CLINICAL COMPETENCY COMMITTEE

Reference number	: VUNI.47_2
Published by	: VinUni Office
Published date	: 30 May 2023
Applicable Department	: College of Health Sciences

1. ABBREVIATIONS AND DEFINITIONS

ACGME-I: Accreditation Council for Graduate Medical Education International

GME: Graduate Medical Education

DIO: Designated Institutional Official

CCC: Clinical Competency Committee

GMEC: Graduate Medical Education Committee

2. RATIONALE

The ACGME-I requires that a Sponsoring Institution provide graduate medical education (GME) that facilitates residents' and fellows' professional, ethical, and personal development. The Sponsoring Institution and its GME programs, through curricula, evaluation, and resident/fellow supervision, must support safe and appropriate patient care. Further, the ACGME-I requires that an organized administrative system, led by a Designated Institutional Official (DIO) in collaboration with a Graduate Medical Education Committee (GMEC), must oversee all ACGME-I-accredited programs in the Sponsoring Institution. In addition, each ACGME-I accredited program must have a Clinical Competency Committee (CCC). The presence of a CCC serves the following purposes outlined below: for the program director, the program itself, the faculty, the residents/fellows, the ACGME-I, and the specialty. The ultimate purpose is to demonstrate our accountability as medical educators to the public, that our graduates will provide high quality, safe care to our patients and maintain the standards of the health care system.

Program Director:

- Residents/fellows who successfully complete program can practice the specialty-specific core professional activities without supervision
- Create greater "buy-in" from a group of faculty members to make decisions regarding performance
- Enhance credibility of judgments about resident/fellow performance
- Facilitate role of "advocate" for the resident/fellow

Program:

- Develop shared mental model of what resident/fellow performance should "look like" and how it should be measured and assessed

- Ensure assessment tools sufficient to effectively determine performance across the competencies

- Increase quality, standardize expectations, and reduce variability in performance assessment

- Contribute to aggregate data that will allow programs to learn from each other by comparing residents' and fellows' judgments against comparable data

- Improve individual residents/fellows along developmental trajectory

- Serve as system for early identification of residents/fellows who are challenged

- Model "real time" faculty development

Faculty:

- Facilitate more effective assessment that may be easier for evaluators Help faculty develop a shared mental model of the competencies

- May result in simplified "more actionable" assessment tools to help faculty document more effectively and efficiently what they observe trainees doing in clinical settings

Resident/Fellow:

- Improve quality and amount of feedback; normalize constructive feedback Offer insight and perspectives of a group of faculty members

- Compare performance against established competency benchmarks (rather than only against peers in the same program)

- Allow earlier identification of sub-optimal performance that can improve remedial intervention

- Improve stretch goals for residents/fellows to achieve higher levels of performance

- Provide transparency around performance expectations

ACGME-I

- Enhance progress toward competency-based education with outcomes data

- Establish international benchmarks for trajectory of resident/fellow skill acquisition

- Enhance identification of programs that need to improve (programs whose residents/fellows aren't making progress as compared to national peer group)

- Provide better measures for public accountability

- Provide feedback loop as to whether -- and when -- programs are able to meet expectations of the International Review Committee (RC-I) thus enabling reasonable expectations

- Enable continuous quality improvement of residency/fellowship programs

- Document the effectiveness of a nation's GME efforts in provision of graduates prepared to meet the needs of the public.

3. TERMS OF REFERENCE / ROLE OF EACH MEMBER

The VinUniversity CCC will fulfill the following responsibilities mandated by the ACGME-I. Of note the CCC shall have no voting role or responsibility. Their role is solely in an advisory role to the Program Director.

ACGME-I Mandatory CCC Responsibilities

- Review all resident/fellow evaluations by all evaluators, Case Logs, the Milestones, incident reports, and other data semi- annually; and,
- Make recommendations to the program director for resident progress, including promotion, remediation, corrective actions, or dismissal.
- The findings of the CCC and program director must be shared with each resident on at least a semi-annual basis.
- When making decisions, the CCC should not call it a "vote" as the committee is making recommendations to the Program Director regarding residents/fellows
- Documentation and comments should be summative, fact-based, and not directly attributable to any specific individual (e.g. use general terms to capture the outcome).

4. MEMBERSHIP

The CCC shall include a minimum of three (3) program faculty members, at least one (1) of whom is a core faculty member. The PD should attend in an observer role; the PD should not Chair the committee or lead discussions. Members shall be appointed by the PD.

5. MEETINGS

The VinUniversity CCC will meet at least every 6 months and maintain written minutes.

6. QUORUM

A simple majority of members, present in person, via videoconference, or via phone, will constitute a quorum of the VinUniversity CCC.

Developed by: CHS Vice Dean
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