



PGME Guidelines for Competence Committees¹

Approved: PGMEAC, March 23, 2018

1. Each residency program committee (RPC) accredited by the College of Family Physicians of Canada (CFPC) or the Royal College of Physicians & Surgeons of Canada (Royal College) will establish a Competence Committee.
2. The Competence Committee will be responsible for reviewing residents' readiness for increasing professional responsibility, promotion, and transition to practice.
3. There will be a documented Terms of Reference for the Competence Committee approved by the residency program committee.
4. The Competence Committee will
 - a. work within the processes outlined in "Guidelines for the Assessment of Postgraduate Residents of the Faculty of Medicine at the University of Toronto" (PGME Assessment Guidelines),
 - b. use data to make judgements about a resident's progression through residency (e.g. competence stages, promotion from one year/level to next, identification of needed improvement or remediation, identification of needed enhancement, or enrichment, readiness for certification examinations), and
 - c. review assessment and performance data patterns and trends (e.g. across residents, stages, sites, rotations, or assessment tools/approaches) to identify areas of excellence and areas needing improvement for individual residents and the residency program.
5. The Terms of Reference will document the following:
 - a. Purpose
 - b. Structure
 - i. Title of the committee
 - ii. Membership of the committee
 - iii. Process of selecting the Chair of the committee
 - iv. Role of the Program Director in the committee
 - v. Confirm that residents will *not* be members of this committee²
 - vi. Confirm that members must not have COI (e.g. be parent/partner of a resident)
 - c. Roles and responsibilities / Committee Guidelines
 - i. e.g. confidentiality

¹ These guidelines apply to programs when they formally implement Competence by Design (CBD). Other programs may use this guideline if approved by the RPC.

² The RPC may elect to include a non-voting resident member when the resident is appointed to a senior or chief role (e.g. Department of Medicine Chief Resident), they are fully oriented to the Competence Committee and serve on the CC for a long period of time (e.g. a year or more)

- d. Operational processes
 - i. Meeting format (e.g. face-to-face or phone)
 - ii. Quorum for a decision
 - iii. When and how residents are to be selected for review
 - iv. How files are to be reviewed and presented
 - v. Acceptable voting formats (e.g. e-mail voting or ratification)
 - vi. How a tie is broken (e.g. by Chair of committee or by Program Director)
 - vii. Role of RPC in ratifying committee decisions and if so, that resident members of the RPC are not present during this process

- e. Decision making process
 - i. How data is collected, circulated, and stored
 - ii. Documents to be considered by the committee
 - 1. E.g. Assessment data from the period under consideration, review of previous assessment data to identify pattern of performance over time
 - iii. Additional data / information to be considered
 - 1. E.g. patient safety needs, service needs of clinical teams, need for different approaches to resident supervision
 - iv. Whether individual member experience with a specific resident is to be used
 - v. How decisions are to be recorded and reported to RPC
 - vi. How decisions are to be reported back to the residents

- f. Possible decisions and judgments
 - i. E.g. progress between competence continuum stages, promotion from year to year, completion of training, follow-up actions required

- 6. Guidelines for Agenda topics
 - a. Mandatory topics, such as regularly timed reviews, special cases, follow-up from previous meeting, planned follow-up from current meeting
 - b. Regular monitoring of Competence Committee information, systems, processes, and residency program functioning (e.g. annually, bi-annually, semi-annually review; sample topics include: EPAs that may need revision, sites where EPA assessments were low/high).

RESOURCE DOCUMENTS

SAMPLE Procedures and Terms of Reference for Residency Programs

Competence Committee Procedures

[Program Name]

Program Residency Program Approval date: TBC

OVERVIEW

All residency programs accredited by the College of Family Physicians of Canada (CFPC) or the Royal College of Physicians & Surgeons of Canada (Royal College) will establish a Competence Committee.

PURPOSE

The Competence Committee (CC) monitors and makes decisions about residents' progress throughout the different stages of their residency education by:

- Working within the processes outlined in "Guidelines for the Assessment of Postgraduate Residents of the Faculty of Medicine at the University of Toronto" (PGME Assessment Guidelines). See [Appendix A](#).
- Using data to make judgements about a resident's progression through residency (e.g. competence stages, promotion from one year/level to next, identification of needed improvement or remediation, identification of needed enhancement, or enrichment).,
- Reviewing assessment and performance data patterns and trends (e.g. across residents, stages, sites, rotations, or assessment tools/approaches) to identify areas of excellence and areas needing improvement for individual residents and the residency program.

