



Postgraduate Medical Education [XXXXXX]Competence Committee Terms of Reference

July 2018

1. Introduction

The Competency-Based Medical Education (CBME) Competence Committee (RCPSC) or Resident Operations Committee (CFPC) hereafter, referred as the Committee, is a sub-committee of the Residency Program Committee (RPC). The Committee's primary focus is to make recommendations to the Program Director and RPC on resident progress. Data to be reviewed for the decision making process will include (but are not limited to) all documented performance information and written recommendations from Program Director or Academic Advisors, if applicable. Membership for the Committee is part of the Department/Division education administrative duties for all residency training programs.

2. Membership

Its membership includes the Committee Chair (in small programs, the Program Director may also serve in this role), the Program Director, faculty and other representatives as appropriate. Generally, it is not recommended that resident members are part of this committee, unless there is an established, existing strong culture of resident involvement in high stakes assessment/promotion decisions in the program. The size of the Committee should reflect the number of residents in the program with a minimum size of three faculty members. For large and/or distributed programs, multiple Committees may be created as long as there is clear, timely communication with the Program Director(s) as to the status of all residents in the UBC program. The responsible Chair will be chosen by the RPC. If the program chooses to include a resident member on the Committee, the individual will be chosen by the RPC. All members will be void of any conflict of interest

3. Terms.

Terms for all members are 2 years, renewable.

4. Qualifications

All faculty Committee members should have a demonstrated interest in education, assessment, and/or administration. It is expected that Committee members will make every effort to attend every meeting in person or via teleconference.



5. Meeting frequency

The minimum number of meetings is twice per year, however recommended frequency is quarterly. All residents must be reviewed a minimum of twice in the academic year.

6. Reporting

The Committee will be responsible for recommendations regarding resident progress and/or promotion, and are accountable to and report to the Program Director and RPC. Decision is made by consensus. In the event of a tie, the Chair casts the deciding vote. Timely documentation of the decisions is then provided to the Program Director and RPC. Official status updates are only made after each resident has been contacted and advised of the recommendation.

7. Responsibilities

1. All committee discussions are strictly confidential and are 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. Residents to be discussed are to be notified as soon as the decision about which residents are to be presented is made. If it is anticipated by the Faculty Advisor and/or the Program Director that the resident will likely not be progressing either at or ahead of the anticipated course, the resident is to be informed and encouraged to provide the Committee with a written progress update which may include their perceived progression status, clarifications, actions taken in response to feedback and additional relevant information.
4. Individual committee member experience regarding resident performance is to be included if there is a request to clarify the available assessment documentation.
5. Committee decisions will be timely to support fairness and appropriate sequencing of training experiences.
6. 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
7. Residents may be selected for Competence Committee review based on any one of the following criteria:
 - a. A regularly timed review (minimum 2 times per year)
 - b. A concern has been flagged on recent assessments
 - c. Completion of stage requirements and eligible for promotion or completion of training
 - d. Requirement to determine readiness for examination (RCPS, CFPC)
 - e. Where there appears to be a significant delay in the resident's performance
 - f. Where there appears to be a significant acceleration in the resident's progress



8. 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 in all areas.
 - b. Identify patterns of performance,
 - c. Provide a succinct synthesis, and
 - d. Recommend a decision.The other CC members will also review each resident's data and will be prepared to discuss each resident.
9. Types of decisions available to Competence Committees are:
 1. Confirmation of competence continuum
 2. Readiness for Examination (RCPSC, CFPC)
 2. Residency training program completion/Certification Examination
 3. 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
10. Decisions need to be documented to meet:
 - a. Programmatic documentation requirements
 - b. University documentation requirements
 - c. Royal College/CFPC documentation requirements
11. The Program Director (or designate) will meet with each resident to discuss the decision of the Competence Committee and to discuss needed adjustments (if applicable) to the educational program, assessments, or rotation schedule.

8. Appeals

The resident may appeal a Competency Committee decision regarding Exam Eligibility or Certification Eligibility according to the UBC PGME Policy on Appeals.