**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 document at a minimum.*

It is based on the Royal College resources for Competence Committees found [here](https://royalcollege.ca/rcsite/cbd/assessment/competence-committees-e)

**PROGRAM NAME**

**Competence Committee (CC) Guidelines:**

**Process and Procedures in Decision Making**

#### Created*: YYYY-MM-DD*

**Revised by CC:** *YYYY-MM-DD*

**Reviewed by RPC:** *YYYY-MM-DD (note that terms of reference for policies and committees should be reviewed and revised as required a minimum of q 3 years.*

Date of next review. YYYY

**POLICY REFERENCES**

* [General Standards of Accreditation for Residency Programs](http://www.canrac.ca/canrac/general-standards-e)
* [Program Specific Standards of Accreditation](https://www.royalcollege.ca/content/rcpsc/ca/en/ibd-search.html)
* [Competence by Design Technical Guides Royal College](https://www.royalcollege.ca/ca/en/cbd/cbd-implementation/cbd-guidance/technical-guide-series.html)
* [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)

**RESOURCES**

* [Royal College CBD Statement on Commitment to Action (May 2023)](https://newsroom.royalcollege.ca/commitment-to-action-statement-on-enhanced-flexibility-for-cbd-program-implementation/)
* [Competence by Design Competence Committees](https://www.royalcollege.ca/ca/en/cbd/impact-cbd/competence-committees.html)
* [Status Recommendations](https://www.royalcollege.ca/ca/en/cbd/impact-cbd/competence-committees/competence-committees-status-recommendations.html)
* [Academic Advisor Role Description](https://uwoca-my.sharepoint.com/personal/smacgreg_uwo_ca/Documents/Handbooks/PD%20Handbook/Latest%20Versions/5%20-%20Standard%203%20-%20The%20Educational%20Program/Academic%20Advisor%20Role%20Description.docx)

## **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 must not rely on EPA completion alone, resident assessment requires a holistic view and multiple assessments by multiple assessors over time over multiple contexts.
4. 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); the Competence Committee also has the option of providing a report to the RPC for information (without the requirement for approval or ratification).
   1. Competence committee decides:
      1. EPA achievement
      2. Learner status
      3. Stage progression
      4. Requirement for Independent Learning Plans/Remediation and/or Probation
      5. Readiness for certification exams (exam eligibility)
      6. Readiness for unsupervised practice (certification eligibility)

* 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. CC must ensure that a broad range of assessment information is available to base the decisions for progression of training. [Program Specific Standards of Accreditation](https://www.royalcollege.ca/content/rcpsc/ca/en/ibd-search.html), Training Experience and Competencies are components of the required training and assessments.

1. The Competence Committee is expected to exercise judgment in making EPA and other assessment 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 assessment. The key is that the committee must feel it has adequate information based on the resident assessments 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 resident status recommendations.***
2. In addition to utilizing EPAs and CanMEDS Milestones, Committee discussions will be based on all of the assessment tools and relevant evidence from the program as uploaded in an electronic portfolio.
   1. Please list all other components that the Competence Committee will review and discuss, e.g., scholarly work requirements, assessment of resident’s teaching skills, standardized test results, etc. (add a link here to the variety of assessments list>>>)
   2. If applicable, please delineate what the RPC will review in terms of resident assessments and if it differs from what the CC will review and discuss.
   3. Please delineate what role the CC and RPC (and Academic Advisors, if applicable) will play in terms of creation of individualized learning plans (ILPs), remediation or probation plans etc., so the responsibilities of each committee are clear.
3. 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. Link to confidentiality statement .
4. Committee decisions must be based on the evidence available in the resident's electronic portfolio at the time of the committee meeting. Individual committee member experience can only be introduced with appropriate documentation within the electronic portfolio. 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 electronic portfolio system.
   1. Electronic portfolio systems can include ancillary sources outside of Elentra such as spreadsheets, PDFs, Word documents, etc., that are in a shared and protected folder.
5. The functioning of the Competence Committee, including its decision-making processes, will be a focus of internal and external accreditation surveys.
6. Individual residents, or their Academic Advisors1 (for programs that implement this approach), may be invited to discuss their progress with the members of the Competence Committee.
7. Committee work must be timely in order to ensure fairness and appropriate sequencing of training experiences.
8. Competence Committees operate with a growth mindset. This means that Committee work is done in a spirit of supporting each resident to achieve their own individual progression of competence.
9. Competence Committees have a responsibility to make decisions in the spirit of protecting patients from harm, including weighing a resident’s 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.
10. Competence Committees, when appropriate, have the option to identify residents who are eligible for an accelerated learning pathway provided that all requirements are met.
11. Competence Committees, when appropriate and after due process, have the responsibility to identify residents who have met the predefined category of *failure to progress*, and who should be requested to leave the program. Refer to the relevant policies as above.
12. Competence Committee decisions/recommendations and their associated rationales must be documented within the program’s electronic portfolio system.

