Creating a Competence Committee

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Competence Committee Chairs Workshop
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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/rcsite/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