

COMPETENCE BY DESIGN

TECHNICAL GUIDE 3: COMPETENCE COMMITTEES

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Competence committees	Director, Specialty Education, Strategy and Standards	September 2020	1.0

Competence committees collate, synthesize and appraise qualitative and quantitative data from multiple documented observations to reveal the broad picture of a resident’s progression toward competence.

Data is collected to inform two key functions:

- Competence committees make decisions about Entrustable Professional Activity (EPA) achievement based on the collation of multiple, EPA and CanMEDS milestone observations. The EPA decisions are one important part of an overall program of assessment in CBD.
- Competence committees also make recommendations to the Residency Program Committee (RPC) about the status of a resident’s progress across all of the CanMEDS stage-specific competencies (milestones), including when the resident is ready to progress to the next stage of learning and modifications to learning plans.

These recommendations may be informed by data from many sources including EPA observations, narrative assessments, summaries of daily clinical performance, in-training tests, objective structured clinical examinations (OSCEs), simulation sessions, etc. that are in the resident’s electronic portfolio or other files.

WHAT YOU NEED TO DO

Have a clear mandate: The program competence committee must have a clear mandate including a well-articulated process for decision-making for EPA achievement and recommendations for resident progression. The Royal College has drafted guidelines of terms of reference, roles and responsibilities of the competence committee, available [here](#).

Align the committee with the general standards of accreditation: This includes, for example, requirements for regular meetings of the competence committee and for its role in summative assessment.

Use national, specialty-specific terminology: Programs and competence committees are expected to evaluate and progress learners using language and definitions that are consistent with the CBD model. A common terminology is used in order to maintain a national standard of competency and consistency of assessment.

This includes:

- units of assessment (EPAs, CanMEDS milestones, contexts)
- names of stages (transition to discipline, foundations of discipline, core of discipline, transition to practice)
- statuses (progressing as expected, not progressing as expected, failing to progress, accelerated) and progression recommendations (promotion to next stage, exam-eligible, certification-eligible)

WHAT YOU NEED TO DO (CON'T)

Ensure competence committee access to comprehensive, documented assessment data:

- **Competence committees make decisions about EPA achievement based on the collation of multiple, documented observations.**
 - A decision about EPA achievements must be based on the collation of multiple, documented observations that indicate to the competence committee that a resident can be entrusted to consistently complete an EPA without direct supervision. The discussions leading to this decision should be guided by review of the breadth of contexts expected by the specialty committee's EPA guideline document.
- **Competence committees also make recommendations about the status of a resident's progress.**
 - Competence committees make regular recommendations about the status of a learner (i.e., progressing as expected, not progressing as expected, failing to progress, accelerated), as well as periodic recommendations as to residents' readiness to be promoted between stages, sit their exam ('exam-eligible'), and begin independent practice ('certification-eligible').
 - In order to make recommendations on learner status and progression, the competence committee must have enough evidence of consistent performance that signals that a resident is meeting the requirements of their current stage (i.e., all of the CanMEDS stage-specific competencies [CanMEDS milestones]).
 - It is important that EPA observation forms are integrated with other modalities of assessment and decisions are informed by data from many sources (including EPA observations, narrative assessments, summaries of daily clinical performance, in-training tests, OSCEs, simulations sessions, etc.). Any information a program feels would be helpful, such as field notes and tools used to track residents, should be shared with the competence committee to aid in making these decisions, though it is important to note that decision-making should remain defensible and free of anecdotal information or opinions. Only information available in resident files/electronic portfolio should be discussed at the competence committee, to avoid hearsay.

TIP FOR ACCREDITATION

Under the general standards of accreditation, all specialty programs will require a competence committee or equivalent. This requirement is not exclusive to CBD programs, though how the committee functions (i.e., decision-making on resident achievements and progression based on the use of documented observations) will differ for CBD programs.

As part of an onsite visit for a CBD program, accreditation surveyors will familiarize themselves with the mandate and processes of the local program competence committees by meeting with the committees, as well as reviewing meeting minutes, a sampling of individual resident assessment files, and how promotion decisions are made.

To read more about the general standards of accreditation, you may refer to the [CanERA website](#).

Record evidence and rationale for EPA achievement and promotion recommendations: Evidence and rationale for recommendations made must be clearly recorded by the competence committee. Programs should securely maintain these records for 10 years after a trainee has graduated for accreditation purposes.

Ensure transparency for learners: All residents must be aware of competence committee proceedings, including :

- what information is used by their competence committee to gauge resident performance
- who is on their competence committee
- when their files have been reviewed
- what the decisions were
- The process and timeline for sharing information with residents must be communicated to the residents so that they have a reasonable expectation of how and when they will know the outcome of the competence committee discussion.

WHERE THERE'S FLEXIBILITY

Competence committees are a fundamental feature of the CBD model with many considerations for implementation. Beyond the flexibilities listed below, many of the ways local competence committees are implemented is up to the discretion of the Faculty of Medicine and program. As such, as program directors look to implement a competence committee, they should contact their [CBME Lead](#) regarding local policies and practices to ensure alignment with the Faculty of Medicine.

