# **\**

**Schulich Psychiatry**

**Competence Committee (CC) Guidelines:**

**Process and Procedures in Decision Making**

#### Created*: 2022-01-03*

**Revised by CC:**2022-03-03

**Reviewed by RPC:** N/A

**POLICY REFERENCES**

* [General Standards of Accreditation for Residency Programs](http://www.canrac.ca/canrac/general-standards-e)
* [Psychiatry Standards of Accreditation](https://www.royalcollege.ca/rcsite/documents/ibd/psychiatry-sa-e.pdf)
* [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)
* [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)

Please also refer to the:

* [CC Terms of Reference](https://www.schulich.uwo.ca/psychiatry/docs/Psychiatry-Competence-Committee-Terms-of-Reference-updated-April-2021.pdf)
* Schulich CC Process and Procedures Document (below)
* [RCPSC “Competence Committee Guideline”](https://www.royalcollege.ca/rcsite/documents/cbd/competence-committees-process-procedures-e)
* Psychiatry Residency Checklist Excel document
* CC File Review/Semi-Annual Review Resident Assessment form

## **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); refer to the relevant statuses [here](https://www.royalcollege.ca/rcsite/cbd/assessment/committees/competence-committees-status-recommendations-e)
   1. Competence committee decides:
      1. EPA achievement
   2. RPC ratification needed:
      1. Learner status
      2. Stage progression
      3. Need for Learning plans/remediation
      4. Readiness for certification exams (exam eligibility)
      5. Readiness for unsupervised practice (certification eligibility)
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. Refer to the Psychiatry Specialty documents found [here](https://www.royalcollege.ca/rcsite/ibd-search-e?N=10000033+10000034+4294967084&label=Psychiatry). Refer to the relevant policies as above.
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 resident status recommendations.*** Refer to the Royal College Technical Guide on Competence Committees.
6. 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. Time-based/non-CBD residents are assessed based on their demonstrated skill level as reflected on ITERs and other assessments appropriate to their level of training. These other assessments may include STACERs, OSCEs, standardized examinations (e.g. PRITE) and On Call assessments. They are also assessed on how well they are meeting their training requirements outlined in the program of assessment checklist.
   2. CBD residents are assessed based on their progression of skills as reflected on EPAs and ITERs appropriate to their level of training. They also are assessed for progression as reflected through other assessments including STACERs, OSCEs, standardized examinations (e.g. PRITE) and On Call assessments. They will be assessed on how well they are meeting the requirements for attainment of EPA observations and the other required training assessments as outlined in the program of assessment checklist.
   3. The CC will assist in the development of focused learning plans. It will also monitor the outcome of any ILP in concert with the Program Director or Associate Program Director and liaising with the Postgraduate Medical Education (PGME) Office and the PGME Advisory Board as appropriate. The RPC will ratify ILPs after creation.
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 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 like spreadsheets, PDFs, Word documents, etc., that are in a shared and protected folder.
9. The functioning of the Competence Committee, including its decision-making processes, will be a focus of accreditation surveys in the future.
10. Committee work must be timely in order to ensure fairness and appropriate sequencing of training experiences.
11. 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.
12. 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.
13. Competence Committees, when appropriate and after due process, have the responsibility to identify residents who have either met the predefined category of *failure to progress*, or residents who should be requested to leave the program. Refer to the relevant policies as above.
14. Competence Committee decisions/recommendations and their associated rationales must be documented within the program’s electronic portfolio system.

# **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 2 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 biannually at minimum. However, **greater frequency of monitoring is desirable and the goal will be for all to be discussed quarterly.**
   * The CC meets four times a year and may meet on other occasions as required for exceptional circumstances
   * All CBD residents and all residents on an ILP, remediation or probation will be discussed at each q3 month CC meeting.
   * Those in the non-CBD/”time-based” program will have file reviews and CC discussions of progression status at a minimum every 6 months unless on ILP or remediation.
3. **Exemptions:** Residents may submit a letter of exemption with an explanation of why particular residency requirements were not completed or submitted **prior** to the Competency Committee review. These letters must be submitted prior to the deadline for the submission of documents to be reviewed by the Competency Committee. Letters of exemption will be reviewed by the Competency Committee and discussed to determine if the requested exemption will be approved.
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. The primary reviewer will change for a given resident at each review in order to have different perspectives on the resident file and decrease bias or missed opportunities for resident development.
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. If a letter of exemption was submitted by the resident, then the primary reviewer will discuss bring it forth for discussion with the rest of the competence committee. 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.
   * 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.
   * The CC File Review One45 form is completed and signed by file reviewers after the meeting and submitted.
   * The CC meeting is minuted in general terms, including the name of the resident discussed and the rationale for a decision if there is a discussion. CC members who discuss different aspects of a resident’s status are not named in the document.
   * 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:

