA – the 8 components

1	Title of the EPA
2	Specification and limitations
3	Potential risks in case of failure
4	Most relevant domains of competence
5	Required knowledge, skills, attitude and experiences
6	Information sources to assess progress and ground a summative entrustment decision
7	Entrustment for which level of supervision at which stage of training?
8	Expiration date

Ten Cate O, Taylor DR. The recommended description of an entrustable professional activity: AMEE Guide No. 140. Med Teach. 2021 Oct;43(10):1106-1114. doi: 10.1080/0142159X.2020.1838465.

Early beginnings…

Start with few EPAs

Suggest few and simple tools

Registrar must be intentional in choosing EPAs in Learning Plans

Select learning events acc to EPAs

Supervisor feedback focus on selected EPAs

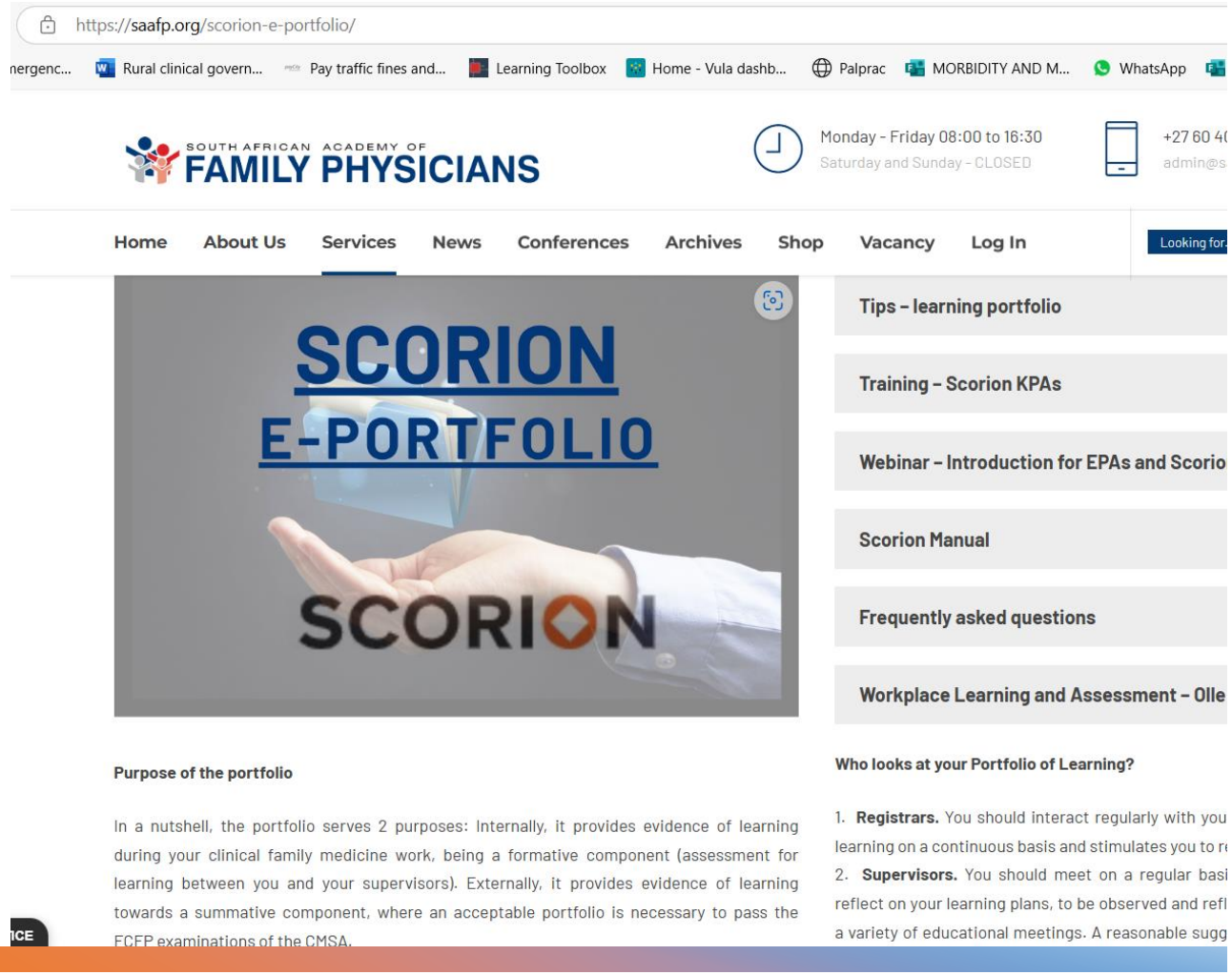
Some EPAs are transversal

Framework of EPAs

1. Assemble a core team
2. Build up expertise
3. Establish a clear vision of the purpose of EPAs
4. Draft preliminary EPAs
5. Elaborate EPAs
6. Adopt a framework of supervision
7. Perform a structured quality check
8. Refinement and/or consensus
9. Pilot test EPAs
10. Attune EPAs to their feasibility in assessment
11. Map EPAs to existing curriculum
12. Build a revision plan

