

NEPHROLOGY TRAINING PROGRAM

Competence Committee (CC) Guidelines: Process and Procedures in Decision Making

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Reviewed by RPC: September 23, 2024

Next Review Date: September 2027

POLICY REFERENCES

- [General Standards of Accreditation for Residency Programs](#)
 - [Nephrology Training Program Standards of Accreditation](#)
 - [Competence by Design Technical Guide Series for Competence Committees \(2020\)](#)
 - [Schulich School of Medicine & Dentistry PGME Resident Assessment & Appeals Policy](#)
 - Fundamental Principles Underpinning the Functioning of the Nephrology Training Program Competence Committee
1. **Agenda Development:** The trainees are selected for the agenda of a planned CC meeting by the Chair. This will occur in advance of the CC meeting to give adequate time for the reviewers to prepare.
 2. **Documentation:** The agenda and relevant trainee files and assessments will be accessible to CC members prior to the meeting for review. Meeting minutes are to be taken by the Program Administrator and distributed to CC members post-meeting.
 3. **Frequency:** All trainees following the CBD curriculum will be reviewed at the Nephrology Competence Committee meeting.
 4. **Selection:** Selection of the trainees to review may be 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
 - If there appears to be significant delay or significant acceleration
 - To determine readiness for the Royal College Exam (Fall certification examinations require submission of eCCTs by mid-March)
 5. **Primary Reviewer:** Each trainee 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. 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. At the meeting, the primary reviewer provides a succinct synthesis and impression of the trainee's progress to the other Competence Committee members. After discussion, the primary reviewer proposes a formal motion on that trainee's status going forward.

6. **Secondary reviewers:** All other committee members are responsible for reviewing all trainees on the agenda as secondary reviewers. All secondary reviewers are required to come prepared to discuss all trainees' progress.
7. **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 trainee is considered in turn, with the primary reviewer presenting their synthesis, displaying relevant reports, and sharing important quotes from any observational comments about the trainee. The primary reviewer concludes by proposing a status for the trainee 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 trainee.
 - 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.
8. **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.
 - Primary reviewers schedule a meeting with their assigned trainees to offer one-on-one feedback, to communicate the status decision to the trainee that is recorded in the committee's archives, to complete an ITER, and to discuss the trainee's learning plan, assessments, or rotation schedule if applicable.
 - Refer to [PGME Resident Assessment & Appeals Policy](#).

Competence Committees should flag EPAs or CanMEDS Milestones, which are inconsistently met at a defined stage for a cohort of trainees 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.

9. **Appeal Process:** [Refer to PGME Resident Assessment & Appeals Policy](#).

RESIDENT STATUS RECOMMENDATIONS

- 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 trainee is on leave (illness, parental, etc.)
- Additional statuses to consider include the following when the trainee is Progressing as Expected or Progress is Accelerated.
 - Exam Eligible
 - Certification Eligible

Possible Actions for Trainee Statuses

* denotes that the PGME must be notified

Please refer to the [PGME Resident Assessment & Appeals Policy](#) for further details.

- For trainees who are “Progressing as Expected”:
 - The trainee remains in the current stage
 - The trainee can be considered for promotion to the next stage, or
 - The trainee can be deemed eligible for RCPSC exam*, or
 - The trainee can be deemed eligible for RCPSC certification*
- For trainees who are “Progress is Accelerated”:
 - The trainee 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 trainee 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 trainee can be deemed eligible for RCPSC exam earlier than expected*, or
 - The trainee can be deemed eligible for RCPSC certification earlier than expected*
- For trainees 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 trainees 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 trainee's profile and is communicated to the RPC for ratification.

Individualized Learning Plans:

Individualized Learning Plans are most appropriate when a trainee has yet to attain expected objectives and/or competencies because of insufficient experience/exposure and/or the trainee is progressing, however the learning trajectory is slower than expected. Individualized Learning Plans may also be appropriate when i) the trainee has self-identified a learning need; ii) the trainee is progressing as expected and the CC, after review of a trainee'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.