* The Program Director or Associate Program Director meet with all residents at the quarterly review (this may be semi-annually for non-CBD residents) and discuss the resident’s progression and goals. A Program Director review form is filled out. The learning plan for the resident is completed and signed by the resident and the Program Director or Associate Program Director.
* The progression decisions of the CC are then ratified by the RPC.
* A letter is sent out by the program office after the RPC meeting, confirming the progression status of the resident.
* Residents who are not progressing as expected will have a discussion with the Program Director or Associate Program Director at their quarterly review meeting, including discussion of the areas where they are not progressing as expected and strategies to meet their requirements. Goals on their learning plan should reflect strategies to meet program requirements. These residents will have, at minimum, a follow-up meeting with the Program Director or Associate Program Director two weeks after the semi-annual or quarterly review to discuss how the resident is progressing with their learning plan, unless all required documentation is submitted before the quarterly review meeting.
* In some cases, especially after repeated findings of not progressing as expected or in the case of major deficits in skills or meeting requirements, a resident may enter an Independent Learning Plan (ILP) or Remediation.
* Residents who are failing to progress will start an ILP or possibly a remediation plan.
* All remediation procedures, including Individual Learning Plans/ILP (please note difference between ILP and regular learning plans that each resident completes at the semi-annual or quarterly review meeting), Remediations and Probation will be implemented in accordance with the Schulich Assessment and Appeals document.

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 or Associate Program Director. The Program Director or Associate 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**

* Status recommendations are based on the recommended duration of the stage as defined by the Psychiatry Specialty Committee. Please see the Royal College’s Psychiatry Training Experiences document for further details.
* 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
    - No more than two 4-week blocks where the minimum number of EPA observations have not been obtained.
    - At most one required EPA observation was not obtained during a particular 4-week block.
    - At most one required EPA observation was not obtained during a particular residency rotation (e.g. geriatric psychiatry 3-block rotation or SPMI 6-block rotation) as indicated in the Program Handbook.
    - Not missing contextual variables that are only attainable in the specific setting that the resident is rotating through.
    - Resident’s number of entrustable observations are in keeping with competency level resident would be expected to have for time on a particular rotation and/or stage of training
    - All non-EPA residency requirements were completed. These requirements include the following:
      * Updated psychotherapy hours log has been submitted electronically through One45. Resident’s progress in obtaining psychotherapy experiences are in keep with what would be expected for their stage of training.
      * Psychotherapy ITAR(s) have been sent to the psychotherapy supervisor(s), in keeping with the requirements listed for PGY year in the Program Handbook. (Note: any assessment that is missing on account of the assessor not filling it out does not count against the resident’s progression status).
      * Scholarly project self-report update has been submitted electronically through One45
      * Scholarly project ITAR have been sent to the scholarly project supervisor, in keeping with the requirements listed for PGY year in the Program Handbook. (Note: any assessment that is missing on account of the assessor not filling it out does not count against the resident’s progression status).
      * The minimum number of on-call assessments have been attained, in keeping with the requirements listed for PGY year in the Program Handbook
      * STACERs have been completed in keeping with the requirements listed for PGY year in the Program Handbook
    - No “red flag” feedback indicating a major deficit of competence.
    - No clear pattern of a specific competence deficit that has been persisting across file reviews (since last CC review).
    - Feedback about resident’s work and progress is generally positive (with some constructive feedback).
    - The progression status on all summative ITERs is “meets expectations”.
  + Not Progressing as Expected:
    - Any of the scenarios below will lead to status of not progressing as expected:
      * More than two residency rotations or 4-week blocks where minimum number of observations are not attained, or more than 2 expected non-EPA assessments are missing. (Note: an assessment that is missing on account of the assessor not filling it out does not count against the resident’s progression status, provided that the resident followed the ground rules for EPAs).
      * A non-EPA residency requirement was not completed. These requirements include the following:
        + Updated psychotherapy hours log has been submitted electronically through One45. Resident’s progress in obtaining psychotherapy experiences are in keep with what would be expected for their stage of training.
        + Psychotherapy ITAR(s) have been sent to the psychotherapy supervisor(s), in keeping with the requirements listed for PGY year in the Program Handbook. (Note: any assessment that is missing on account of the assessor not filling it out does not count against the resident’s progression status).
        + Scholarly project self-report update has been submitted electronically through One45
        + Scholarly project ITAR have been sent to the scholarly project supervisor, in keeping with the requirements listed for PGY year in the Program Handbook. (Note: any assessment that is missing on account of the assessor not filling it out does not count against the resident’s progression status).
        + The minimum number of on-call assessments have been attained, in keeping with the requirements listed for PGY year in the Program Handbook
        + STACERs have been completed in keeping with the requirements listed for PGY year in the Program Handbook
      * Has not completed an important contextual variable that is only available in a particular clinical setting (e.g. CL, Child, Psychogeriatric). An EPA or non-EPA assessment that is required for promotion and should be completed is missing and cannot plausibly be completed by the next CC meeting.
      * An expected EPA assessment missing from last CC meeting is still missing.
      * Resident’s number of entrustable observations are below the competency level resident would be expected to have for time on a particular rotation and/or stage of training.
      * Presence of “red flag” feedback indicating a major deficit of competence. Clear pattern of a specific competence deficit that has been persisting across file reviews (since last CC review).
      * Feedback about resident’s work and progress is either consistently pointing out a particular competency deficit to be worked on or identifies minor professionalism issues (e.g. chronic lateness).
      * If the progression status on a summative ITER is “does not meet expectations”, the committee may find the resident to be “not progressing as expected” (as opposed to “failure to progress”) if the circumstances are not severe and amenable to an independent learning plan. An interim rating of “does not meet expectations” will usually lead to a progression status of, at best, “not progressing as expected” unless there are other significant circumstances the committee is aware of.
  + Failure to Progress
    - Three or more CC reviews in a row where resident is missing either a non-EPA residency requirement or EPA requirements as described in “not progressing as expected.”
    - Many EPA observations are not attained or many non-EPA assessments are missing or both, representing a pattern of significant non-participation in assessment. (Note: an assessment that is missing on account of the assessor not filling it out does not count against the resident’s progression status, provided that the resident followed the ground rules for EPAs). Several EPAs or non-EPA assessments that are required for promotion and should be completed are missing and cannot plausibly be completed by the next CC meeting.
    - One non-EPA assessment or 1 expected EPA assessment missing from past 2 CC meetings is still missing.
    - Resident’s number of entrustable observations are far below the competency level resident would be expected to have for time on a particular rotation and/or stage of training, representing a major competency deficit.
    - Presence of “red flag” feedback indicating a major deficit of competence. Clear pattern of specific competence deficits that have been persisting across file reviews (since at least last CC review). Feedback about resident’s work and progress is either consistently pointing out a major competency deficit to be worked on or identifies major professionalism issues.
    - A rating of “does not meet expectations” on a final ITER will usually lead to a rating of “failure to progress”. A rating of “does not meet expectations” on an interim ITER may lead to a status of “failure to progress” if there are major problems with performance or professionalism leading to this rating.
  + Inactive
    - The resident is on leave (illness, parental, etc.)
  + Exam Eligible
  + Certification Eligible

