

## Postgraduate Medical Education

### Competence Committee: TERMS OF REFERENCE

#### Suggested Guidelines

##### Preamble:

Competence Committees are critical components of Competency Based Medical Education that allow for robust and transparent resident performance review. Their goal is to ensure all residents achieve the requirements of the discipline through synthesis and review of qualitative and quantitative assessment data at each stage of training, and to provide recommendations on future learning activities. This document provides the Postgraduate Dean, Program Director, Clinical Faculty, Competence Committee member, Program Administrator as well as the resident with information on the structure and function of Competence Committees.

Each program will have to adapt these guidelines and develop their own Terms of Reference to fit their local environment and needs. The concept of the competence committee is new and will evolve as we learn more. Attached for reference are the terms of reference for Anesthesia and Otolaryngology-HNS, the two programs who have launched Competency by Design July 1, 2017.

##### Role:

A Competence Committee reviews and makes recommendations to the Program Director and Residency Program Committee related to the progress of residents enrolled in a competency-based residency program, in achieving the national standards established by the discipline.

The Residency Program Committee ratifies resident status recommendations of the Competence Committee. The Residency Program Committee or its sub-committee also sets individual learning plans.

##### Responsibilities:

The Competence Committee will be responsible for:

- Ensuring that graduates will have demonstrated competence to provide high quality, safe care to patients and maintain standards of the healthcare system.
- Maintaining a shared mental model of what a resident's performance looks like and what is acceptable for competence.
- Monitoring the progress of each resident in demonstrating achievement of the EPAs or independent milestones within each stage of a competency-based residency training program.
- Synthesizing the results from multiple assessments and observations to make recommendations related to:
  - The promotion of residents to the next stage of training.
  - The determination that a resident is failing to progress within the program.
  - The review and approval of individual learning plans developed to address areas for improvement;
  - The monitoring the outcome of any learning or improvement plan established for an individual resident. Determining readiness to challenge the Royal College examinations
  - The determination of readiness to enter independent practice on completion of the transition to practice stage;

- Maintaining confidentiality and promoting trust. For details regarding access to resident assessments, refer to the policy on Assessment of Learners in Postgraduate Programs

Advisory to the Residency Program Committee with respect to recommendations regarding system issues identified as a possible reason for residents not progressing as expected.

### Composition:

The Competence Committee will be composed of individuals with interest and experience in assessment and medical education relevant to the discipline. The Competence Committee members must be able to interpret multiple sources of qualitative and quantitative observation data to achieve consensus, where possible, in order to make judgments on outcomes.

The size of the Committee should reflect the number of residents in the program with a minimum size of three members for smaller programs. The literature suggests that a group size of five to seven is probably ideal, and no more than eight to 10 is recommended for optimal committee functioning.

Members of the Committee are normally from either the Residency Program Committee or clinical supervisors associated with the program.

The use of an Academic Advisor/Coach to mentor residents in their learning and development is a good idea, but not required. For programs that use this approach these individuals may attend the Competence Committee meeting to summarize resident progress, but are not members of the committee.

Smaller specialty programs may consider a combined competence committee, with membership reflective of the programs.

The Program director and the Residency Program Committee, in conjunction with the chair will be responsible for selecting the competence committee membership.

Conflict of interest should be taken into account for all business of the committee.

### Suggested Membership:

1. **Competence Committee Chairperson:** The Competence Committee will ordinarily be chaired by a member of the clinical teaching faculty affiliated with a residency program who has expertise in assessment and knowledge of postgraduate medical education. Ideally the Competence Committee will not be chaired by the Program Director, although in small programs this may not be possible.
2. **Program Director and Assistant Program Director**, if applicable: The Program Director should serve as a Committee member.
3. **Faculty Member Representative(s).**
4. **Resident Representative(s)** - Resident representation is encouraged but not required; some residents may not feel comfortable reviewing their peers. This can be a resident from the Residency Program Committee.
5. **Non-Program representative(s)** - a member that is 'external' to the teaching faculty and has some knowledge of the assessment process in postgraduate medical education can be helpful. This individual may be a program director from another residency program at the University or a faculty member from within the Department or within the Faculty. It also could be another healthcare professional or a public member.

