

Competence Committees – Process and Procedures in Decision Making: A framework

Draft Version: September 2016

Note: this document is *not intended as a prescriptive template*. Instead, it outlines a set of guiding principles, processes and procedures that can be used as a resource.

This document is intended to support residency programs transitioning to Competency Based Medical Education by providing a *framework* to Program Directors and Competence Committee Chairs. Alternate approaches have merit when planned and implemented thoughtfully. The Royal College's goal is for programs to use this material in their unique contexts to promote the principles of Competence by Design, as outlined.

Principles

The roles, responsibilities and activities of a Competence Committee are guided by the following principles.

1. Committee work will be guided by the national competency framework (including specialty-specific milestones and EPAs by stage) established by the specialty committee as well as the relevant university and Royal College assessment policies.
2. The committee's purpose is to determine if residents have met the appropriate standard, or are on an appropriate trajectory, to move between stages on the competence continuum and to determine when residents are ready for the Royal College examinations, as well as Certification upon completion of their transition to practice phase.
3. The Committee is expected to exercise judgment in making progress decisions: i.e. they will use Specialty defined EPAs and the expected number of observations as a guideline but are not bound to a specific numbers of assessments. The key is that the committee must feel it has adequate information on the EPAs to make holistic judgments on the progress of the resident.
4. In addition to utilizing milestones and EPAs, Committee decisions will be based on a group of assessment tools and relevant evidence as uploaded in the ePortfolio.
5. All committee discussions are strictly confidential and only shared on a professional need-to-know basis. This principle is equivalent to patient confidentiality in clinical medicine.
6. Committee decisions must be based on the evidence available in the trainee's ePortfolio at the time of the committee meeting. Individual committee member experience can only be introduced with appropriate documentation within the ePortfolio.

7. Individual trainees, or their Academic Advisors¹ (for programs that implement this approach), may be invited to discuss their progress with the members of the Competence Committee.
8. All committee decisions must be timely in order to ensure fairness and appropriate sequencing of training experiences.
9. All committee decisions are to be made in a spirit of supporting each trainee in achieving their own individual progression of competence.
10. Competence Committees have a responsibility to make decisions in the spirit of protecting patients from harm, including weighing a trainees' progress in terms of what they can safely be entrusted to perform with indirect supervision. Some Committee discussions must be shared to provide focused support and guidance for residents. This principle is equivalent to patient handover in clinical medicine.
11. Competence Committees, on an exceptional basis, have the option to identify trainees who are eligible for an accelerated learning pathway.
12. Competence Committees, on an exceptional basis and after due process, have the responsibility to identify trainees who have met the predefined category of *failure to progress*, and who should be requested to leave the program (see relevant Faculty of Medicine and Royal College policies).
13. Decisions on the achievement of EPAs and individual milestones as well as readiness to progress between stages must be documented.

Competence Committee Process and Procedures

1. **Agenda Development:** Trainees are selected for a planned Competence Committee meeting by the Chair of the Committee, the Program Director or their delegate. This must occur in advance of the Committee meeting and provide reviewers (see below) of the resident file adequate time to prepare for the meeting.
2. **Frequency:** Every trainee in the program must be discussed a minimum of twice per year. However, greater frequency of monitoring is desirable.
3. **Quorum:** There should be at least 50% attendance from the members of the Competence Committee to achieve quorum, with an absolute minimum of 3 clinical supervisors for smaller Committees. The program director (or 'delegate' in large programs) should be present for all discussions.
4. **Selection:** Trainees may be selected for Competence Committee review based on any one of the following criteria:
 - Regularly timed review;
 - A concern has been flagged on one or more completed assessments;
 - Completion of stage requirements and eligible for promotion or completion of training;
 - Requirement to determine readiness for the Royal College exam;
 - Where there appears to be a significant delay in the trainee's progress or academic performance; or

¹ Academic Advisors are optional. They are not required.

- Where there appears to be a significant acceleration in the trainee's progress.
5. **Primary Reviewer** (one model to review files for the Competence Committee meeting): Each trainee selected for the discussion at a Competence Committee meeting is assigned to a designated primary reviewer. This may be the Academic Advisor¹ in programs that undertake that approach. The primary review is responsible to complete a detailed review of the progress of all assigned trainees based on evidence from completed observations and other assessments or reflections included within the ePortfolio. The assigned primary reviewer considers the trainee's recent progress, identifies patterns of performance from the observations, including numerical data as well as comments, as well as any other valid sources of data (e.g. in-training OSCE performance). The primary reviewer will provide a succinct synthesis and impression of the trainee's progress to the Competence Committee. The primary reviewer will then propose a resolution on that trainee's status going forward.
 6. **Secondary reviewers:** All other committee members are responsible for reviewing all trainees on the agenda as secondary reviewers. All secondary reviewers are required to come prepared to discuss all trainees' progress.
 7. **Royal College recommended Committee Procedures:**
 - The Chair welcomes members and orients all present to the agenda and the decisions to be made.
 - The Chair reminds members regarding the confidentiality of the proceedings.
 - Each trainee is considered in turn, with the primary reviewer presenting their synthesis, displaying relevant reports from the ePortfolio, and sharing important quotes from any observational comments about the trainee. The primary reviewer concludes by proposing a *status* for the trainee going forward in the program.
 - If seconded by another committee member, all members are invited to discuss the motion.
 - The Chair will call a vote on the proposed recommendation of the primary reviewer.
 - If the recommendation of the primary reviewer is not seconded or the motion does not achieve a majority of votes, the Chair will then request another motion regarding the trainee.
 - This will continue until a majority of Competence Committee members supports a status motion.
 - Decisions can only be deferred if additional information is required. However, this deferred decision must be revisited within 4 weeks.
 - A status decision is recorded in the trainee's ePortfolio and is communicated to the trainee.
 - A status decision is recorded in the committee's archives.
 - Competence Committees should flag EPAs or Milestones which are inconsistently met at a defined stage for a cohort of residents to the Program Director. The Program Director, in turn, and in conjunction with the Residency Program Committee, should alert the Specialty Committee

to determine the appropriateness and expected time of completion of those EPAs.

8. **Post Competence Committee meetings:** As soon as possible after the committee decision, the Program Director, Academic Advisor¹, or other appropriate delegate will discuss the decision of the Competence Committee with the trainee. Changes to the trainee's learning plan, assessments, or rotation schedule will be developed with the resident and implemented as soon as feasible, if applicable.
9. **Appeal Process:** There must be an appeal mechanism in place for the situation where a resident does not agree with the decision of the Competence Committee. This appeal process needs to conform to university guidelines and the decision at the University is final.