

# Geriatric Medicine

#### **COMPETENCE COMMITTEE - TERMS OF REFERENCE**

Approved by CC: February 1, 2019 Approved by RPC: March 27, 2019 Revision edit: July 12, 2019

### **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)
  - http://pg.postmd.utoronto.ca/wp-content/uploads/2017/04/Guidelines ASSESSMENTOF-PG-RESIDENTS Approved 17mar09SEND.pdf
- 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:

Four to six faculty members will serve on the committee. 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.). Only faculty members of the committee have the right to vote.

## Reporting:

Written summary of outcomes and processes will be reported to the RPC following each Competence Committee meeting.

## **Meetings:**

There will be 3 to 5 meetings a year, which can be via phone and include electronic voting

# **Privacy & Security:**

University policies on document storage and privacy apply. Resident data will be collected by staff (e.g. Program administrators, site directors, etc) as determined by the Program Director. Resident data collected will be confidential and will not be disclosed or distributed to parties outside the Competence

Committee and/or staff responsible for handling the data. Working, hard copy data will be stored in a locked cabinet.

#### 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
  - 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
  - f. performance
  - g. Where there appears to be a significant acceleration in the resident's progress
- 7. Competence Committee members will share the task of 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,
  - b. Identify patterns of performance,
  - c. Provide a succinct synthesis, and
  - d. Recommend a decision.
- 8. Types of decisions available to Competence Committees are:
  - a. **Confirmation of competence continuum:** Confirmation of completion of Transition to Discipline, Foundations of Discipline, Core of Discipline, Transition to Practice
  - b. **Promotion:** Promotion from PGY4 to PGY5; Residency training program completion
  - c. Readiness for certification examination.

#### d. 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. Quorum for decisions is 3.
- 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.