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College of Medicine
POSTGRADUATE MEDICAL EDUCATION
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GUIDELINES FOR COMPETENCY COMMITTEE, ACADEMIC ADVISOR, AND OBSERVER ROLES FOR RCPSC PROGRAMS

College of Medicine at the University of Saskatchewan

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PROVISIO: The implementation of the RCPSC CBD initiative is an ongoing process that will result in modifications and adjustments with the cohort rollout over time. As a result, these documents are intended to be a "living documents" periodically modified in light of each program's experience.

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RCPSC Program Competence Committee (CC) - RPC Subcommittee Terms of Reference Guidelines

1 INTRODUCTION

The Competence Committee (CC), a subcommittee of the Residency Program Committee (RPC) and a critical component of Competence By Design (CBD), is the body that monitors and makes decisions related to the progress of residents enrolled in a CBD residency program to achieve the national standards established in their respective Royal College discipline. The CC process involves the synthesis and review of qualitative and quantitative assessment data at each stage of training, and the provision of recommendations on future learning activities.

This document provides the Postgraduate Medical Education (PGME) Associate Dean, Program Director (PD), Clinical Faculty, CC members, Program Administrative Assistant as well as the Resident with information on the structure and function of the CC. The goal is for programs to use this material in their unique local contexts to promote the CBD CC principles outlined by the Royal College (see Appendix A).

2 RESPONSIBILITY AND AUTHORITY

The CC reports to the RPC and will be responsible for:

- Monitoring the progress of each resident in demonstrating achievement of the Entrustable Professional Activities (EPAs) or independent milestones within each stage of a CBD residency training program.
- Synthesizing the results from multiple observations and other specified sources to make decisions related to the following.
    - The promotion of residents to the next stage of training.
    - The review and approval of individual learning plans developed to address areas for improvement.
    - Determining readiness to challenge the Royal College examinations.
    - Determining readiness to enter independent practice on completion of the Transition To Practice stage.
    - Determining that a resident is failing to progress within the program and recommending the needed course of action including remediation, probation or termination from the program.
- Monitoring the outcome of any learning or improvement plan established for an individual resident.
- Maintaining confidentiality and promoting trust by sharing information only with individuals directly involved in the development or implementation of learning or improvement plans.

All members of the CC will sign a formal confidentiality agreement. The CC members must declare any conflicts of interest in any given case, and the CC will decide if that member must recuse themselves (see Appendix B).

3 COMPOSITION

The CC will ordinarily be chaired by a member of the clinical teaching faculty affiliated with a Royal College accredited residency program. The chair of the CC will be chosen by the RPC. Assistant/Associate PDs and Former PDs are suggested as potentially good candidates for the CC Chair. The CC should normally not be chaired by the current PD, thoughthe PD should serve as a CC member to facilitate timely communication with the RPC.

The size of the CC should reflect the number of residents in the program with a suggested minimum of three members for smaller programs. The total number of CC members can be decided by the RPC to facilitate logistically optimal functioning of the CC.

Members of the CC are normally from either the RPC or other clinical faculty associated with the program. The inclusion of a member that is 'external' to the teaching faculty can be helpful. This individual may be faculty or a program director from other residency programs at the university or from the same discipline at another university, or other healthcare professional. One non-physician public member may also be chosen to sit on the CC. Given the responsibilities of the CC, residents should normally not serve as its members.

Academic Advisors (AA) may, on an ad hoc basis, be invited as guests to CC meetings to summarize a given resident's progress. The AAs may serve as primary presenters of their assigned residents to the CC; this may be especially feasible for programs with a small faculty and resident complement. Individual residents may also be invited as guests to discuss their progress with the members of the CC.

4 KEY COMPETENCIES AND CHARACTERISTICS

The CC will be composed of individuals with interest, experience and expertise in assessment and medical education relevant to the discipline.

The CC members must be able to interpret multiple sources of qualitative and quantitative observation data to achieve consensus, where possible, in order to make judgments on outcomes.

5 REPORTING

The CC will report outcomes of discussions and decisions in a timely manner.

6 TERM OF OFFICE

The selection of members of the CC will be based on established university policies. Ordinarily, members should be appointed by the RPC to serve a defined term with an appropriate process for renewals. It is suggested that renewable 3-5 year terms may be optimal for the smooth functioning of the CC.

7 MEETINGS

The CC will meet at least twice per year, though more frequent meetings may be required in many programs particularly for larger programs and to support the transition between stages. The additional meetings may be reflected in the Terms of Reference of the CC or be called on an ad hoc basis by the Chair.

Meetings may be either virtual, face to face or some combination of the two.

Quorum will be a minimum of 50% of the members; individual CCs may choose to set a higher quorum limit. The decision making of CC will work by simple majority of present and voting members; however, decision-making by consensus is preferred.

