



Policy #5: The Clinical Competency Committee

The Accreditation Council on Graduate Medical Education (ACGME) requires all training programs to establish a Clinical Competency Committee (CCC) for evaluation of trainees. Assessment by a consensus of a diverse group of faculty confirms when a resident is doing well and identifies areas of concern for a resident experiencing difficulties. Evaluation by the CCC can differentiate poor performance in isolated situations from a global pattern of poor performance.

I. Policy

- A. The Clinical Competency Committee will meet at least twice a year.
- B. Outcomes of the CCC will be reported twice a year and as determined by ACGME.

II. Procedures

- A. The CCC is appointed by the program director;
- B. The program director may participate on the CCC;
- C. The Chair of the CCC will not be the program director.
- D. Membership of the CCC must include at least three faculty.
 - 1. Representation from junior and senior faculty is encouraged.
 - 2. Residents will not be CCC members.
 - 3. The CCC may include non-physicians.
 - 4. The CCC may include non-Family Physician faculty members.
- E. Requirements for membership:
 - 1. All committee faculty must be actively involved in resident education.
 - 2. All committee faculty must participate in committee deliberations regularly (75% of meetings).

III. Functions of the CCC

- A. Review resident evaluations:
 - 1. End of rotation evaluations;
 - 2. Direct observation checklists for skills (i.e. CVL placement), OSCE, other procedural skills;
 - 3. 360 or multisource evaluations (nurses, colleagues, students, patients, other ancillary health care personnel);
 - 4. Semi-Annual Educational Assessment Conference (EAC) reports by Team Leaders and Program Director;
 - 5. Attendance records for conferences;
 - 6. ITE scores;
 - 7. Objective Structured Clinical Examination Results
 - 8. Procedure logs; Inpatient Case Logs
 - 9. Other assessment information as may be available

- B. Provide formal evaluation of residents after review:
 - 1. Achieve consensus on resident performance;
 - 2. Complete the Family Medicine-specific milestones forms for each trainee;
 - 3. Complete reporting to the ACGME semiannually

- C. Make recommendations to the Program Director regarding academic actions such as:
 - 1. Advancement of Responsibility
 - 2. Promotion
 - 3. Remediation
 - 4. Probation
 - 5. Dismissal



Michael J Watson, MD
Program Director

6-20-2016

Date