1An Academic Advisor (link) is a faculty member specifically appointed to individual resident(s) to review the residents’ academic progress during residency. Academic Advisors are an optional role within Competence by Design. They are not required.

# **PROCESS AND PROCEDURES**

1. **Agenda Development:** Residents 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 x week(s) in advance of the Committee meeting to provide reviewers (see below) adequate time to prepare for the meeting.
2. **Frequency:** Every resident in the program must be discussed a minimum of twice per year. However, greater frequency of monitoring is desirable.
3. **Selection:** Residents 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;
     + Fall certification examinations require submission of eCCTs by mid-March
     + Spring certification examinations require submission of eCCTs by early November
   * Where there appears to be a significant delay in the resident’s progress or academic performance; or
   * Where there appears to be a significant acceleration in the resident’s progress.
4. **Primary Reviewer:** Each resident 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 resident(s) based on evidence from completed observations and other assessments or reflections included within the electronic portfolio. The primary reviewer provides an overview of recent CC decisions and discussions, considers the resident'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 resident’s progress to the other Competence Committee members. After discussion, the primary reviewer proposes a formal motion on that resident's status going forward.
5. **Secondary reviewers:** All other committee members are responsible for reviewing all residents on the agenda as secondary reviewers. All secondary reviewers are required to come prepared to discuss all residents' progress.
6. **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 resident is considered in turn, with the primary reviewer presenting their synthesis, displaying relevant reports from the electronic portfolio, and sharing important quotes from any observational comments about the resident. The primary reviewer concludes by proposing a status for the resident 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. Note: The decision-making process should be adapted based on your CC’s terms of reference.
   * 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 resident.
   * 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 electronic portfolio system.
   * See the “Resident Status Recommendations” section for more details.
7. **Post Competence Committee meetings:** Within 4 weeks after a Competence Committee, the following must occur:
   * Ratification of recommendations from the Competence Committee by the RPC.
   * Communication of the status decision to the resident that is recorded in the committee’s archives. The Program Director, Academic Advisor, or other appropriate delegate will discuss the decision of the Competence Committee with the resident. Changes to the resident's learning plan, assessments, or rotation schedule will be developed with the resident and implemented as soon as feasible, if applicable.
   * Refer to [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).

Competence Committees should flag EPAs or CanMEDS 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.

1. **Appeal Process:** [Refer to 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).

**RESIDENT STATUS RECOMMENDATIONS**

The following section is recommended and kept in general terms, as CCs determine their decision-making process. Below provides an example of resident status recommendations. We recommend that each program provide further details about components of decisions towards certain statuses as they see fit. (e.g., adding expectations about ITERs or standardized test results, etc.)

