

# dear residents

Time Variable Training

November 17, 2024

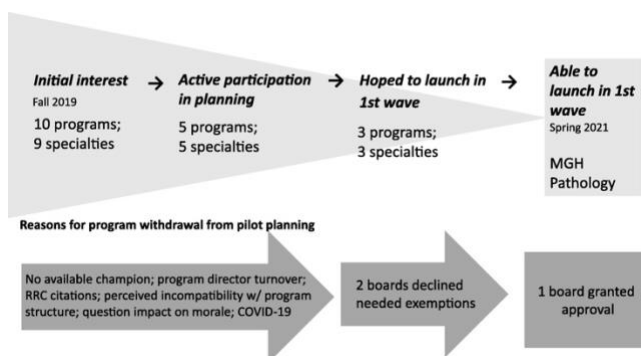
Dear Residents,

## Greetings from Washington, DC!

I'm attending the Annual Scientific Meeting of the American College of Rheumatology, returning to this vibrant city for the first time since the 2016 election year—an interesting parallel as we approach 2024. This year, I had the opportunity to participate in a spirited debate on a pressing topic: Should rheumatology fellowship training be *time-variable*—based on competency—or remain *time-fixed* as it is now? I was asked to argue for time-fixed training, challenging me to take a position that counters the growing idea that time required to attain competency varies among trainees, potentially allowing early graduation or conversely, extending training based on individual progress.

## The Case for Competency-Based Time-Variable Training (CBTVT)

Proponents of CBTVT argue that trainees deemed “ready” should transition to independent practice without unnecessary delays. [Pilot programs](#) in some residencies are already testing this model, allowing “competent” residents to function autonomously—managing patients without attending oversight. I've often observed how capable many of you are, fully prepared to lead teams and independently craft thorough assessments and plans in the outpatient setting.



## Promotion in Place: A Model for Competency-Based,... : Academic Medicine

Readiness for unsupervised care have been noted across specialties. Logistical barriers and regulatory requirements constrain movement toward competency-based, time-variable (CBTV) graduate medical education (GME), despite its theoretical benefits. Approach The authors describe a vision for CBTV-GME and an implementation model that can be applied across specialties. Termed “Promotion in Place” (PIP), the model relies on enhanced assessment, clear criteria for advancement,

and flexibility to adjust individuals' responsibilities and time in training based on demonstrated competence. PIP allows a resident's graduation to be advanced or delayed accordingly. Residents deemed competent for early graduation can transition to attending physician status within their training institution and benefit from a period of "sheltered independence" until the standard graduation date. Residents who need extended time to achieve competency have graduation delayed to incorporate additional targeted education.

Outcomes

*journals.lww.com*

## **The Counterargument**

In advocating for time-fixed training, I highlighted significant regulatory and logistical challenges. Academic calendars, ERAS and NRMP timelines, and the structure of medical education make variable entry and exit points daunting. Imagine the disruption if a third of residents graduated early—how might that affect those still in training?

Additionally, I questioned the binary nature of competency—can it always be clearly defined as "competent" or "not yet competent"? Research on competency-based medical education (CBME) has yielded mixed results, suggesting the need for more robust tools to measure competency reliably. I also explored the value of "dwell time"—the period after competency is achieved but during which further contextual learning and professional growth occur.

## **Key Takeaways**

This experience reinforced the need to refine and study CBME constructs and measurement tools. It also gave me an opportunity to reflect on the privilege of working in such an exceptional residency training program. At UT Southwestern, I am confident that you graduate not only as highly competent physicians but also with outstanding professional development.

Several fellowship program directors I met today echoed this sentiment, commending the preparedness and excellence of UT Southwestern residents. Your reputation precedes you, and it's a testament to the hard work and dedication you bring to your training.

With warm regards,  
Dino Kazi