Number of competence committees: Each program has the prerogative to implement more than one competence committee. While this may occur more often in larger programs, such as Internal Medicine, a program does not need a minimum number of residents to form multiple committees. Each competence committee should have a holistic view of each trainee (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 sub-committee chairs active as members on each other's committees.

Membership: Decisions regarding the role of residents, program directors and 'external' members will vary based on local schools' policies and practices. Should the competence committee be comprised of some of the same members as the RPC, it is important that the minutes of both committees indicate the dual roles of members.

Participation of non-CBD trainees: While competence committees are required for residents in CBD programs, they can also be used for non-CBD trainees, as long as the non-CBD trainees meet the time-based and discipline-specific standards of their cohort. Technical Guide 2 has additional information on applying standards when a program has both time-based and CBD trainees.

Number of observations: Specialty committee recommendations on the number and context variety for the observations required to inform decision-making on EPA achievement are intended as a guide to programs. Local flexibility with good rationale is permitted. Such decisions could be due to local factors (e.g., desire to increase number of observations) or trainee factors (e.g., competence committee has competence concerns despite available observations and requests more observations to support decision making). However, programs may be asked to explain the rationale for significant and/or multiple deviations from the specialty committee suggestions during accreditation review, particularly if the committee is regularly choosing to accept a decreased number of observations.

Decisions on EPA achievement: A decision about EPA achievement is made when, based on multiple observations and in the view of the competence committee, a resident can be entrusted to consistently complete an EPA with indirect supervision (i.e. supervisor not present in the room). These decisions include evidence of a consistent pattern of competence in review of the scores on the entrustability scale (e.g. [Ottawa Surgical Competency Operating Room Evaluation \[O-SCORE\]](#)), the contexts encountered, and the narrative feedback provided.

- While capturing ratings on an entrustability scale is required for EPA observations (Technical Guide 1), the quantitative definition of achievement is meant to be holistic. The Royal College expects that the competence committee will have access to information beyond the entrustment ratings provided by assessors. The committee will have the flexibility to make a decision based on the information at their disposal, including narrative and contextual information.
- There may be some cases in which the competence committee determines that they have enough evidence to mark an EPA as achieved for a resident who has not consistently demonstrated an entrustment rating at or near the top of the scale (e.g. 4 or 5 on the O-Score). Should this be the case, the competence committee will be required to record justification for this decision based on the comprehensive set of information at their disposal.

Learner status and stage progression: While recommendations about learner status and progression are based on more than just EPA achievement, EPA achievement is an essential consideration. Final decisions on EPA achievement by the competence committee must be both transparent and defensible.

- There are many scenarios and contexts in which competence committees will need to make a decision on EPA achievement and recommendations for stage progression. A helpful resource to appreciate and practice competence committee deliberation and decision-making is a [module that features mock committee cases](#).
- For example, there may be a rare case in which a resident has not achieved an EPA for a given stage, but in the judgment of the competence committee, the resident is showing overall competence for that stage. Often in these cases it is recommended that the competence committee defer promoting the resident to ensure they complete the outstanding requirements before promotion. Residents may work ahead on EPAs for the next stage before promotion and so a deferral to ensure full completion of stage expectations would not slow their progress in the next stage.

WHERE THERE'S FLEXIBILITY (CON'T)

- 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 achieve the EPA by the next meeting of the committee
 - The EPA is standalone, i.e., the EPA is not a foundational task for the achievement of EPAs in the subsequent stage of training
 - There is a clear plan in place for subsequent training experiences that will facilitate the achievement of that EPA
 - The competence committee will follow up on future evidence concerning the achievement of the incomplete EPA
- The competence committee would be required to record justification for this recommendation, as well as a clear plan for subsequent training experiences that will facilitate the achievement of that EPA. The requirement to achieve the EPA, as well as the plan for subsequent training experiences, must be clearly communicated with the resident.

KEY RESOURCES

Competence committees - structure

- [VIDEO \(01:45\) What is a Competence committee?](#)
- [Guidelines for the Terms of Reference](#)
- [VIDEO \(01:05\) What is the goal/mandate of a competence committee?](#)
- [VIDEO \(04:24\) Setting up a competence committee](#)
- [Process and Procedures in Decision Making: A framework](#)
- [Managing a competence committee](#)
- [VIDEO \(01:56\) What is the workload like for a competence committee member?](#)

Competence committees - function and decision-making

- [Competence committees: How they deliberate](#)
- [Status recommendations](#)
- [VIDEO \(02:24\) How does a competence committee decide to promote a resident?](#)
- [MODULE - Mock competence committee cases: For practice deliberation](#)
- [MODULE - Entrustability scales - WBA rating anchors to trust](#)
- [Competence committees for residents](#)
- [VIDEO \(01:23\) What does a competence committee do with the aggregate data?](#)