* Status recommendations are based on the recommended duration of the stage as defined by the Specialty Committee. Refer to the *Training Experiences* document in your Specialty documents.
* Status recommendations can only be deferred if additional information is required. **However, this deferred recommendation must be revisited within 4 weeks.**
* Status Recommendations will consist of the following and be determined by the Competence Committee each time a resident is reviewed:
  + Progressing as Expected
    - EPA achievement as expected, *and*
    - Learning trajectory as expected, *and*
    - Satisfactory performance on other assessments as determined by program
  + Progress is Accelerated
    - EPA achievement well before expected date, *and*
    - Learning trajectory significantly above expected, *and*
    - Satisfactory performance on other assessments as determined by program
  + Not Progressing as Expected
    - EPA achievement is below expected, *or*
    - Learning trajectory is below expected, *or*
    - Unsatisfactory performance on other assessments as determined by program
  + Failure to Progress
    - EPA achievement is substantially below expected, *or*
    - Learning trajectory is flat or substantially below what is expected, *or*
    - Repeated and continued unsatisfactory performance on other assessments as determined by program
  + Inactive
    - The resident is on leave (illness, parental, etc.)
* Additional statuses to consider include the following when the resident is Progressing as Expected or Progress is Accelerated. Refer to \*\*\* for further details.
  + Exam Eligible
  + Certification Eligible

**Possible Actions for Resident Statuses**

\* denotes that the PGME must be notified

Please refer to the [PGME Resident Assessment and Appeals Policy](https://www.schulich.uwo.ca/medicine/postgraduate/future_learners/docs/Policies%20for%20Website/2021%20PGME%20Resident%20Assessment%20and%20Appeals%20Policy.pdf) for further details.

* For residents who are “Progressing as Expected”:
  + The resident remains in the current stage
  + The resident can be considered for promotion to the next stage, or
  + The resident can be deemed eligible for RCPSC exam\*, or
  + The resident can be deemed eligible for RCPSC certification\*
* For residents who are “Progress is Accelerated”:
  + The resident can remain in the current stage
    - Action plan will be determined by the Program Director in collaboration with the RPC and should be informed by the Competence Committee
  + The resident can be considered for promotion to the next stage earlier than expected.
    - The training may be modified, but must take into account patient safety and contractual obligations.
  + The resident can be deemed eligible for RCPSC exam earlier than expected\*, or
  + The resident can be deemed eligible for RCPSC certification earlier than expected \*
* For residents who are “Not Progressing as Expected”:
  + Action plan will be determined by the Program Director in collaboration with the RPC, and should be informed by the Competence Committee.
* For residents who are “Failure to Progress”:
  + Action plan will be determined by the Program Director in collaboration with the RPC, and should be informed by the Competence Committee.
* A status recommendation and action or next steps are recorded in the resident's electronic portfolio and is communicated to the RPC for ratification. PGME has templates of Report to RPC forms.

**Appendix A: CBME Glossary of Terms**

***Individualized Learning Plans:***

*Replaces modified program*

Individualized Learning Plans are most appropriate when a resident has yet to attain expected objectives and/or competencies because of insufficient experience/exposure and/or the resident is progressing, however the learning trajectory is slower than expected. Individualized Learning Plans may also be appropriate when i) the resident has self-identified a learning need; ii) the resident is progressing as expected and the CC, after review of a resident’s assessments, has recommended further development in one or more specific areas that may have negative consequences for future performance if not addressed.

Individualized Learning Plans may include modifications of Learning Experiences, (for example, spending more time with a specific supervisor or additional time in a specific clinic), coaching, or other forms of educational enrichment.

**Internal Notes (to be removed after). Noted changes in this version:**

1. Changed “trainee” to “residents”
2. Added relevant policies and referred to them in the appropriate sections.
3. Reformatted according to other PGME policies
4. Further requirements of delineating the distinctions between the CC and RPC, if applicable
5. Further details added to *Post-Meeting* section
6. Further details about timing of CC meetings for discussing *Exam Eligibility* and *Certification Eligibility* for those who are Progressing as Expected and Progress is Accelerated

*Version 3, Updated by PGME: 2021-12-06*