6. **Chair of Remediation / Academic Support Committee** – if applicable, the individual in this role may be a useful member.
7. **Program Administrator (non-voting).**

**Reporting:**

The Competence Committee will make recommendations to the Program Director and the Residency Program Committee.

**Terms of Office:**

Members should be appointed by the Program Director to serve a defined term with an appropriate process for renewals.

**Meetings:**

The Competence Committee will meet at least four times per year, though more frequent meetings may be required particularly for larger programs and to support the transition between stages. Meeting can also be called on an ad hoc basis by the Chair. Meetings may be either virtual, face to face or some combination of the two.

At minimum, quorum should be set at a simple majority; however, programs may wish to establish a higher quorum for meetings during which stage promotion decisions are being made.

RCPSC: Competence Committees: Guidelines for the Terms of Reference, General Considerations:  
<http://www.royalcollege.ca/rcsite/cbd/cbd-tools-resources-e?N=10000023+10000026+4294967268>

October 24, 2017

Approved Assessment Subcommittee – October 24/17  
Approved Executive Subcommittee – October 24/17  
Approved PGEC – October 25/17



## **SAMPLES: COMPETENCE COMMITTEE: TERMS OF REFERENCE**

### **1. Department of Anesthesia Competency Committee: Terms of Reference**

#### Purpose:

The Competence Committee (CC) reviews and makes decisions related to the progress of residents enrolled in the Competency by Design residency program in anesthesiology.

#### Type of Committee:

The CC is a subcommittee of the Residency Training Committee (RTC).

#### Membership:

The CC consists of the following:

1. Anesthesia Residency Program Director
2. 5-8 members from the Anesthesia Clinical Faculty
3. An 'external' member, who is preferably faculty or a Program Director from another residency program within the university.

The Chairperson will be an individual from the clinical faculty, other than the Program Director. All members of the CC will be eligible to vote. Academic Advisors to residents can also be members of the CC. It is discouraged for CTU directors to be members of the CC. All members of the CC, including the appointment of the Chairperson, will be selected by the RTC following a transparent city-wide recruitment process.

#### Function:

The CC will be responsible for the following:

Monitoring the progress of each resident in demonstrating achievement of the EPAs or independent milestones within each stage of a competency-based residency training program.  
Synthesizing the results from multiple assessments and observations to make decisions related to:

- The promotion of residents to the next stage of training
- Recommend initiation of an individual learning plan
- Determining that a trainee is failing to progress within the program.
- Monitoring the outcome of any individualized learning plan or remediation plan established for a resident.
- Determining readiness to challenge the Royal College examinations
- Determining readiness to enter independent practice on completion of the transition to practice stage

#### Responsibilities:

1. Chairperson
  1. Call and chair meetings
  2. Ensure that quorum will be met for each meeting. Reschedule if necessary.
  3. Responsibility for determining/coordinating which residents are to be discussed at each meeting.

4. Be the corresponding member to the RTC
  5. Prepare reports for the Program Director and the RTC
  6. Prepare report for resident discussed
  7. Write minutes of each meeting
  8. Recruitment, orientation and training of academic advisors
2. Standing Members
- a. Review resident files routinely and as necessary for individual residents
  - b. Participate in meetings to advise the Committee Chair on assessment and promotion of residents
  - c. Assists with generating advisory documents to Program Director and RTC when necessary

Review of Resident Files:

Trainees may be selected for review based on:

1. A regularly timed review (minimum twice per year and at transition between stages)
2. A concern has been flagged
3. Completion of stage requirements and eligible for promotion or completion of training
4. Readiness for the Royal College exam
5. A significant delay or acceleration in the trainee's progress or academic performance

In reviewing resident files, the following areas of information will be accessed to inform the CC on progress:

- a. E-Portfolio assessments
- b. Daily evaluation forms
- c. ITERs (In Training Evaluation Reports)
- d. Anesthesia Knowledge Tests (AKT) and American Board Examinations in Anesthesia (ABA) scores, where appropriate.
- e. Simulation Evaluations (CanNASC)
- f. Research Project
- g. "In House" Exams scores
- h. Program Oral scores
- i. Logbook
- j. 360<sup>o</sup> evaluations
- k. Additional submissions (e.g. third party reports) and other relevant documents pertinent to resident education and performance

