**STATEMENT OF CONFIDENTIALITY**

**COMPETENCE COMMITTEE MEETINGS**

The XXXX Program Competence Committee (CC) at the Schulich School fo Medicine & Dentistry Postgraduate Medical Education (PGME) discussions and decisions are confidential. Communication about resident portfolio review and performance is strictly prohibited. Any breach of security must be reported to the Program Director.

Please read the statements below and indicate that you have done so with a ☑️ and sign this sheet.

[ ]  If I have a personal relationship or other conflict of interest with the resident, I will inform the CC Chair immediately and declare and describe the circumstance. If it is determined that a conflict exists, a replacement committee member will be chosen or I will recuse myself from discussions and decision making on this resident’s progress as per the CC Chair’s decision.

[ ]  I agree to hold confidential the contents of the resident progress review, both at the present time and at any point in the future.

[ ]  I will not discuss the details and outcomes of the resident progress review with others outside the CC membership.

[ ]  The PGME Associate Dean or CC Chair reserves the right to withdraw CC members who have breached the confidentiality requirement.

Name (print):

Signature: Date:

Version: MONTH DAY, YEAR

Approved by RPC: MONTH DAY, YEAR