8 RESOURCE REQUIREMENTS

Secure document storage in a confidential location, including minutes of each meeting from a program administrator, are mandatory.

CC member should be provided with remuneration of 2 hours per resident per meeting and 2 hours of preparation time per resident. As an example, and assuming a bi-annual meeting frequency, a CC member would need to be supported by the provision of 8 hours of protected time or equivalent stipend annually per resident. Additionally, it is recommended that this stipulation be reviewed in six months' time.

9 DESIGN YOUR CC TERMS OF REFERENCE

See Appendix C: Template to build your CC Terms of Reference

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CBD Academic Advisor (AA) Role Description

1 INTRODUCTION

Academic Advisors (AA) are faculty members who are responsible for coaching and guiding their assigned resident/s during their progression through residency training. This role will involve regular meetings with assigned residents at regular intervals to conduct summative reviews of progress and facilitate the creation and implementation of individualized learning plans. These learning plans should document areas of strengths and weaknesses and identify priority areas/skills/competencies for the resident/s. The AAs may be called upon to present resident progress summaries at the CC meetings on an ad hoc basis, or to act as primary presenters to the CC in some cases. The AA position should be adequately and equitably compensated by academic protected time or stipends.

2 QUALIFICATIONS

The AA must hold a fellowship in the Royal College of Physicians & Surgeons of Canada (RCPSC), or equivalent international qualification, and have demonstrated an interest in education. The candidate should ideally have strong organizational, communication, and leadership skills. They must have a working knowledge of the current electronic evaluation system/s and have a high level of familiarity with CBD.

3 RESOURCE REQUIREMENTS

The AA must have adequate and equitable academic protected time or stipends to carry out their responsibilities, and be supported by the RPC and the Department/Division Chair. The PD and the AA will serve as resources for each other and the two are expected to work in close collaboration.

A program may choose to assign only one resident to each AA; in cases where more than one resident is assigned to any given AA, a ratio of 3 residents to 1 AA may be ideal. Any ratio exceeding 5 residents to 1 AA may become logistically sub-optimal.

It is suggested that AAs should meet with their assigned resident/s on a quarterly basis. It is suggested that an AA would normally need two hours of preparation and two hours of meeting time for each assigned resident. As an example, and assuming a quarterly meeting frequency, an AA assigned 3 residents would therefore need to be supported by the provision of 12 hours of protected time or equivalent stipend every 3 months. This extrapolates to 16 hours of protected time or equivalent stipend per AA per resident per year. Additionally, it is recommended that this stipulation be reviewed in six months' time.

Residents in difficulty will likely require additional support from their AA. As well, any requirement for an AA to meet with the CC or act as a primary presenter for the CC will be in addition to the usual time allocation. This additional time must be recognized and reflected in any guidelines for allocating protected time or stipends.

4 ACCOUNTABILITIES

The AA will be accountable to the PD. They may serve as members of the Program's CC, as primary presenters of their assigned residents before the CC, or be invited on an ad hoc basis to the CC meetings to present reports on the progress of their resident/s.

AAs will recuse themselves from the CC's decision making about their assigned resident/s or if there is another conflict of interest.

Access will be given to all formal documented resident evaluations and assessments. Confidentiality and protection of residents' professional interest must be maintained. An AA will sign a formal confidentiality agreement. (see Appendix B).

5 APPOINTMENT AND REVIEW PROCESS

The AAs should be selected by the RPC. It is suggested that they should have a minimum 3-5 year renewable term which will facilitate continuity of coaching and support for assigned residents.

6 RESPONSIBILITIES

The AA will be responsible to the RPC for the following:

- Coach and support residents throughout their residency training
    - Review individual resident electronic portfolios and meet on a suggested quarterly basis, with a mandatory minimum of once per stage of training with each assigned resident..
    - Guide the assigned resident in creating their own learning plans which should be shared by residents with supervisors in upcoming rotations or alternative learning experiences. These learning plans should document areas of strengths and weaknesses and identify priority areas/skills/competencies residents should focus upon.
- Generate reports on resident progress for the CC.
- Participate in faculty development relating to the AA role.
- Participate in the process of developing enhanced learning plans, remediation and probation plans for residents in difficulty.

The AA will be responsible to the Department for the following:

- Participate in the faculty development needs and training of the Department/Division as it relates to CBD implementation

The AA will be responsible to the University for the following:

- Remain up to date with the evolving CBD literature regarding the AA role.

7 PLANNED REVIEW

- A formal review of this role description will occur in no more than 2 years' time by the PGME leadership.

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CBD Observer Role Description

1 DESCRIPTION

CBD Observers are faculty members or healthcare professionals who work directly with the residents in a supervisory capacity and are in a position to offer direct and indirect observations regarding the residents' performance in any given encounter. This will involve the invitation of a planned or an ad hoc observation with assigned resident/s to observe, record evidence, and contribute to a narrative of EPA and milestone performance information. Additionally, the Observer has the opportunity to observe the resident on professionalism and patient safety. Following the observation encounter the observer will discuss it with the concerned resident and complete an observation form.

