Competency-based Education (CBE) and CanMEDS roles have taken the world of medical education by storm. The notion that clinical education should be based on attainment of competency, in a limited number of broad domains, rather than simply “doing time” in various rotations has universal appeal. However, on closer inspection, CBE has serious problems of implementation.

These include:

1) The proliferation of sub-objectives

2) The inadequacy of a model of learning based on smooth progression to achievement of a level of independent practice

3) The measurement problems inherent in trying to identify a time to achievement of competency (the Entrustable Professional Activity or EPA)

4) Psychometric issues in attempts to measure competencies

All of these problems suggest that any attempt to implement the model in toto is beyond the realm of practicality. Suggestions are made to achieve a more modest and practical implementation.