Competence Committee Guideline: Process and Procedures in Decision Making

Draft Version: November 2018

Note: this document is *not intended as a prescriptive template*. Instead, it outlines a set of guiding principles, processes and procedures, which programs can use as a resource as they transition to Competence by Design.

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.

Principles

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

1. The Competence Committee is a sub-committee of the Residency Program Committee (RPC).
2. The 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.
3. The Competence Committee has authority to make decisions on individual EPA achievement. The Competence Committee presents status change determinations as recommendations to the RPC. The RPC ratifies these status recommendations with input from the Postgraduate Dean (when required).
4. Committee work is guided by the national specialty competency framework, including specialty-specific milestones and EPAs by stage, as established by the specialty committee as well as the relevant university and Royal College assessment policies.
5. The Competence Committee is expected to exercise judgment in making EPA decisions and status recommendations: i.e., they will use Specialty defined EPAs and the expected number of observations as a guideline, but they are not bound to a specific number, context or type 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. The wisdom of the Competence Committee is considered the gold standard for EPA decisions and learner status recommendations.
6. In addition to utilizing milestones and EPAs, Committee discussions will be based on all of the assessment tools and relevant evidence from the program as uploaded in an ePortfolio.

7. 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.
8. 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. Committee members must make every attempt to avoid the introduction of hearsay into the deliberations. Discussions are informed only by the evidence available in the program's ePortfolio system.
9. The functioning of the Competence Committee, including its decision making processes, will be a focus of accreditation surveys in the future.
10. Individual trainees, or their Faculty Advisors[1] (for programs that implement this approach), may be invited to discuss their progress with the members of the Competence Committee.
11. Committee work must be timely in order to ensure fairness and appropriate sequencing of training experiences.
12. Competence Committees operate with a growth mindset. This means that Committee work is done in a spirit of supporting each trainee to achieve their own individual progression of competence.
13. 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.
14. Competence Committees, on an exceptional basis, have the option to identify trainees who are eligible for an accelerated learning pathway provided that all requirements are met.
15. 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).
16. Competence Committee decisions/recommendations and their associated rationales must be documented within the program's ePortfolio system.

Competence Committee Process and Procedures

1. **Agenda Development**: Trainees are selected for the agenda of 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 to provide reviewers (see below) 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.

[1] A Faculty Advisor is a faculty member specifically appointed to individual resident(s) to review the residents' academic progress during residency. Faculty Advisors are an optional role within Competence by Design. They are not required.

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
   - Where there appears to be a significant acceleration in the trainee's progress.

5. **Primary Reviewer**: Each trainee scheduled for review at a Competence Committee meeting is assigned to a designated primary reviewer. The primary reviewer is responsible for completing a detailed review of the progress of the assigned trainee(s) based on evidence from completed observations and other assessments or reflections included within the ePortfolio. The primary reviewer considers the trainee's recent progress, identifies patterns of performance from the observations, including numerical data and comments, as well as any other valid sources of data (e.g. in-training OSCE performance). At the meeting, the primary reviewer provides a succinct synthesis and impression of the trainee's progress to the other Competence Committee members. After discussion, the primary reviewer proposes a formal motion on that trainee's status going forward.

6. **Secondary reviewer**s: 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. The rationale for the recommendation must be documented in the program's ePortfolio system.
- Status recommendations can only be deferred if additional information is required. However, this deferred recommendation must be revisited within 4 weeks.
- A status recommendation is recorded in the trainee's ePortfolio and is communicated to the RPC for ratification.
- Once ratified by the RPC, a status decision is communicated to the trainee and 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 for a discussion of the appropriateness and expected time of completion of those EPAs.

8. **Post Competence Committee meetings**: As soon as possible after the committee decision and ratification by the RPC, the Program Director, Academic Advisor[1], 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.

   Each program may take a slightly different approach to CC follow-up. The following questions may help inform you as you create your process.
   - How will you notify your residents once the RPC has ratified your recommendation? What time frame can you commit to for this resident notification?
   - Consider how you will communicate the CC recommendation to the learner if a f2f meeting is not possible. Will you have a different process based on the CC recommendation?
   - Is it clear to relevant stakeholders how and when they can access key information from the CC?

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.