

# Creating a Competence Committee

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Competence Committee Chairs Workshop

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DALHOUSIE  
UNIVERSITY

FACULTY OF MEDICINE

Department of Anesthesia,  
Pain Management and  
Perioperative Medicine

# Objectives

## Set-up a Competence Committee in 6 easy steps!

# Step 1. Who?

- Minimum of 3 people. Consider
  - Size of program
  - Ideal group function
  - External member
  - Term length
  - Selection/Invitation

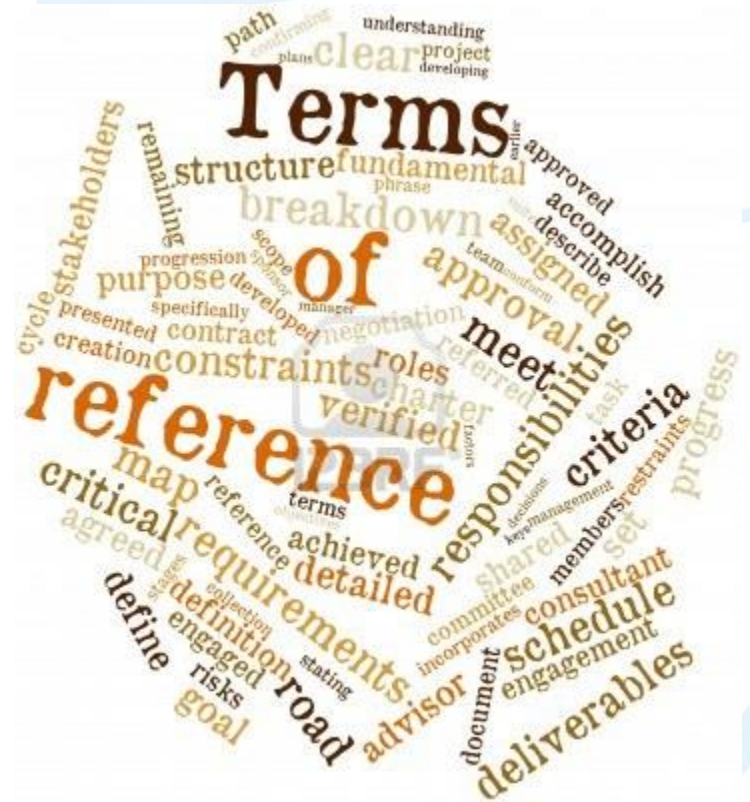


# What did we do?

- 6 members + Program Director (ex-officio)
  - Chair – Associate Program Director
  - 1 RPC member
  - 3 members-at-large
  - 1 community anesthesiologist
- Plan to include external PD for Transition to Practice promotion assessments
- Academic Advisors by invitation only
- 3 year term

# Step 2. Terms of Reference

- Define terms and membership
- Meeting frequency



- Generic on RC website
- <http://www.royalcollege.ca/rbsite/cbd/assessment/competence-committees-e>

# Step 3. Meeting Schedule

- Minimum of quarterly
  - Each resident reviewed at least twice per year
- Quorum of 50% with min 3 people
- Paid?
- Day time or after-hours?
- How long?
- Resources
- Minutes?



# Step 4. Prepare to Meet

- Membership education
  - Role, goals, procedure
- Resident assignments
  - Primary reviewer
  - Secondary reviewer?
- Report structure
  - Reviewer “homework”
  - RTE/Assessments
  - Which EPAs to review?



# Step 5. Meet!

- Check for initial comments/questions
- Remind members of confidentiality statements
- Review residents
- Decisions:
  - Progress (As expected, accelerated, concerns)
  - Promotion as appropriate
  - EPA achievement
- Can recommend areas for remediation to RPC/PD
- Debrief at the end



# Step 6. Report

- What to report
- When
- What can the committee see
- What can the residents see
- Post-grad?
- Face-to-face vs. written



# Competence Committee Report

**Reporting Period:** 2017-03-04 - 2017-06-02

**Current Stage:** Foundation.

**General Evaluation:** Progress as expected.

**Action from previous report:**

No actions required. Good progress.

Surg module - missing c-spine and cranial facial and Renal transplant experiences

**Comment on previous report action:**

Continues to have not encountered these cases, this will come with time.

**Summary of actions for the next reporting period:**

1. Should start uploading academic advisor reports as they are available.
2. Periop medicine - pre-op clinic ITAR needs uploading.
3. Continue to acquire evidence for EPAs.
4. More experience to be able to see craniofacial trauma, renal transplant and intubation of patient with c-spine precautions.

No EPAs that are submitted but unverified

We are adding a section for General Comments

# Questions?



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