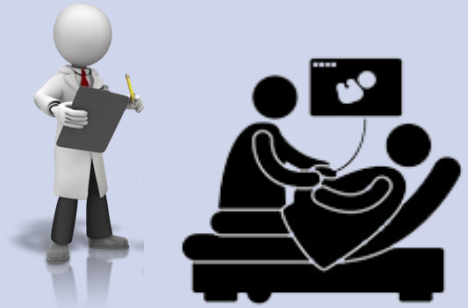
Marije P. Hennus, Jennie B. Jarrett, David R. Taylor & Olle ten Cate (2023): Twelve tips to develop entrustable professional activities, Medical Teacher, DOI: 10.1080/0142159X.2023.2197137

Useful resources

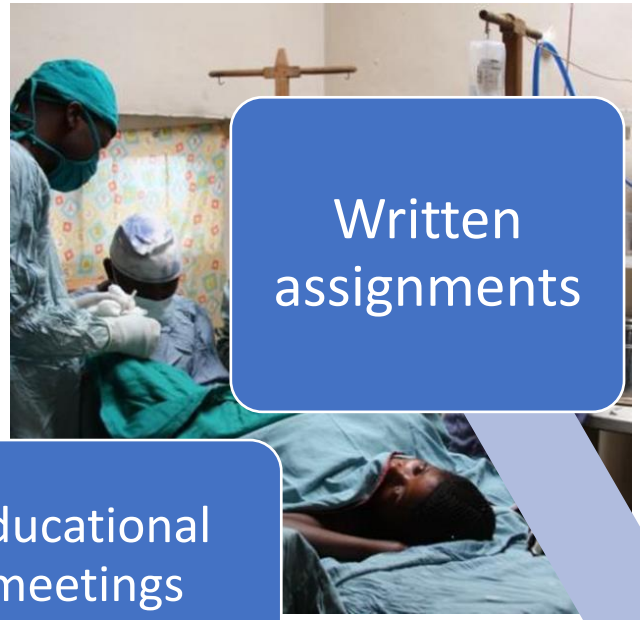


1. Fellowship of the College of Family Physicians of South Africa: FCFP(SA) - Colleges of Medicine of South Africa
2. Scorion – South African Academy of Family Physicians (SAAFP)
3. Home | Learn@CMSA
4. Four Webinars on EPAs coming up soon (CMSA)
5. Free book on WPBA (Ten Cate 2024): Entrustable Professional Activities and Entrustment Decision-Making in Health Professions Education on JSTOR

How do we (RSA) assess EPAs using CCCs? Four information sources

1. Direct, brief observations	2. Longitudinal observations	3. Case-based discussions	4. Product evaluation
			

Courtesy of Prof Olle ten Cate



Written assignments

Logbooks of skills

Multi-source feedback

(10-20 people, A-RICH)

Educational meetings

(Entrustment based discussions)

Periodic assessment / reflections/ learning plan

Observations

(mini-CEX, DOPS, C-section, Anaesthetics, Teaching)

