**TEMPLATE INSTRUCTIONS (Please remove these instructions before publishing)**

YELLOW HIGHLIGHTS: please update with your program’s information and remove the highlights.

RED TEXT: Notes for the program only. Meant to provide context or instruction. Please remove anything in red text prior to publishing.

BLUE TEXT: Reference to applicable accreditation standards, for your information. Please remove anything in blue text prior to publishing.

*Note that this template can be adapted to suit the needs of the program, as long as the below items are included in the terms of reference at a minimum.*

**PROGRAM NAME**

**Competence Committee (CC)**

**TERMS OF REFERENCE**

**Standard** 1.2.2: The residency program committee has a clear mandate to manage and evaluate the key functions of the residency program.

**Standard** 1.2.2.5: The residency program committee structure includes a competence committee (or equivalent) responsible for reviewing residents’ readiness for increasing professional responsibility, promotion, and transition to practice.

**Standard** 3.4.3: There is a well-articulated process for decision-making regarding resident progression, including the decision on satisfactory completion of training.

**Standard** 3.4.3.1: The competence committee (or equivalent) regularly reviews residents’ readiness for increasing professional responsibility, promotion, and transition to practice, based on demonstrated achievement of expected competencies and/or objectives for each level or stage of training.

**Standard** 3.4.3.2: The competence committee (or equivalent) makes a summative assessment regarding residents’ readiness for certification and independent practice, as appropriate.

***Standard*** *3.4.3.4 [Exemplary]: The competence committee (or equivalent) uses advanced assessment methodologies (e.g., learning analytics, narrative analysis) to inform recommendations/decisions, as appropriate, on resident progress.*

**Reviewed:** MONTH DAY, YEAR

**Approved by RPC:** MONTH DAY, YEAR

**PREAMBLE**

The PROGRAM NAME Competence Committee (CC) is established by the Residency Program Committee (RPC) to make recommendations related to the progression of residents through the levels or stages of training, including readiness for certification and independent practice. The CC may also assist the RPC in the development of individualized learning plans.

The CC reports to the RPC via the Program Director or delegate.

**POLICY REFERENCES**

* [General Standards of Accreditation for Residency Programs](http://www.canrac.ca/canrac/general-standards-e) (link to standards is hyperlinked)
* PROGRAM SPECIFIC Standards of Accreditation (e.g., refer to the CFPC “Red Book” or refer to Royal College [Information by Discipline](https://www.royalcollege.ca/rcsite/ibd-search-e) to find CBD documents),
* (Royal College Programs only) [Competence by Design Technical Guide Series for Competence Committees (2020)](https://www.royalcollege.ca/rcsite/documents/cbd/cbd-technical-guide-3-comp-committees-e.pdf) (PDF of technical guide is hyperlinked) found [here](https://www.royalcollege.ca/rcsite/cbd/technical-guide-series-e)
* [Schulich School of Medicine & Dentistry PGME Resident Assessment & Appeals Policy](https://www.schulich.uwo.ca/medicine/postgraduate/future_learners/docs/Policies%20for%20Website/2021%20PGME%20Resident%20Assessment%20and%20Appeals%20Policy.pdf)
* PROGRAM SPECIFIC Competence Committee Process and Procedures Guide

**MEMBERSHIP**

The CC will be chaired by an appointed faculty member in the Clinician Teacher or Clinician Educator academic role category whenever possible. The Program Director, in discussion with the Chair of the Division/Department, will appoint members with overlapping terms (initial appointments to have staggered end dates) to ensure continuity with renewals as defined by the Division/Departmental/University policies.

Members will include:

* The Program Director when they are not the CC Chair
* A minimum of three faculty members to be drawn from the RPC or the clinical faculty actively supervising trainees
* The Program Administrator as recording secretary
* On an ad hoc basis as appropriate, faculty members serving as Academic Advisors for the residents being discussed

In addition, it is strongly recommended that the CC include one member external to the Division or Department’s clinical faculty (this may be another discipline, other health care professional, or a public member).

**MEETINGS**

The CC will meet at a minimum 3 times per year or at the call of the Chair on an ad hoc basis to support the transition of residents between stages. The meetings will occur 1-2 weeks before an RPC meeting so that CC recommendations can be ratified at the RPC within 4 weeks.

**QUORUM**

There should be at least 50% attendance from the members of the CC 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.

**ATTENDANCE**

Programs must outline in this section how frequently members must attend meetings. Examples below:

*All members are required to be present at all meetings OR*

*Members must attend at least 75% of meetings.*

**RESPONSIBILITIES**

* Monitor the progress of each resident in demonstrating achievement of the Entrustable Professional Activities (EPAs) and milestones within each of the four stages of residency training: Transition to Discipline, Foundations of Discipline, Core of Discipline, and Transition to Practice.
* Synthesize the assessments and observations of each resident to make recommendations to the RPC related to:
	+ The promotion of residents to the next stage of training;
	+ The review and approval of individualized learning plans developed to address areas for improvement;
	+ Determining exam eligibility for the Royal College of Physician and Surgeons of Canada examinations;
	+ Determining certification eligibility for Royal College of Physician and Surgeons of Canada (Royal College) certification upon completion of the Transition to Practice stage;
	+ Determining that a resident is failing to progress within the program;
* If applicable, develop in concert with the Program Director and/or RPC Individualized Learning Plans (ILP) to address areas for improvement
* Monitor the outcome of any Individualized Learning Plan in concert with the Program Director, liaising with the PGME Office and the [PGME Advisory Board](https://www.schulich.uwo.ca/medicine/postgraduate/future_learners/docs/2020%20PGME%20Advisory%20Board%20TOR.pdf) as appropriate
* Provide feedback to the Program Director, RPC and Division/Departmental Chair on the quality and quantity of faculty feedback with the aim of enhancing feedback and assessment of and for learners

For more details about responsibilities, refer to the *Competence Committee Guide: Process and Procedures in Decision Making* document.

**Decisions:**

The members of the CC will interpret available qualitative and quantitative data to achieve consensus, where possible, in making recommendations.

**Reporting:**

The CC will report outcomes of discussions and make recommendations to the RPC for ratification.

**Confidentiality:**

The discussions and decisions of the CC are confidential, and information is to be shared only with the Program Director, the RPC, and, if applicable, individuals directly involved in the development or implementation of individualized learning plans.

**MEMBERSHIP TERM**

XX years, renewable

**REMUNERATION**

Some programs provide remuneration to CC members, CC Chairs, etc. If this is applicable to your program, the program can choose to add details here.

*Version 2.1, Updated by PGME: 2022-02-07*