

COMPETENCE BY DESIGN TECHNICAL GUIDE

COMPETENCE COMMITTEES

Competence by Design Technical Guides are a series of documents to support program education leaders, PGME offices, and Specialty Committees to interpret accreditation standards and applicable Royal College policies, and to understand how those requirements can be operationalized in conjunction with institutional policies.

Every program must have a competence committee, assessment committee, or equivalent body responsible for reviewing residents' readiness for increasing professional responsibility, promotion and transition to practice.¹ Competence committees review multiple sources of qualitative and quantitative information about residents' performance and progression toward competence. Data is collected to inform two key functions:

- Competence committees make decisions about a resident's successful completion of each individual training requirement² based on the collation of multiple types of assessments.
- Competence committees make recommendations to the Residency Program Committee (RPC) about the status of a resident's progress across all of the CanMEDS stage-specific competencies, including when the resident is ready to progress to the next stage of training and any modifications to learning plans.

These recommendations must be informed by a defined program of assessment with data from multiple sources, which may include, but is not limited to, EPA observations, narrative assessments, summaries of daily clinical performance, in-training tests, objective structured clinical examinations (OSCEs), and simulation sessions, all of which must be recorded within each resident's assessment portfolio.

¹ *General Standards of Accreditation for Residency Programs*, version 3.0 (July 2024); Requirement 1.2.2

² Each discipline's Specialty Committee defines the standardized national *Competencies*, *EPAs*, and *Training Experiences* that must be achieved or completed for certification in that discipline. Institutions or programs may also establish tasks, competencies, or other requirements that must be achieved or completed by the resident during training.

AUTHORITY AND RESPONSIBILITY OF THE COMPETENCE COMMITTEE

A competence committee (CC) reports to the residency program committee (RPC) through its Chair. RPCs have overall accountability within each institution for resident assessment processes.

Competence Committee (CC) – Responsibility for resident assessment	Residency Program Committee (RPC) – Accountability for resident assessment
<p>The CC completes the task (i.e., reviews different types of assessments from multiple sources to determine readiness for increasing responsibility and promotion).</p> <p>Task-focused: “We review residents’ portfolios to assess their progress.”</p> <p>In practical terms, this means that the CC is responsible for:</p> <ul style="list-style-type: none"> The ongoing task of reviewing resident progress and making summative assessments regarding successful completion of training requirements, learner status, stage progression, stage promotion, and readiness for examination and certification. 	<p>The RPC is informed of and responsible for overseeing CC activities and decision-making processes.</p> <p>Outcomes-focused: “Did resident assessment happen appropriately?”</p> <p>In practical terms, this means that the RPC is responsible for:</p> <ul style="list-style-type: none"> Creating and/or managing the processes by which resident assessment occurs, including appeal processes at each institution. Ensuring those processes are followed. Being aware of and accountable for CC decisions.

WHAT THE COMPETENCE COMMITTEE NEEDS TO DO

Competence committees must have a clear terms of reference:³ The terms of reference should address the committee’s composition, roles, responsibilities - including well-articulated processes for decision-making. Each institution is responsible for PGME oversight of competence committee processes.

Competence committees must align their processes with the general standards of accreditation: Competence committees must regularly review a resident’s readiness for increasing professional responsibility, promotion, and transition to practice.⁴ Typically, residents are reviewed at least twice per year or once per stage, whichever is more frequent. Refer to discipline-specific standards and PGME office policies for the precise frequency required.

Accreditation tip: Under the general standards of accreditation, all residency programs require a competence committee or equivalent body. As part of an accreditation review, accreditation surveyors will evaluate the mandate and processes of the competence committee through review of information and documentation provided by the program, including competence committee meeting agendas and minutes, terms of reference, information about assessment, and decision-making processes, review of resident files, and by meeting with the competence committee at the time of the review.

Competence committees must have access to a comprehensive assessment portfolio for each resident:⁵ It is important that competence committee decisions are informed by data from multiple sources (which may include, but is not limited to, EPA observations, narrative assessments, summaries of daily clinical performance, in-training tests, OSCEs, simulations sessions).

³ General Standards of Accreditation for Residency Programs, version 3.0 (July 2024); Requirement 1.2.2

⁴ General Standards of Accreditation for Residency Programs, version 3.0 (July 2024); Requirement 3.4.3

⁵ General Standards of Accreditation for Residency Programs, version 3.0 (July 2024); Requirement 3.4.3

Only information available in a resident's assessment portfolio should be discussed at the competence committee, to avoid hearsay. Efforts must be made by the competence committee to ensure its decision-making processes mitigate bias and remain defensible and free of anecdotal information or opinions.