In some cases, a CBD resident may be judged to be entrustable for specific EPAs even if they have not achieved a “4 or 5” rating if the feedback and other evidence supports that they have attained adequate skills for their level on that task and related skills.

**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 “Not Progressing as Expected”:
  + Requires areas of deficit to be addressed as part of the resident’s goals for the learning plan in the semi-annual or quarterly review meeting. This action plan is then brought by the Program Director or Associate Program Director to the RPC after the quarterly review meeting for approval and is reviewed at subsequent Competence Committee meetings.
  + A 2-week review may be offered if there are minor requirements missing, so the resident can have opportunity to make up any missing requirements before an ILP is initiated.
  + In some cases, if there is a specific deficit in competence or significant absence of expected assessments, an Independent Learning Plan (ILP) may be devised to help the resident take a structured approach to improving competence in this area.
  + If areas of deficit are not addressed, could lead to status of “failure to progress” at next CC file review. If 3 “not progressing as expected” statuses in a row are established or upheld at the semi-annual or quarterly review for the same reason, status defaults to “failure to progress” with an ILP (or possibly remediation, if appropriate).
  + Residents who are not meeting program requirements by the end of PGY4 will not be allowed to take elective rotations unless the elective has a clear purpose of satisfying outstanding residency program requirements.
  + If residents have not completed all of the residency program requirements by the end of their PGY5 year their residency may be extended in duration until the requirements have been obtained.
* For residents who are “Failure to Progress”:
  + Action plan will be determined by the Program Director or Associate Program Director in collaboration with the RPC and should be informed by the Competence Committee. Results in Independent Learning Plan (ILP) at minimum, possibly Remediation plan. Remediation plans have their own set of consequences for non-completion, as described in the Schulich PGME assessment and appeals document.
  + Residents who are not meeting program requirements by the end of PGY4 will not be allowed to take elective rotations unless the elective has a clear purpose of satisfying outstanding residency program requirements.
  + If residents have not completed all of the residency program requirements by the end of their PGY5 year their residency may be extended in duration until the requirements have been obtained.
* A status recommendation and action or next steps are recorded in the resident's electronic portfolio and is communicated to the RPC for ratification.

**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.