STRUCTURE & PROCESSES

1. Each accredited Residency Program will have a Competence Committee

- a. There will be a documented Terms of Reference for the Competence Committee including, for example, committee name, membership process, selection of Chair, decision making process, reporting to residency committee and PGME office processes.

2. Structure of Competence Committee

- a. For [Program Name] specialty program the title will be ["XYZ"].
- b. The [Program Name] **Competence Committee Membership Processes** are:
 - The Chair will be selected by the RPC.
 - The Program Director will be on the Competence Committee and is eligible to Chair.
 - [###] faculty will serve as members. The Residency Program Committee (RPC) will confirm membership. Terms of Reference are found in [Appendix B](#).
 - Residents will *not* be members of the Competence Committee.
 - Members will be void of any conflict of interests (e.g. parent/partner of an active resident, etc.)

3. Operational Process of Competence Committee

- a. The Competence Committee can meet face-to-face or by phone
- b. Quorum for decision is 3 members
- c. All members are active working members and will review and summarize a set of resident files
- d. Email votes and e-mail ratifications are accepted

- e. The Chair will vote in the case of a tied vote
- f. The RPC will ratify Competence Committee decisions (without resident members in attendance)

4. Decision Making Process of Competence Committee

- a. Resident data will be collected by staff (e.g. Program Administrators, Program Assessment Directors, Site Directors, etc.) as appropriately determined by the Program Director. Resident data collected will be confidential and will not be disclosed nor distributed to parties outside the Competence Committee and/or staff responsible for handling the data.
- b. University policies on document storage and privacy will apply.
- c. See **Appendix C** for the schedule of Competence Committee decision/discussion meetings and the general agenda regarding which decisions/discussions are a part of each meeting (e.g. September Competence Committee agenda includes review of Transition to Discipline (TTD) data to confirm completion of TTD stage and/or identify needed additional educational supports for a specific resident, etc.).
- d. See **Appendix C** for the documents that will be considered by the Competence Committee. This information reflects the required educational experiences, established residency program assessment plan, and specialty and accreditation expectations.
- e. The Competence Committee will submit a written summary of de-identified outcomes and processes to the RPC following each Competence Committee meeting. This memo will outline decisions made by the Competence Committee regarding residents' progress and/or confirmation of progress and/or promotion.

5. The roles and responsibilities of the Competence Committee:

- a. Works confidentially
- b. Convenes as scheduled
- c. Considers concurrently multiple variables including established standards, patient safety, and resident performance
- d. Deliberates on the available information for each resident
- e. Works with the available information, understanding that the information may be incomplete
- f. Works collaboratively towards a consensus decision.
- g. Makes holistic judgements on the progress and performance of the resident.
- h. Documents individual resident judgements, including needed follow up activity (e.g. Appropriate disclosure of learner needs)
- i. Identifies information to be communicated (e.g. information for individual residents, sites, residency program, PGME office)
- j. Monitors and communicates issues arising in Competence Committee information, systems, or processes
- k. Monitors and communicates issues arising through reviewing residency program functioning, including assessment and performance data patterns and trends (e.g. across residents, stages, sites, rotations, assessment tools/approaches) to identify areas of excellence and areas needing improvement.
- l. Documents (e.g. per meeting and/or annually) Competence Committee functioning (e.g. decisions made) and residency program functioning (e.g. EPAs that may need revision, sites where EPA assessments were low/high).