It must be noted that the Observer role is separate and distinct from any high stakes assessments which are the purview of the CC.

The Observer under CBD is subject to the same provisions, responsibilities, obligations and privileges which apply to clinical supervising faculty under existing PGME guidelines.

Abbreviations

Abbreviation	Full Version
AA	Academic Advisor
CBD	Competence By Design
CC	Competence Committee
EPA	Entrustable Professional Activities
PD	Program Director
PGME	Postgraduate Medical Education
RCPSC	Royal College of Physicians and Surgeons of Canada
Royal College	Royal College of Physicians and Surgeons of Canada
RPC	Residency Program Committee

Appendix A: RCPSC Competence Committee Principles (Draft Version September 2016)

The roles, responsibilities and activities of a Competence Committee are guided by the following principles.

1. Committee work will be guided by the national competency framework (including specialty-specific milestones and EPAs by stage) established by the specialty committee as well as the relevant university and Royal College assessment policies.
2. The committee's purpose is to determine if residents have met the appropriate standard, or are on an appropriate trajectory, to move between stages on the competence continuum and to determine when residents are ready for the Royal College examinations, as well as Certification upon completion of their transition to practice phase.
3. The Committee is expected to exercise judgment in making progress decisions: i.e. they will use Specialty defined EPAs and the expected number of observations as a guideline but are not bound to a specific numbers of assessments. The key is that the committee must feel it has adequate information on the EPAs to make holistic judgments on the progress of the resident.
4. In addition to utilizing milestones and EPAs, Committee decisions will be based on a group of assessment tools and relevant evidence as uploaded in the ePortfolio.
5. All committee discussions are strictly confidential and only shared on a professional need-to-know basis. This principle is equivalent to patient confidentiality in clinical medicine.
6. Committee decisions must be based on the evidence available in the trainee's ePortfolio at the time of the committee meeting. Individual committee member experience can only be introduced with appropriate documentation within the ePortfolio.
7. Individual trainees, or their Faculty Advisors (for programs that implement this approach), may be invited to discuss their progress with the members of the Competence Committee.
8. All committee decisions must be timely in order to ensure fairness and appropriate sequencing of training experiences.
9. All committee decisions are to be made in a spirit of supporting each trainee in achieving their own individual progression of competence.
10. Competence Committees have a responsibility to make decisions in the spirit of protecting patients from harm, including weighing a trainees' progress in terms of what they can safely be entrusted to perform with indirect supervision. Some Committee discussions must be shared to provide focused support and guidance for residents. This principle is equivalent to patient handover in clinical medicine.
11. Competence Committees, on an exceptional basis, have the option to identify trainees who are eligible for an accelerated learning pathway.
12. Competence Committees, on an exceptional basis and after due process, have the responsibility to identify trainees who have met the predefined category of *failure to progress*, and who should be requested to leave the program (see relevant Faculty of Medicine and Royal College policies).
13. Decisions on the achievement of EPAs and individual milestones as well as readiness to progress between stages must be documented.

Appendix B: Confidentiality Agreements for Competency Committee Member and Academic Advisor

See the following documents

Residency Training Program in XXX
Postgraduate Medical Education
College of Medicine
University of Saskatchewan

CONFIDENTIALITY AGREEMENT
Competency Committee

I understand that the members of the Competency Committee involved in the assessment of postgraduate trainees of the College of Medicine, University of Saskatchewan are subject to the provisions of the applicable privacy legislation and related University policies on privacy, and they have an obligation to ensure that information is used for purposes consistent with the reasons for its collection.

I accept the responsibility to ensure that any information (verbal, written, or electronic) to which I am given access to will be kept confidential and will only be used for its original purpose, and I will ensure that I do not knowingly or carelessly allow such information to be misused, both during and after my engagement as the member of the Competency Committee.

Name _____

Signature _____

Date _____

In order to ensure compliance of the University policies and the SK Local Authority Freedom of Information and Protection of Privacy Act, a signed copy of this document must be returned to the Residency Training Program in XXX.

Residency Training Program in XXX
Postgraduate Medical Education
College of Medicine
University of Saskatchewan

CONFIDENTIALITY AGREEMENT
Academic Advisor

I understand that the Academic Advisors involved in the guidance and monitoring of postgraduate trainees of the College of Medicine, University of Saskatchewan are subject to the provisions of the applicable privacy legislation and related University policies on privacy, and they have an obligation to ensure that information is used for purposes consistent with the reasons for its collection.

I accept the responsibility to ensure that any information (verbal, written, or electronic) to which I am given access to will be kept confidential and will only be used for its original purpose, and I will ensure that I do not knowingly or carelessly allow such information to be misused, both during and after my engagement as the Academic Advisor.