EPAs

Certificates, Diplomas, other

Aggregation
Saturation
Triangulation

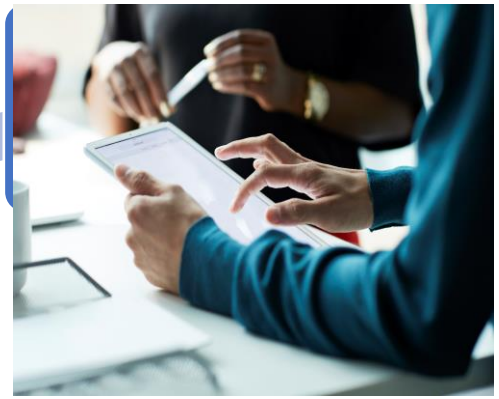
Data Points

EPA	1	2	3	4	5	(interim)	(final)
1. Managing women and newborns in the peri-partum period	0	0	0	1	0		
2. Managing pregnant women	0	0	1	1	0		
3. Managing women and babies in the postnatal period	0	0	0	1	1		
4. Managing children with undifferentiated and more specific problems	0	0	0	3	0		
5. Managing children requiring inpatient care and procedures	0	0	0	2	1		
6. Providing anaesthesia in the district hospital operating theatre	0	0	0	1	0		
7. Providing anaesthesia for minor procedures	0	0	0	1	0		
8. Managing adult and adolescent patients with chronic conditions	0	0	0	2	1		
9. Managing adult and adolescent patients with undifferentiated problems	0	0	0	1	1		
10. Managing patients with infectious diseases	0	0	0	1	2		
11. Managing adults with conditions that may require surgery or procedures	0	0	1	2	2		
12. Managing patients with mental health disorders	0	0	0	2	0		
13. Managing patients with emergency conditions	0	0	0	0	2		
14. Managing patients with forensic problems	0	0	0	0	2		
15. Managing adults and children with palliative care needs	0	0	0	2	0		
16. Managing care for older patients	0	0	0	0	2		
17. Managing patients with impairments & rehabilitation needs	0	0	0	2	0		
18. Supporting community-based health services	0	1	0	0	0		
19. Supporting and providing health promotion and disease prevention services	0	0	1	0	0		
20. Providing training and continuous professional development	0	0	0	3	0		
21. Leading a clinical team	0	0	1	0	0		
22. Leading clinical governance activities	0	0	1	1	0		

Reflections

MSF

Entrustment Decision



Periodic Assessments

Observations and narrative feedback

Schedule at least 1 observation / week

Faculty development…individuals > tools

Feedback (done well, better?)

Action planning

Multiple times, contexts

Embed within usual patient care

Hauer, Holmboe, Kogan. Twelve tips for implementing tools for direct observation of med trainees' clinical skills. Med Teacher 2011;33:27-33

Kogan. Perspect Med Educ (2017) 6:286–305 (Do's and Don'ts of Direct Observations)

Educational meetings / Learning conversations

Encourage registrars to record and reflect on learning conversations and reflect on feedback, revise their approaches and align to EPA specs

Tools:

- Case-based Discussions
- Chart stimulated recall sessions
- Clinical Question analysis
- Significant Event Analysis (could also be a Morbidity and Mortality [M&M] discussion)

From case-based to entrustment-based discussions

Olle ten Cate[1] and Reinier G Hoff[2]

[1]Centre for Research and Development of Education, University M d
the Netherlands
[2]Department of Anaesthesiology, University Medical Centre Utre t

Specific CBD: Entrustment-Based Discussion

- To evaluate risks before summative entrustment
- 10-15 min oral discussion, after a (critical) activity