6. The decisions and judgments of the Competence Committee may include:

- **Progress** between competence continuum stages:
 - Confirmation of progress/completion – Transition to Discipline
 - Confirmation of progress/completion – Foundations of Discipline

- Confirmation of progress/completion – Core of Discipline
- Readiness for certification examination
- Confirmation of progress/completion – Transition to Practice
- **Promotion** to next residency year:
 - Promotion from PGY[X] to PGY[Y]
 - Promotion from PGY[Y] to PGY[Z]
 - Residency training program completion
- **Follow up activities identified include:**
 - Identification of residents in need of **program modifications** for focused educational needs or performance gaps (e.g. additional or different educational experiences; enhanced coaching, service needs of rotations, different approaches to resident supervision)
 - Identification of residents in need of **remediation** to address sustained, repeated or significant educational needs or performance gaps educational. Specific needs for program modifications (e.g. additional or different educational experiences, intensity of coaching or intervention, service needs of rotations, different approaches to resident supervision)
 - Communication to PGME Associate Dean through Program Director regarding **imminent patient or resident safety issues**
 - Communication to PGME Wellness Office regarding concerns with respect to **resident wellness needs**
 - Identification of residents for **program enhancements, enrichment, and/or an accelerated pathway.**

7. Competence Committee review material will include information about:

- Resident performance for the period under consideration
- Resident pattern of performance over time
- Patient safety needs
- Service needs of rotations
- The need for different approaches to resident supervision
- Individual committee member experience regarding resident performance may be included if there is a request to clarify the available assessment documentation

8. Agenda for competence committee:

- Each meeting will include:
 - Regularly timed resident reviews (e.g. annual, by stage, readiness for certification examination)
 - Special case(s) brought to Chair's attention (e.g. a significant concern arising from one or more completed assessments; a pattern of performance is flagged)
 - Follow up activities from last meeting
 - Follow up activities planned arising from current meeting
- As scheduled (e.g. annually, biannually, semi-annually)
 - Monitoring of Competence Committee information, systems, and processes
 - Monitoring of residency program (e.g. EPA plans that may need revision, sites where EPA assessments were low/high).

Appendix A: U of T PGME Resident Assessment Guidelines

Guidelines for the Assessment of Postgraduate Residents of the Faculty of Medicine at the University of Toronto, March 2017 (see link for document:

http://pg.postmd.utoronto.ca/wp-content/uploads/2017/04/Guidelines_ASSESSMENT-OF-PG-RESIDENTS_Approved_17mar09SEND.pdf).

Appendix B: SAMPLE Terms of Reference – [Program Name]

Purpose:

The Competence Committee monitors and makes decisions about residents' progress throughout the different stages of their residency education by:

- Working within the processes outlined in “Guidelines for the Assessment of Postgraduate Residents of the Faculty of Medicine at the University of Toronto” (PGME Assessment Guidelines).
- Using data to make judgements about a resident's progression through residency (e.g. competence stages, promotion from one year/level to next, readiness for certification examination, identification of needed improvement or remediation, or identification of needed enhancement or enrichment).
- Reviewing assessment and performance data patterns and trends (e.g. across residents, stages, sites, rotations, or assessment tools/approaches) to identify areas of excellence and areas needing improvement.

Membership:

[###] faculty will serve as members. The Residency Program Committee (RPC) will confirm membership. Residents will not be members of the Competence Committee. Members will be void of any conflict of interests (e.g. parent/partner of an active resident, etc.).

Reporting:

Written summary of de-identified outcomes and processes to RPC following each Competence Committee meeting.

Meetings:

There will be [XXX] meetings a year, which can be via phone and include electronic voting

Privacy & Security:

University policies on document storage and privacy apply.

COMPETENCE COMMITTEE GUIDELINES

1. All committee discussions are strictly confidential and only shared on a professional need-to-know basis.
2. Committee decisions will be based on the assessment information and documentation available for each resident at the time of the committee meeting.
3. Individual committee member experience regarding resident performance is to be included if there is a request to clarify the available assessment documentation.
4. Committee decisions will be timely to support fairness and appropriate sequencing of training experiences.
5. Competence Committees will make decisions in consideration of:
 - a. Resident recent performance
 - b. Resident pattern of performance over time

