

**Physical Medicine & Rehabilitation Program
Terms of Reference – CBD Competence Committee**

I. Mandate

The CBD Competence Committee (CC) monitors and makes decisions about residents' progress throughout the different stages of their residency education by:

- Working within the processes outlined in “Guidelines for the Assessment of Postgraduate Residents of the Faculty of Medicine at the University of Toronto” (PGME Assessment Guidelines).
- Using data to make judgements about a resident's progression through residency (e.g. competence stages, promotion from one year/level to next, identification of need for improvement or remediation, or identification of need enhancement or enrichment),.
- Reviewing assessment and performance data patterns and trends (e.g. across residents, stages, sites, rotations, or assessment tools/approaches) to identify areas of excellence and areas needing improvement as it relates to curriculum and objectives of training.

II. The Structure of the Physical Medicine & Rehabilitation Competence Committee

- The Chair will be selected by the Program Director, in consultation with the Division Director.
- The Program Director will be on the Competence Committee and is eligible to Chair.
- Members will be appointed by the program director and will aim to include Physiatrists from various teaching hospitals and community sites.
- Residents will not be members of the Competence Committee.
- The Residency Program Committee (RPC) will confirm the membership. Members will acknowledge any potential conflict of interests and recuse themselves during the discussion of the relevant resident. (e.g., having a personal relationship with the trainee).

III. Meetings

- Meetings will be held four times yearly (September to June), and will last approximately 2 hours. On occasion it may be necessary to schedule urgent ad-hoc meetings and/or schedule meetings in July and August.
- Meetings can be via phone.
- There should be at least 70% attendance from the members of the Competence Committee to achieve quorum. The Chair (or their delegate) should be present for all discussions.
- Competence Committee members are expected to be present for at least 80% of meetings per academic year.
- Every trainee in the CBD program will be discussed a minimum of twice per year.

IV. Documentation

- Agenda and any relevant documentation will be pre-circulated to Competence Committee members, prior to the meeting.
- Minutes will be taken by the Program Coordinator or delegate and distributed to all members of the committee.
- Privacy & Security: University policies on document storage and privacy apply. Minutes will be stored in a secure folder.
- The Competence Committee reports on a bi-monthly basis (September to June) to the Residency Program Committee via the Competence Committee Chair (or their delegate).

V. Responsibilities

- All committee discussions are strictly confidential and only shared on a professional need-to-know basis.
- Committee decisions will be based on the assessment information and documentation available for each resident at the time of the committee meeting.
- Individual committee members' experience regarding resident performance is to be included if there is a request to clarify the available assessment documentation. Information may be discussed to clarify and contextualize individual experience.
- Committee decisions will be timely to support fairness, implementation of improvement or enrichment plans, appropriate sequencing of training experiences and the requirements of services, including call requirements.
- Competence Committees will make decisions in consideration of:
 - o Residents' recent performance
 - o Residents' patterns of performance over time
 - o Patient safety needs
 - o Service needs of rotations
 - o The need for faculty to supervise the resident
- Residents may be selected for Competence Committee review based on any one of the following criteria:
 - o A regularly timed review
 - o A concern has been flagged on one or more recently completed assessments
 - o Completion of stage requirements and eligible for promotion or completion of training
 - o Requirement to determine readiness for the Royal College certification examination
 - o Where there appears to be a significant delay in the resident's progress or academic

performance

- Where there appears to be a significant acceleration in the resident's progress
- Prior to the Competence Committee meeting, members will be provided with resident files with adequate time to prepare for the meeting.
- Competence Committee members will share the role of leading the review of resident files (i.e. being a primary reviewer). Each trainee selected for discussion at the Competence Committee meeting is assigned a designated primary reviewer. The primary reviewer is responsible for completing a detailed review of the progress of all assigned trainees based on evidence from completed observations and other assessments or reflections included within the portfolio. The assigned primary reviewer:
 - Considers the trainee's recent performance on assessments (see Sample Assessment Plan),
 - Identifies patterns of performance from observations, including numerical data, comments, as well as any other valid source of data,
 - Provides a succinct synthesis and impression of the trainee's progress to the Competence Committee, and
 - Recommends a decision.
- All other committee members are responsible for reviewing all trainees on the agenda as secondary reviewers. Secondary reviewers are required to come prepared to discuss all trainees' progress.
- Types of decisions available to Primary Reviewer/Competence Committee are:
 - Progress between competence continuum stages:
 - Confirmation of completion of Transition to Discipline
 - Confirmation of completion of Foundations of Discipline
 - Confirmation of completion of Core of Discipline
 - Readiness for certification examination
 - Confirmation of completion of Transition to Practice
 - Promotion to next residency year:
 - Promotion from PGY-1 to PGY-2
 - Promotion from PGY-2 to PGY-3
 - Promotion from PGY-3 to PGY-4
 - Promotion from PGY-4 to PGY-5
 - Residency training program completion
- Recommendation for:
 - Program based remedial support: i.e. where there are focused educational needs/gaps such that a targeted individualized/supportive learning plan, organized and facilitated within the program, could adequately address the relevant issues.
 - Formal remediation: i.e. where there are significant or persistent needs/gaps. The trainee is failing to achieve any area of competency and would benefit from a formal remedial plan. A formal remedial plan would be used to address problems not readily expected to be corrected in the normal course or resources of the residency program. The resident will be forwarded to the Board of Examiners at PGME.

- Failure to progress: i.e. trainee has failed to achieve any area of competency, and a formal remedial plan. The resident will be forwarded to the Board of Examiners at PGME.
- Access to enrichment opportunities: i.e. focused educational opportunities.
- An accelerated educational pathway.

- Decisions will generally be made by consensus but a formal vote of approval may also be taken for each resident. In the event of a tie, the Chair (or delegate in the Chair's absence) will cast the deciding vote.

- Decisions need to be documented to meet:
 - Programmatic documentation requirements
 - University documentation requirements
 - Royal College documentation requirements

- As soon as possible after the committee decision, the Program Director will discuss the decision of the Competence Committee with the trainee. Changes to the trainees learning plan, assessments, or rotation schedule will be developed with the resident and implemented as soon as feasible, if applicable.

- Trainees determined to benefit from an individual learning plan will have an Educational Advisor assigned to them by the Program Director. This individual will be responsible for working with the resident to achieve goals outlined in the learning plan and ultimately report back to the Program Director.

Drafted By: Dr. Julia Warden (Staff Psychiatrist)
Reviewed & approved by RPC on November 20, 2019