

Missed Opportunity: The Absence of Entrustable Professional Activities (EPAs) in Spanish Post-Graduate Training Programmes revision

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Dear Editor,

The recent publication of updated postgraduate medical training programs in Spain over the past few months represents an important step toward modernizing the training of future specialists. However, this revision process has missed a critical opportunity: the incorporation of Entrustable Professional Activities (EPAs) as a central element in competency-based training. EPAs have gained significant international recognition as a transformative tool that enhances both the assessment and development of residents' competencies. Their absence from the newly approved Spanish training curricula represents a missed opportunity to align our system with best practices in postgraduate medical education.

Entrustable Professional Activities (EPAs) are defined as units of professional work that residents should be capable of performing independently upon completing their training. Unlike fragmented competency-based evaluations, EPAs integrate multiple competencies into observable clinical tasks that reflect the realities of professional practice. This approach facilitates progressive autonomy, aligns assessment with workplace performance, and strengthens patient safety by ensuring that residents are entrusted with tasks only when they demonstrate sufficient readiness.

Internationally, EPAs have been successfully implemented in postgraduate training across various medical specialties. The European Union of Medical Specialists (UEMS) has endorsed their use in the European Training Requirements (ETRs) for specialties such as Physical and Rehabilitation Medicine. Educational bodies such as the Association for Medical Education in Europe (AMEE) emphasize EPAs as a practical solution for improving competency assessment. Countries like Canada and the Netherlands have adopted EPAs to structure postgraduate curricula around real clinical tasks, facilitating more coherent resident development and reducing the administrative burden on tutors.

The recent revision of Spain's training programs has reinforced a competency-based approach but retains a fragmented structure. For instance, the updated

training curricula for specialties such as Psychiatry, Child and Adolescent Psychiatry, and Medical Oncology list over a hundred competencies, each tied to specific evaluation methods. While this structure aims to ensure comprehensive training, it poses well-documented challenges. Tutors frequently struggle to assess each competency individually due to service pressures and time constraints, while residents often perceive evaluations as formalistic and disconnected from their clinical practice.

The integration of EPAs could address these issues. EPAs simplify evaluation by focusing on holistic clinical activities. Instead of assessing isolated skills, tutors evaluate residents based on their ability to complete professional tasks safely and independently. This system promotes ongoing observation, feedback, and a progressive transition to autonomy. Furthermore, EPAs foster a collaborative relationship between tutors and residents, centering supervision around real clinical responsibilities rather than administrative checklists.

Beyond its pedagogical advantages, the implementation of EPAs could strengthen patient safety. The progressive entrustment model ensures that residents are granted responsibility only when their performance inspires sufficient trust. This minimizes the risk of errors and reinforces the primacy of clinical competence over formal compliance.

Despite these benefits, the omission of EPAs from Spain's revised training programs reflects a broader challenge: resistance to innovation in medical education. Concerns about increased workload and unfamiliarity with the EPA framework may have contributed to this oversight. However, evidence from other countries suggests that while EPAs require an initial adaptation period, they ultimately streamline evaluation processes and enhance the educational experience for both tutors and residents.

As Spain continues to reform its postgraduate medical training system, it is crucial not to overlook the growing international consensus on EPAs. Incorporating EPAs into future updates of training programs could modernize our approach to competency-based education, ensuring that resident evaluation aligns more closely with clinical reality. This adjustment would better prepare our specialists for independent practice while safeguarding patient care.

Sincerely,

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