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

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