**SAMPLE Competence Committee Terms of Reference**

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| **OVERVIEW:**   * A Competence Committee (or its equivalent) is mandatory. * This template Competence Committee Terms of Reference (ToR) document is in alignment with **Version 3.0** of the General Standards of Accreditation for Residency Programs Administrative Learning Sites; and U of T’s PGME Guidelines on Competence Committees. * The Residency Program Committee (RPC) must review how the Competence Committee is making decisions to ensure alignment with established policies and processes. Once drafted, the CC’s ToR should go to the program’s RPC for approval. |

**[Insert Program Name]**

**University of Toronto**

**COMPETENCE COMMITTEE: TERMS OF REFERENCE**

**Purpose:**

The Competence Committee regularly reviews all available evidence resident regarding performance to monitor and make summative decisions regarding achievement, learner status, stage progression, stage promotion, and readiness for examination and certification, based on the program’s system of assessment [3.4.3.1, 3.4.3.2]:

* Working within the processes outlined in “Guidelines for the Assessment of Postgraduate Residents of the Faculty of Medicine at the University of Toronto” <https://pgme.utoronto.ca/guidelines-assessment-postgraduate-residents>
* 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). [1.2.2.5, 3.4.3.1, 3.4.3.2]
* 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. [9.1.2.1, 9.1.2.2, 9.1.3.1]

**Membership:**

[###] faculty will serve as members. The Residency Program Committee (RPC) will confirm membership. Residents will not be members of the Competence Committee.

* Members shall be void of any conflict of interests (e.g. your family member, investment partner, or significant other).
* All members must follow the institution’s policies and procedures regarding ensuring appropriate identification and management of conflicts of interest. [2.1.1.4]

**Membership on this committee may include:**

[List members by role, not name. For e.g.,

* Competence Committee Chair
* Program Director
* # of Faculty Members
* Optional:
  + Research Coordinator
  + Wellness Coordinator
  + Academic Advisors
  + Coaches

***Note: The Program Director should not be the Competence Committee Chair***

**Reporting:**

* A written summary of de-identified outcomes and processes are provide to the RPC following each Competence Committee meeting.
* The Program Director will provide a written summary of outcomes to each resident, following each Competence Committee meeting; and will meet one-on-one with the resident to discuss needed adjustments to their educational program, assessments, or rotation schedule, as necessary. [3.4.2.2]

**Meetings:**

There will be a minimum of four meetings a year, which can be in person, via phone or virtual platform, and may include electronic voting. Meetings can be cancelled if no issues arise.

**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. The committee may approve motions or endorse recommendations at a meeting only if 50% or more of its voting membership is present at the meeting.
3. Committee decisions will be based on the assessment information and documentation available for each resident at the time of the committee meeting. [3.4.3.2, 3.4.3.4] This will include data from multiple sources including observations, In-Training Assessment Reports (ITARs), narrative assessments, summaries of daily clinical performance (i.e. Field Notes), in-training tests, objective structured clinical examinations (OSCEs), simulation sessions, etc. that are in the resident’s electronic portfolio or other files.
4. Committee decisions will be timely to support fairness and appropriate sequencing of training experiences.
5. Competence Committees will make decisions in consideration of:
   1. Resident performance for the period under consideration
   2. Resident pattern of performance over time
   3. Patient safety needs
   4. Clinical team needs
   5. Faculty supervision needs
6. Individual committee member experience regarding residence performance is to be included if there is a reason to clarify the available assessment documentation.
7. Residents **must** be selected for Competence Committee review based on any one of the following criteria:
   1. A regularly timed review (See SAMPLE Assessment Plan)
   2. Completion of stage requirements and eligible for promotion or completion of training
   3. Requirement to determine readiness for the CFPC exam.
8. Residents **may** be selected for Competence Committee review based on any one of the following criteria:
   1. A concern has been flagged on one or more recent completed assessments.
   2. Where there appears to be a significant delay in the resident's progress or academic performance
   3. Where there appears to be a significant acceleration in the resident's progress
9. 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:
   1. Consider each resident's recent performance on assessments (See SAMPLE Assessment Plan),
   2. Identify patterns of performance,
   3. Provide a succinct synthesis, and
   4. Recommend a decision.
10. Types of decisions available to Competence Committees are:
11. Confirmation of competence continuum:
    1. Confirmation of completion of Transition to Discipline
    2. Confirmation of completion of Foundations of Discipline
    3. Confirmation of completion of Core of Discipline
    4. Confirmation of completion of Transition to Practice
12. Promotion to next residency year:
    * 1. Promotion from PGY [ 1X] to PGY [2]
      2. Promotion from PGY [2] to PGY [3 For residents in a 3 year continuous program. ]
      3. Residency training program completion
13. Eligibility for College of Family Physicians of Canada Examinations
14. Readiness for certification examination and independent practice.
15. Recommendation for:
16. Program based remedial support and modified learning plans (i.e. where there are focused educational needs/gaps)
17. Formal Remediation (i.e. where there are significant or persistent needs/gaps)
18. Access to enrichment opportunities (i.e. focused educational opportunities)
19. An accelerated educational pathway
20. 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. A simple majority (50% plus 1) of members at the meeting who vote decides the matter. In order for the vote to be valid, at least 50% of the committee’s voting membership must cast a vote. Members who indicate that they would like to abstain from voting are counted as part of quorum, but their abstention is not factored in the tallying of votes.
21. Evidence and rationale for decisions and recommendations made must be clearly recorded by the competence committee (e.g., in the meeting minutes). Programs should securely maintain these records for 10 years after a trainee has graduated for accreditation purposes.

**SAMPLE Assessment Plan** [Insert 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

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| --- | --- | --- | --- | --- |
| Mtg # | Resident Cohort/Stage Under Review | Timing | Meeting Purpose (i.e., progress review, stage promotion, exam eligibility, certification eligibility) | Data Included in Review |
| 1 | *E.g., PGY1-TTD* | *E.g., Blocks 1-3* | *E.g., TTD stage promotion* | *E.g.,*   * *Bootcamp assessments* * *Academic Half-Day attendance* * *TTD EPA assessments* * *ITARs* |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

**SAMPLE Assessment Schedule of Competence Committee Meeting Decisions / Discussions** – [Insert 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.
* Depending on the number of learners in your program, the Competence Committee may be able to review multiple PGY levels at a single meeting and may be able to have fewer meeting throughout the year. The table below is a sample.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Sept 15 | Sept 22 | Oct 20 | Nov 24 | Dec 15 | Jan 26 | Feb 23 | Mar 30 | Apr 27 | May 25 | Jun 22 |
| Decisions | Promotion to FOD | Promotion to FOD | Confirm progress Exam Eligibility | Confirmation or Progress | Research Check & Confirmation of Progress | Research Check & Confirmation of Progress | Promotion to COD (PGY2) | Promotion to COD (PGY2) Confirmation of Graduation | Promotion to PGY3 | Promotion to PGY3 and PGY4/TTP | Promotion to PGY4/TTP |
| **PGY1 Residents** | | | | | | | | | | | |
| Resident 1 | X |  |  |  |  |  | X |  |  |  |  |
| Resident 2 |  | X |  |  |  |  |  | X |  |  |  |
| **PGY2 Residents** | | | | | | | | | | | |
| Resident 3 |  |  |  | X |  |  |  |  | X |  |  |
| Resident 4 |  |  |  |  | X |  |  |  |  | X |  |

**SAMPLE Memo Report to Residency Program Committee**   
[Insert Program Name]

**MEMO**

To: Residency Program Committee – [Program Name]

From: Competence Committee – [Program Name]

– [List members]

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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]

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]