**COMPETENCE COMMITTEE TERMS OF REFERENCE – draft template**

**Purpose:**

The XXXX Program Competence Committee is established by the Residency Training Committee to make recommendations related to the progression of residents through the levels or stages of training including readiness for certification and independent practice and also may assist the RTC in the development of individual learning plans. The Competence Committee reports to the RTC.

**Composition:**

The Competence Committee 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 he/she is not the Chair
* A minimum of three faculty members to be drawn from the Residency Program Committee 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 (may be another discipline, other health care professional, or a public member)

**Tasks of the Competence Committee:**

* Monitor the progress of each resident in demonstrating achievement of the milestones and EPAs within each of the four stages of residency training
* Synthesize the assessments and observations of each resident to make recommendations related to:
  + Promotion to the next stage of training; readiness to challenge the certification examination; readiness to enter independent practice
* Develop in concert with the Program Director and/or RTC individual learning plans to address areas for improvement
* Monitor the outcome of any individual learning plan in concert with the Program Director, liaising with the PGME Office and the PGME Advisory Board as appropriate
* Provide feedback to the Program Director, RTC and division/departmental chair on the quality and quantity of faculty feedback with the aim of enhancing feedback and assessment of and for learners

**Meetings:**

The Competence Committee 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.

**Decisions:**

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

**Confidentiality:**

The discussions and decisions of the Competence Committee are confidential and information is to be shared only with the Program Director, the RTC and individuals directly involved in the development or implementation of individual learning plans.

Attachments: Appendix A – Glossary of terms

Appendix A

CBME Glossary of Terms

***Performance on a specific learning experience/Achievement of an EPA or Milestone***: (replaces meets, weakness, deficiency, borderline etc.) a function of the faculty assessors (observers in the Royal College CBD language)

Not Observed

In Progress

Achieved

***Progression:*** (replaces satisfactory, failure of rotation, borderline, etc.) based on achievement of competence or entrustment, the recommendation is a function of the Competence Committee deliberations

Progressing as expected

Not progressing as expected

Failing to progress

Achieved

***Individual Learning Plans:*** (replaces modified program)

Individual 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. Individual 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 Competence Committee 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.

Individual 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.

***Academic Advisors***: faculty assigned to coach, mentor and guide individual residents

May represent the resident at the Competence Committee