

PSYCHIATRY COMPETENCE COMMITTEE TERMS OF REFERENCE**Purpose:**

The Psychiatry Program Competence Committee is established by the Residency Program Committee (RPC) to make recommendations related to the progression of residents through the levels or stages of training and readiness for certification independent practice. It may also assist the RPC in the development of Focused Learning Plans. The Competence Committee reports to the RPC.

Composition:

The Competence Committee will be chaired by an appointed faculty member in the Clinician Teacher or Clinician Educator academic role category whenever possible, usually the CBD portfolio lead. The Program Director, in discussion with the Chair of the Division/Department, will appoint members with overlapping 2-year terms (initial appointments to have staggered end dates) to ensure continuity with renewals as defined by the division/departmental/university policies.

The seven members will include:

- The Program Director
- The CBD portfolio lead
- The Assessment portfolio lead
- A minimum of three additional faculty members to be drawn from the Residency Program Committee or the clinical faculty actively supervising trainees
- The Program Administrator as recording secretary
- A psychiatry subspecialty resident, ideally an R6 resident, may be invited to be a committee member, if available, in addition to the 7 faculty members.
- A faculty member from the Windsor program

Tasks of the Competence Committee:

- Monitor the progress of each resident in demonstrating achievement of the milestones and Entrustable Professional Activities (EPAs) within each of the four stages of residency training, incorporating feedback from ITERs and other assessment tools.
- 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; and readiness to enter independent practice.

- Assist in development of Focused Learning Plans to address areas for improvement, providing assistance to the RPC and assessment portfolio lead as necessary in the development of remediation plans.
- Monitor the outcome of any Independent Learning Plan in concert with the Program Director, liaising with the PGME Office and the PGME Advisory Board as appropriate and as determined by the Schulich PGME office in its revision of the remediation and probation policy.
- Provide feedback to the Program Director, RPC 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 four times per year or at the call of the Chair on an ad hoc basis to support the progression 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. At least five of the seven or eight members of the competence committee must be present for quorum and at least five members must vote in favour of a decision for a recommendation to be made.

Confidentiality:

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

Attachments: Appendix A – Glossary of terms
 Appendix B – Psychiatry Competence Committee Policies and Procedures Document
 Appendix C – Schulich CC Process and Procedures Document
 Appendix D – Program of Assessment CC document
 Appendix E – CC File Review
 Appendix F – Semi-Annual Review/Resident Learning Plan

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

Individual Learning Plans: (replaces modified program)

Independent Learning Plans (ILPs) 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. Independent Learning Plans may also be appropriate when the Resident has self-identified a learning need or when, after review of a Resident's assessments, the Competence Committee has recommended further development in one or more specific areas that may have negative consequences for future performance if not addressed even though the Resident has been determined to be progressing as expected.

Independent 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.