Name _____

Signature _____

Date _____

In order to ensure compliance of the University policies and the SK Local Authority Freedom of Information and Protection of Privacy Act, a signed copy of this document must be returned to the Residency Training Program in XXX.

Appendix C: Template for your Competence Committee Terms of Reference

Elements	Things to think about	Suggestions: *following the RCPSC Program Competence Committee (CC) - RPC Subcommittee - Terms of Reference Guidelines*	XXX CC TOR
Purpose	• Why is the CC formed	*To ensure residents completing the Program meet the national standards of competency in XXX as defined by the Royal College of Physicians and Surgeons of Canada.*	
Committee membership	• How are the members appointed • Number of members • Any external members (e.g. other programs, representatives from other organizations, public) • Term • Chair • Role of the PD • Role of the residents	*Members are appointed by the RPC for 3* (up to 5) *year term, which is renewable.* *The CC will have XXX members* (3 suggested as minimum). *Members of the CC are: Program Director; one (or more) RPC faculty member(s); and/or one (or more) other clinical faculty associated with the program; one external member* (e.g. *faculty from other residency programs at the university or from the same discipline at another university, other healthcare professional, or non-physician public member).* *The CC will be chaired by the XXX.* *All members, including the Chair, have the right to vote.*	

Function	• What are the responsibilities of the CC	*The CC will be responsible for:*
		• *Monitoring the progress of each resident in demonstrating achievement of the Entrustable Professional Activities (EPAs) or independent milestones within each stage of a CBD residency training program.*
		• *Synthesizing the results from multiple observations and other specified sources to make decisions related to the following.*
		  ○ *The promotion of residents to the next stage of training;*
		  ○ *The review and approval of individual learning plans developed to address areas for improvement;*
		  ○ *Determining readiness to challenge the Royal College examinations;*
		  ○ *Determining readiness to enter independent practice on completion of the Transition to Practice stage;*
		  ○ *Determining that a resident is failing to progress within the program and recommending the needed course of action including remediation, probation or termination from the program.*
		• *Monitoring the outcome of any learning or improvement plan established for an individual resident.*
		• *Maintaining confidentiality and promoting trust by sharing information only with individuals directly involved in the development or implementation of learning or improvement plans.*	

Meetings	• Frequency and format of the meetings • Attendance expectations • Who will organize the meetings • How will the documents be circulated and is preparation ahead expected • Criteria for selecting residents for CC review • Can non-members be invited to the meeting, if so, under what circumstances • Who will provide secretariat for the CC	*The CC will meet at least twice per year, and called by the Chair when needed.* *The scheduling and organization of the meetings will be done through the Program Administrative Assistant, who will also be present at the meetings to keep the minutes.* *Meetings may be face to face, virtual, or some combination of the two.* *There should be at least 50% attendance from the members of the CC to achieve quorum. The Program Director should be present for all discussions.* *Agenda will include residents selected for CC review based on any one of the following criteria:* ○ *regularly timed review;* ○ *a concern has been flagged by their academic adviser;* ○ *completion of stage requirements and eligible for promotion or completion of training;* ○ *requirement to determine readiness for the Royal College exam;* ○ *there appears to be a significant delay in the resident's progress or academic performance.* *XXX* (e.g. academic adviser) *will be the designated primary reviewer and presenter of the cases. OR Each attending member of the CC will be assigned proportionate number of resident cases to review and present as the primary presenter.* *All CC members are responsible for reviewing all residents on the agenda as secondary reviewers.*	
Decision-making	• Consensus vs. voting • How are the disagreements between members managed	*It is highly recommended that the decisions of the CC are made consensually; where not possible, the majority rule will prevail; in case of a tie, the vote of the Chair will decide.*	
Accountability and reporting	• To whom does the CC report back	*The CC reports outcomes of discussions and decisions to the RPC in XXX program in a timely manner in writing* (e.g. within a week). *One member of the CC will verbally report to the RPC on a regular basis.*	
Sharing of information	• How will the members share information and resources • Are meetings and minutes confidential	*All CC discussions are confidential and shared on a professional need-to-know basis. All decisions will be documented.* *Members of the CC will sign a confidentiality agreement.*	

Addendum: Program Administrative Assistant Role Considerations

It is anticipated that the resource needs for the program will likely increase under the CBD paradigm. The role of the Program Administrative Assistant/Coordinator will be tasked to facilitate not just RPC meetings and ongoing program administration; but, also tasks related to CC, CC members, AAs, and Observers acclimatization towards the CBD paradigm. Given the anticipation of increased demands on the Program Administrative Assistant/Coordinator, there will be a need for compensatory considerations (i.e.; financial, time, reduction of some duties, additional help, or a floater/pool of assistance).