- c. Patient safety needs
 - d. Service needs of rotations
 - e. The need for different approaches to resident supervision
6. Residents may be selected for Competence Committee review based on any one of the following criteria:
 - a. A regularly timed review (See **Appendix C**)
 - b. A concern has been flagged on one or more recent completed assessments
 - c. Completion of stage requirements and eligible for promotion or completion of training
 - d. Requirement to determine readiness for the Royal College exam
 - e. Where there appears to be a significant delay in the resident's progress or academic performance
 - f. Where there appears to be a significant acceleration in the resident's progress
 7. Competence Committee members will share leading the review of resident files (i.e. being a primary reviewer). The primary reviewer is responsible to complete a detailed review of the progress of all assigned residents to:
 - a. Consider each resident's recent performance on assessments (See **Appendix C-Assessment Plan**),
 - b. Identify patterns of performance,
 - c. Provide a succinct synthesis, and
 - d. Recommend a decision.
 8. Types of decisions available to Competence Committees are:
 1. *Confirmation of competence* continuum:
 - a. Confirmation of completion of Transition to Discipline
 - b. Confirmation of completion of Foundations of Discipline
 - c. Confirmation of completion of Core of Discipline
 - d. Confirmation of completion of Transition to Practice
 2. *Promotion* to next residency year:
 - a. Promotion from **PGY[X]** to **PGY[Y]**
 - b. Promotion from **PGY[Y]** to **PGY[Z]**
 - c. Residency training program completion
 3. Readiness for certification examination.
 4. Recommendation for:
 - a. Program based remedial support (i.e. where there are focused educational needs/gaps)
 - b. Formal Remediation (i.e. where there are significant or persistent needs/gaps)
 - c. Access to enrichment opportunities (i.e. focused educational opportunities)
 - d. An accelerated educational pathway
 9. Decisions will generally be made by consensus but a formal vote of approval will also be taken for each resident. In the event of a tie, the Chair will cast the deciding vote.

10. Decisions need to be documented to meet:
 - a. programmatic documentation requirements
 - b. university documentation requirements
 - c. Royal College documentation requirements

11. The Program Director will meet with each resident to discuss the decision of the Competence Committee and to discuss needed adjustments to the educational program, assessments, or rotation schedule.

Appendix C: **SAMPLE** Assessment Plan [Program Name]

PURPOSE

To provide an organized list of documents that will be considered by the Competence Committee. This information reflects the required educational experiences, established residency program assessment plan, and specialty and accreditation expectations.

- Assessment Plan to be sequenced by calendar blocks
- Assessment Plan to include all assessment information considered by the Competence Committee for discussion/decision for each PGY year

Mtg #	Type of Decision / Discussion	Meeting Block	Assessments / Training Experiences	Notes
1				
2				
3				
4				

Appendix D: **SAMPLE** Assessment Schedule of Competence Committee Meeting Decisions / Discussions – [Program Name]

PURPOSE

To provide an organized schedule and record of Competence Committee decision/discussion meetings and the general agenda regarding which decisions/discussions are a part of each meeting (e.g. September Competence Committee agenda includes review of Transition to Discipline (TTD) data to confirm completion of TTD stage and/or identify needed additional educational supports for a specific resident)

- Schedule to be sequenced by calendar blocks

- Schedule to include details on what type of decision/discussion is to be made for each PGY year

Mtg #	Month / Year	Block	Resident Year	Type of Decision / Discussion	Details
1					
2					
3					
4					
5					

Appendix E: **SAMPLE** Memo Report to Residency Program Committee

MEMO

To: Residency Program Committee – [Program Name]
From: Competence Committee – [Program Name]
 – [List members]
 –
 –
Cc: [Insert, if applicable]
Date: [mmm, dd, yyyy]
Re: Competence Committee Meeting #[X], on [mmm, dd, yyyy]

This memo is to inform the Residency Program Committee (RPC) that on [mmm, dd, yyyy], the Competence Committee met to discuss and/or make decisions on residents' progress in [Program Name].

Our agenda included:

1. **Decisions** regarding Confirmation of Progress for:
 - [Resident #1]
 - [Resident #2]
 - [Resident #3]
 - [etc.]
2. **Discussions** regarding:
 - [Resident #1]
 - [Resident #2]

- [Resident #3]
- [etc.]

The Competence Committee had sufficient data to make decisions and confirm that:

- Resident [X] [Insert comment on decision]
-
- [etc.]

They also noted that Resident(s) [YZ] did not have sufficient information for a decision at this time. The Program Director and Resident(s) [YZ] are working with (Site Director/Supervisor/Advisor) on the next X block(s) to ensure sufficient opportunity for additional assessments.

There are/ are not patterns of performance viewed needing program based remedial support nor consideration for formal remediation.

Respectfully submitted,

[Competence Committee Chair signature]