Terms of Reference
Competence Committee (CC)

Competence Committee Members

1. Definition and Purpose

The Competency-Based Medical Education (CBME) Competence Committee, hereafter referred to as the CC, is a sub-committee of the Residency Program Committee (RPC). The Committee will meet at least quarterly to review all resident progress and make recommendations about promotion to the next stage and the need for focused attention or revised educational plans and remediation.

Performance indicators to be reviewed for the decision making process will include (but are not limited to) all documented performance information (itemized below) and written recommendations from Program Director or Academic Advisors, if applicable. The Committee is a sub-committee of the Residency Program Committee, whose primary focus is for making recommendations to the Program Director and RPC on resident progress to assist them in achieving the national standards established by the Royal College of Physicians and Surgeons of Canada Specialty Committee for Pediatrics. Membership for the Committee is part of the Department/Division education administrative duties for all residency training programs.

2. Composition & Membership

Competence Committee membership includes the Committee Chair, the Program Director, the Assistant Program Director, and other faculty with interest, experience or expertise in assessment, administration and medical education within Pediatrics. The Competence Committee members must be able to interpret multiple sources of qualitative and quantitative observation data to achieve consensus, where possible, in order to make judgments on outcomes. The Committee membership will be selected by the Program Directors in consultation with the Department/Division Head as needed. A committee appointment will be for three years with the possibility for multiple renewable terms at the discretion of the Program Directors and individual members.

The CC Chair must be a member of the clinical teaching faculty, who is not the Program Director and will be chosen by the Program Director team. The size of the Committee should reflect the number of residents in the program with a minimum size of six (6) faculty members. The Program Director and Assistant Program Director and Competence Committee Chair are non-voting members of this committee.

3. Resource Requirements & Agenda

The meeting frequency is at least quarterly and at the discretion of the Chair ad hoc. Committee members will be required to dedicate adequate time to carry out their responsibilities and are expected to attend all meetings where possible. Minimum attendance would be 75% of meetings per year.

If the program has learners on learning plans then reviewed monthly.

Each resident's file must be reviewed at minimum twice yearly. A resident's file must be reviewed within one (1) month prior to promotion to the next stage/phase of training. All members are required to respect the confidentiality of all matters reviewed and discussed.

At each Competence Committee meeting the trainees being reviewed for the next meeting will be confirmed prior to the closure of the meeting. Residents will be selected for review by the Competence Committee at the following times:

1. A regularly-timed review
2. A concern has been flagged from clinical rotations or in-training assessments (MCQ, OSCE)
3. While on active minor or major learning plan
4. Completion of stage requirements and eligible for promotion or completion of training
5. Readiness for the Royal College exam
6. A significant delay or acceleration in the trainee's progress or academic performance

4. Accountability

The Committee will be responsible for recommendations for resident progress and/or promotion, and are accountable to and report to the Program Director and RPC, with completion of a ratification form for RPC review . The Committee aim will be for consensus decision making. If there are committee members with conflict of interest they will be allowed abstentions. Consensus shall be defined as 50% membership + 1 vote. Program Director and Assistant Program Director share one vote.

Findings of the CC will be:

1. Reported to the RPC at the next upcoming monthly meeting (or electronically if deemed appropriate by the PD team) for ratification.
2. Used to create individually-tailored learning plans for residents in need of improvement; these learning plans will be reviewed and approved by the RPC and PD
3. Reviewed with residents by the PD or Academic Advisor, and the review process will be finalized by the CC to ensure appropriate communication and feedback

5. Responsibilities

- 5.1 To the Residency Program
    - 5.1.1. Monitor the progress of each resident in demonstrating achievement of the EPAs within each stage of a competency-based residency training program (RCPSC), or evaluation objectives
    - 5.1.2. Determine the recommendation about:
        - 5.1.2.1. Promotion of residents to the next stage of training (RCPSC)
        - 5.1.2.2. Readiness for certification examinations of RCPSC
        - 5.1.2.3. Readiness to enter independent practice on completion of the Transition to Practice stage (RCPSC)
        - 5.1.2.4. Resident failure to progress within the program
    - 5.1.3. Maintain and improve skills in assessment through faculty development training
- 5.2 To the Resident
    - 5.2.1 Synthesizing the results from **multiple** assessments and observations to make recommendations to the RPC
    - 5.2.2 Maintaining confidentiality and promoting trust by sharing information only with individuals directly involved in the development or implementation of learning or improvement plans.

        - 5.2.2.1 All Competence Committee members will sign a confidentiality agreement and confidentiality will be reviewed as a standing item of the Competence Committee with each meeting.
    - 5.2.3 Advising and guiding resident learning and growth
    - 5.2.4 Ensuring there is a report back mechanism so that the resident is aware of their status following a review

6. Promotions, progress, and appeals

- 6.1 Decisions
    - The committee will aim for consensus (as above) to arrive at decisions whenever possible. A quorum of at least 60% of the voting membership of the committee must be present. The Program Director, Medical Education Program Coordinator, and CBD Coordinator are non-voting members. The Competence Committee Chair votes only in cases of a tied vote.
- 6.2 Process measures
    - Non-learner specific, committee-level minutes will be documented by program administrators as a standing agenda item for tracking
- 6.3 Ready for Royal College Examination Status
    - Learners ready for examination will be deemed so when promoted to Transition to Practice with no in-training examination performance concerns longitudinally.
    - Progressing as expected in Core of Discipline, has successfully completed any active learning plans, on track to completion of Core of Discipline by 6 months into the PGY4 year (itemized in our Exam Readiness Policy)
- 6.4 Appeals
    - As a program, we support all the eligibility criteria for Appeals as described in the PGME Academic Appeals Policy and Assessment Guidelines for CBME programs. We adhered to the academic appeals policy of our training program and PGME referenced below, and available to learners on their learner website:

https://docs.google.com/document/d/0B78HNM9ZBVdmcElRbmQ4TGFlbW81NFprdzdzWjV2LWlhU1lV/edit?resourcekey=0-Clt0D3pE5OZvi6IqnXlXjg

7. Continuous Quality Improvement

The Competence Committee, via the Program Director, and/or Competence Committee Chair, will act as the primary source of feedback from the University of Alberta Pediatrics Residency Program to the Residency Program Committee, Postgraduate Medical Education office and/or to the Royal College Specialty Committee for Pediatrics related to the ongoing evolution of CBD.

Aspects of feedback may include:

- The structure and appropriateness of EPAs
- The structure and appropriateness of the program's curriculum map
- The appropriateness of other types of assessment data/assessment battery/map

- The usability and functionality of the electronic resident portfolio and system of assessment (currently CBME.med and DASH.med)

To assist this task, CC meetings will devote time, as required, to a discussion of observed issues and explore local solutions. The committee will also be open to consider novel approaches or solutions developed at other Royal College Accredited CBD programs in the spirit of continual quality improvement and evolution.