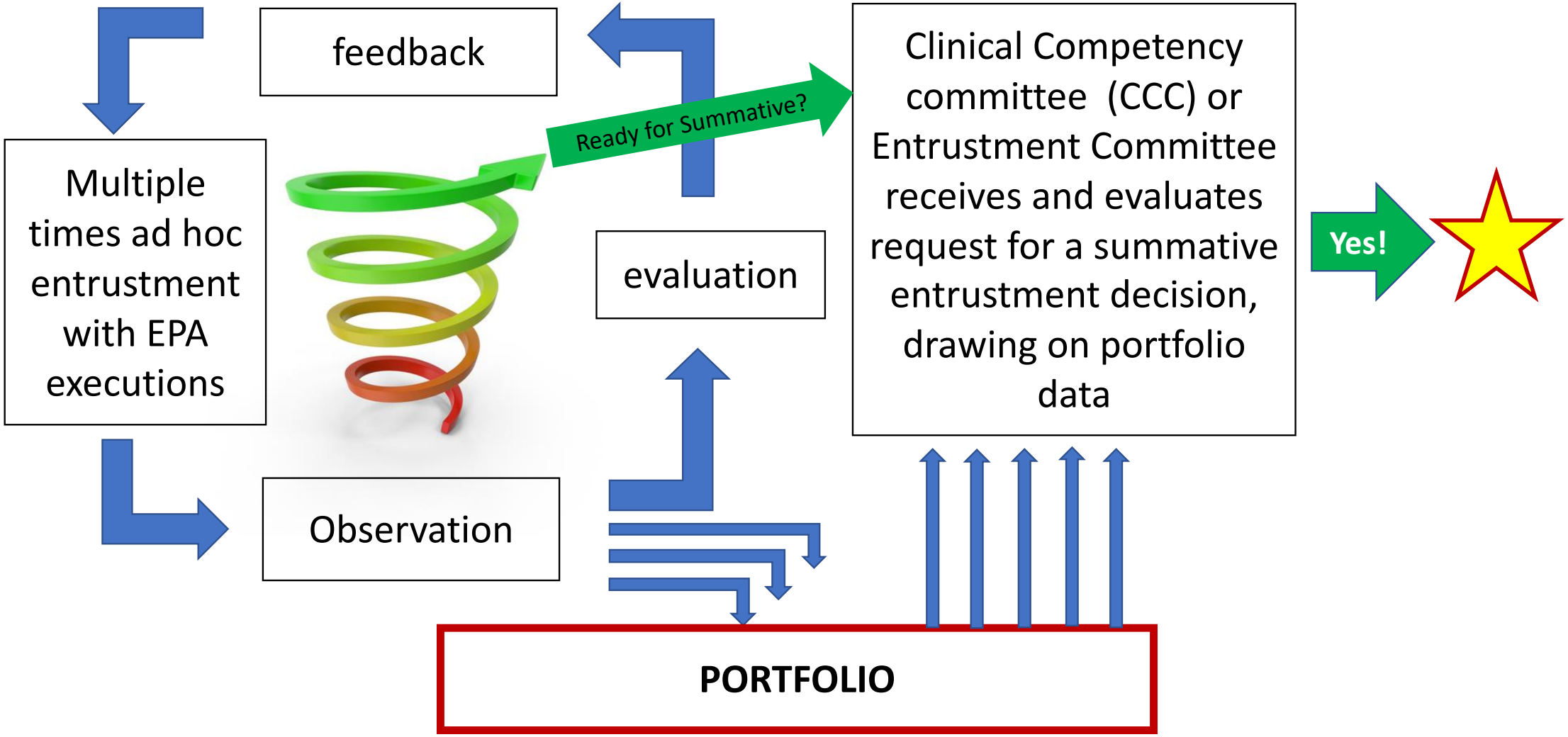
Questions

1. ***What have you done****? (1')*
2. ***Probe for background knowledge and understanding*** *(2')* (anatomy, physiology, tests, treatment)
3. ***Awareness of risks and potential complications*** *(3')*
4. ***What would you have done if.. ?*** *(4')* .. things had been different (unexpected patient, culture, medical history, lab or other findings, (lack of) cooperation, mental, physical abnormality, multimorbidity, etc)?

Levels of entrustability

1. Observe only
2. Perform with supervision in same room
3. Perform with supervision in same building
4. Perform independently (supervisor off-site)
5. Supervise others

The flow of workplace-based assessment data



Clinical Competence committee

- Panel of assessors
- High-stakes summative assessment-of-learning in portfolio
- Diversity of evidence
- Quality of reflections
- Number of assessors
- Amount+quality of narrative feedback
- Collateral Information from CCC Member
- Local and national CCC – meet 2x/year

Conclusion

- Change management and logistical issues
  - Very new
  - +++ clinical and academic workload
- Understanding theory and practice of EPAs relevant to family medicine
  - From writing EPAs for specific clinical skills → less granular EPAs (Max 20-30 EPAs)
  - Write EPAs from the workplace perspective.
  - Explicit about context ~ PHC, district health and hospitals.
  - Intentional about datapoints (saturation), different sources (triangulation), link to EPAs (aggregation)
- Unmasking workplace learning and assessment challenges
  - Educational value (reflections). Not just compliance. observations > assessments.
  - Supervision observation with feedback is NB (detailed narratives that is useful)
  - Faculty training (in-house, Training the clinical trainer, national workshops) - accredit competency
  - Other supervisors – innovative, pragmatic
  - Be intentional in learning plan and subsequent allocation regarding chosen EPAs.
  - Number and weighting of data points needed to sign off on an EPA? To recommend progression to next year.
  - Cost-effective digital technology

1. Jenkins LS, Mash R, Motsohi T, et al. Developing entrustable professional activities for family medicine training in South Africa. S Afr Fam Pract. 2023;65(1), a5690. https://doi.org/10.4102/safp.v65i1.5690
2. Mash R, Jenkins L, Naidoo M. Development of entrustable professional activities for family medicine in South Africa. Afr J Prm Health Care Fam Med. 2024;16(1), a4483. https://doi.org/10.4102/ phcfm.v16i1.4483

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