

## TERMS OF REFERENCE

# Competence Committee Guidelines: Terms of Reference

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## General Considerations

As part of Competence by Design, specialist education is broken down into a series of integrated stages. Promotion or advancement from one stage to the next is determined outside of the individual teacher-learner interaction at a group decision-making process of the Competence Committee. In this way, a Competence Committee is a critical component of Competence by Design (CBD) because it supports the regular, systematic and transparent review of a resident's progress towards competence. The Competence Committee's goal is to ensure that all learners achieve the requirements of the discipline. The Committee achieves this goal through the synthesis and review of qualitative and quantitative assessment data at each stage of training to determine and guide the resident's progress.

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 within CBD.

Note: this document is *not intended as a prescriptive template*. Alternate approaches have merit when planned and implemented thoughtfully. Programs can adapt this material to their unique contexts provided they promote the principles of CBD, as outlined in this document.

## Role

A competence committee allows for an informed group decision-making process where patterns of performance can be collated to reveal a broad picture of a resident's progression toward competence. A Competence Committee mandate is to review and discuss learner portfolios in order to:

- advise/guide resident learning and growth;
- modify a resident's learning plan;
- make decisions on a learner's achievement of EPAs;
- recommend learner status changes to the Residency Program Committee;
- ensure there is a report back mechanism so that the resident is aware of their status following a review.



## Responsibility and Authority

The Competence Committee reports to the Residency Program Committee via the Program Director or delegate and will be responsible for<sup>1</sup>:

- Monitoring and making decisions on 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 to the RPC related to:
  - The promotion of residents to the next stage of training;
  - The review and approval of individual learning plans developed to address areas for improvement;
  - Determining readiness to challenge the Royal College examinations;
  - Determining readiness to enter independent practice on completion of the transition to practice stage;
  - Determining that a trainee is failing to progress within the program;
  - Monitoring the outcome of any learning or improvement plan established for an individual resident.
- Maintaining confidentiality and promoting trust by sharing information only with individuals directly involved in the development or implementation of learning or improvement plans.

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<sup>1</sup>A residency program committee may delegate authority for promotion decisions to its competence committee, however the residency program committee must be aware of the competence committee's decisions and remains accountable for them.

## Composition

The Competence Committee will ordinarily be chaired by a member of the clinical teaching faculty affiliated with a Royal College accredited residency program. Typically the Competence Committee will not be chaired by the Program Director. However, the Program Director should serve as a Committee member. The size of the Committee should reflect the number of residents in the program with a minimum size of three members for smaller programs. Members of the Committee are normally from either the Residency Training/Program Committee or clinical supervisors associated with the program.

Note: programs have the discretion to include additional members<sup>2</sup>. Optional members might include an individual(s) who is 'external' to the teaching faculty. This might be faculty or a program director from other residency programs at the university or from the same discipline at another university, other healthcare professionals, or a public member.

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<sup>2</sup>The use of a Faculty Advisor to mentor residents in their learning and development is an option, but not required. A Faculty Advisor is a faculty member specifically appointed to individual resident(s) to review the residents' academic progress during residency.



## Key Competencies and Characteristics

The Competence Committee will be composed of individuals with interest, experience and expertise 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.

## Reporting

The Competence Committee will report outcomes of discussions and make recommendations to the Residency Program Committee for ratification.

## Term of Office

The selection of members of the Competence Committee will be based on established University policies. Ordinarily, members should be appointed by the Program Director to serve a defined term with an appropriate process for renewals.

## Meetings

The frequency of Competence Committee meetings must be sufficient for the committee to fulfill its mandate (at least twice a year) , though more frequent meetings may be required in many programs particularly for larger programs and to support the transition between stages. This may be reflected in the Terms of Reference of the Committee or be called on an ad hoc basis by the Chair. Meetings may be either virtual, face to face or some combination of the two.

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