The following grades of assessment will be used for residents following CC deliberations:

1. Failure to Progress
2. Not progressing as expected
3. Progress as expected
4. Progress is accelerated
5. Inactive

Process of Review:

Each resident will have an academic advisor, appointed by the RTC, whose responsibility to the CC will be to summarize the resident file and present it to the CC as the primary reviewer. A secondary reviewer, who is a standing member of the CC, will be nominated by the Chair of the CC. It will be the responsibility of the secondary reviewer to also examine the resident file and present any differing opinions to the CC. It is not expected that all members of the CC review all the resident's files prior to deliberations. The

process to be followed at the CC deliberations will be presentations by the primary and secondary reviewer, followed by a moderated discussion by the Chair. All decisions will be reached by consensus, but in the event of that not being achieved, a vote with 55% majority will prevail.

The decision reached by the CC must be based only on the evidence and documentation provided within the trainee's eportfolio at the time of the meeting. Committee member personal experience can only be considered valid with relevant documentation.

All committee discussions are strictly confidential and are only shared on a professional need-to-know basis .

Reporting:

The CC will report outcomes, decisions, and recommendations to the Program Director and Residency Training Committee. Only once the RTC endorses or amends the report, will the status of the resident be finalized. Communication of the outcome of the finalized report with the resident will be the responsibility of the Program Director.

Meetings:

Meetings are held at least 4 times a year, to facilitate discussion of each resident at a minimum of twice per year, and at transition between stages. Ad hoc meetings can be called by the Chair. A quorum of 50 % of the CC will be required to make decisions.

Term of Office:

CC members will be requested to participate for a 3-year term, that may be renewable once. It will be preferable to stagger the introduction of new members to facilitate continuity of the workings of the CC.

June 9th, 2017



## **2. Otolaryngology- HNS- Competence Committee Sample Terms of Reference: Draft**

### **Overview of the Competence Committee:**

As per the Royal College of Physicians and Surgeons of Canada, a competence committee (CC) is a critical component of Competency-Based Medical Education that allows for robust and transparent resident performance review. The goal of this committee is to ensure that all learners achieve their requirements of the discipline through synthesis and review of qualitative and quantitative assessment data at each stage of training, and to provide recommendation on future learning activities and promotion to the residency program committee (RPC) of the discipline.

### **Purpose of the Competence Committee:**

To review and make recommendations related to the progress of residents enrolled in a Competency-Based Residency Program in achieving the national standards established by the Royal College discipline for a given training program.

### **Membership:**

- Membership should consist of a minimum of three clinical teaching faculty; however, additional members may be added at the program's discretion and should reflect the number of residents in the program
- A Chair is to be appointed by the CC
  - Must be a member of the clinical teaching faculty
  - Cannot be the Program Director
- It is recommended that the Program Director serve as a general member
- It is recommended that at least one member be external to the program but still relatively familiar with the processes involved in training and promotion (e.g., a faculty member/program director from another program or an education scientist)
- Residents may be appointed as members at the program's discretion; however, programs should be aware of potential issues around confidentiality and establish appropriate conflict of interest guidelines
- The use of an Academic Advisor to mentor residents in their learning and development is recommended but not required; while Academic Advisors may present information to the committee, they are not formally members of the CC
- The recommended membership term for CC members is two years with the option to renew indefinitely; the Chair is to be reappointed annually
- Members should be appointed through the RPC
- At minimum, quorum should be set at a simple majority; however, programs may wish to establish a higher quorum for meetings during which stage promotion decisions are being made
- Stand-ins are not permitted when stage promotion decisions are being made
- The Chair may wish to appoint an administrative staff person as a nonvoting member to help with documentation and reporting such as the Residency Program Administrator

- CC members and Academic Advisors should be eligible to receive merit points for their service

**Meetings:**

- As per Royal College guidelines, it is recommended that the CC meet a minimum of four times per year, with additional meetings as needed
- Each resident should be reviewed at least twice per year
- Meeting dates should be aligned with the various stages of training and ideally, RPC meetings since the CC will report to the RPC
- It is recommended that meetings be held in person; however, research is currently underway to examine the feasibility and efficacy of virtual meetings
- Agenda and minutes from each meeting should be kept on a secure server to which members should be granted full access