Competence committees must make informed decisions about successful completion of individual training requirements:⁶

- Decisions about successful completion of an EPA are made by the competence committee. The decision must be based on consideration of multiple assessments and documented observations that indicate to the competence committee that a resident can be entrusted to consistently perform the activity independently. Successful completion is not automatically awarded upon achievement of a particular entrustment (or other) score on that EPA. The discussions leading to this decision should be guided by review of the breadth of contexts outlined in the discipline-specific EPA document.
 - The postgraduate office has oversight of decisions made by residency programs related to the assessment, progress and promotion of residents.
 - The postgraduate office may delegate authority to the competence committee to determine the appropriate number of observations/assessments residents require for successful completion of an EPA within their program. Decisions regarding the total quantity and quality of assessment data required for resident decisions (particularly EPA achievement) should integrate both local factors and the recommendations for each discipline's national standards document suite.
- All training requirements, including those set by the individual program, must be assessed using methods that have been clearly communicated to the residents.⁷ Programs are expected to use multiple types of assessment tools and/or methodologies to obtain qualitative and quantitative data on successful completion of the training requirements.⁸
- Competence committee decisions must be both transparent and defensible.⁹

Accreditation tip: The minimum number of observations listed for each EPA in the EPA Guide for the discipline are recommendations and will not be audited by surveyors at the time of an accreditation review.

Competence committees must make informed decisions about learner status and stage progression:¹⁰ To make recommendations on learner status and progression, the competence committee must have sufficient and appropriate evidence of consistent performance that signals that a resident is meeting the requirements of their current stage.

Recommendations about learner status and progression are based on more than successful completion of EPAs.

Example 1: A resident has not yet achieved successful completion of an EPA for a given stage, but in the judgment of the competence committee, the resident is showing overall competence for that stage. The competence committee may decide to recommend that the resident be promoted to the next stage if:

- There is sufficient evidence that the resident is on track to successfully complete the EPA by the

⁶ General Standards of Accreditation for Residency Programs, version 3.0 (July 2024); Requirement 3.4.3

⁷ General Standards of Accreditation for Residency Programs, version 3.0 (July 2024); Requirement 3.4.2

⁸ General Standards of Accreditation for Residency Programs, version 3.0 (July 2024); Requirement 3.4.1

⁹ General Standards of Accreditation for Residency Programs, version 3.0 (July 2024); Requirement 3.4.1

¹⁰ General Standards of Accreditation for Residency Programs, version 3.0 (July 2024); Requirement 3.4.3

next meeting of the committee

- The EPA is standalone, i.e., the EPA is not a foundational task for the successful completion of EPAs in a subsequent stage of training
- There is a clear plan in place for subsequent training experiences that will facilitate the successful completion of that EPA
- The competence committee will follow up on future evidence concerning the successful completion of the incomplete EPA

Example 2: A resident has successfully completed all EPAs for a given stage but has not yet experienced all the Required Training Experiences and/or has failed to successfully complete a non-EPA program requirement. The competence committee may decide to recommend that the resident not be promoted to the next stage until successful completion of all requirements for the stage.

In both examples, the competence committee must record the reason for their recommendation, as well as a clear plan for the resident to successfully complete any missing training requirements. The decision, and the plan to complete training requirements must be clearly communicated with the resident.

Competence committees must record their decisions: Evidence and rationale for decisions and recommendations made must be clearly recorded by the competence committee.

Competence committees must ensure transparency for residents: All residents must be aware of competence committee processes and decisions,^{11,12} including:

- what information is used by the competence committee to assess resident performance;
- who is on the competence committee;
- when their files have been reviewed; what the decisions were with associated rationale;
- the process and timeline for sharing competence committee decisions; and
- what the processes are for appealing a competence committee decision.

¹¹ *General Standards of Accreditation for Residency Programs*, version 3.0 (July 2024); Requirement 3.4.2

¹² *General Standards of Accreditation for Residency Programs*, version 3.0 (July 2024); Requirement 6.1.1

WHERE THERE'S FLEXIBILITY

Number of competence committees: Programs can have more than one competence committee. While this may occur more often in larger programs, a program of any size can have multiple committees. Each competence committee should have a holistic view of its residents (e.g., the competence committee cannot be focused on a single rotation), and the program director should ensure consistency and communication between the committees. Examples of how this could be achieved include having the program director as a member on all competence committees and/or having committee chairs serve as members on each other's committees.

Membership of the competence committee: The accreditation standards do not prescribe the membership of the competence committee. Decisions regarding who can sit on the competence committee are within the purview of the institutional PGME office and should take into consideration and address any issues of confidentiality and conflict of interest. Should the competence committee be comprised of some of the same members as the RPC, it is important that there be clear distinction between the function and work of each committee, which should be evident in the terms of reference and minutes of both committees.

Accreditation tip: While it is permissible for a Program Director to be a voting member or Chair of the competence committee, ideally, to limit conflict of interest, the PD would serve as a non-voting committee member.

Number of assessments: While multiple assessments of a resident's performance provide a body of evidence for more robust decision-making, the exact number of assessments is at the discretion of the program with oversight from their PGME office. Focus should be on collecting sufficient evidence that competence has been achieved – across different contexts - rather than any specific number of assessments. For EPAs, the number of observations (or successful observations) for each EPA noted within the EPA Guide is a recommendation, and not a mandatory requirement, however all contextual variables must be captured within the program of assessment as per each discipline's EPA guide.

Competence committees must work within the institutional policies and oversight of their PGME office when making adaptations to their assessment plan as it relates to resident promotion decisions. Programs must be able to provide written documentation regarding the rationale for significant and/or multiple deviations from the associated discipline's national document suite recommendations.