

## FUNDAMENTAL PRINCIPALS UNDERPINNING THE FUNCTIONING OF THE NEPHROLOGY TRAINING PROGRAM COMPETENCE COMMITTEE

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### POLICY REFERENCES

- [General Standards of Accreditation for Residency Programs](#)
- [Nephrology Training Program Standards of Accreditation](#)
- [Competence by Design Technical Guide Series for Competence Committees \(2020\)](#)
- [Schulich School of Medicine & Dentistry PGME Resident Assessment & Appeals Policy](#)
- Process and Procedures in Decision Making

### PRINCIPLES

The roles, responsibilities and activities of a Competence Committee are guided by the following principles.

1. The Competence Committee is a sub-committee of the Residency Program Committee (RPC).
2. The Competence Committee allows for an informed group decision-making process where patterns of performance can be collated to reveal a broad picture of a trainee 's progression toward competence.
3. The Competence Committee has authority to make decisions on individual EPA achievement. The Competence Committee presents status change determinations as recommendations to the RPC. The RPC ratifies these status recommendations with input from the Postgraduate Dean (when required); refer to the relevant statuses [here](#)
  - a. Competence committee decides:
    - i. EPA achievement
  - b. RPC ratification needed:
    - i. Learner status
    - ii. Stage progression
    - iii. Need for Learning plans/remediation
    - iv. Readiness for certification exams (exam eligibility)
    - v. Readiness for unsupervised practice (certification eligibility)

4. Committee work is guided by the national specialty competency framework, including specialty-specific milestones and EPAs by stage, as established by the Specialty Committee as well as the relevant university and Royal College assessment policies. Refer to the relevant Specialty documents found [here](#). Refer to the relevant policies as above.
5. The Competence Committee is expected to exercise judgment in making EPA decisions and status recommendations: i.e., they will use Specialty-defined EPAs and the expected number of observations as a guideline, but they are not bound to a specific number, context or type of assessments. The key is that the committee must feel it has adequate information on the EPAs to make holistic judgments on the progress of the resident. ***The wisdom of the Competence Committee is considered the gold standard for EPA decisions and resident status recommendations.*** Refer to the Royal College Technical Guide on Competence Committees.
6. In addition to utilizing EPAs and CanMEDS Milestones, Committee discussions will be based on all of the assessment tools and relevant evidence from the program.
  - a. Performance on the following components will be reviewed by the Nephrology CC in the decision-making process:
    - London Dialysis Course Examination
    - Nephrology Practice Examination
    - Simulation Training (CSTAR)
    - Central Venous Catheter Insertion Training,
    - Scholarly Work
    - Multi Sourced Feedback from Allied Health Staff
    - Procedural Skills Elective Evaluations (when applicable)
    - PoCUS Elective Evaluations (when applicable).
7. All committee discussions are strictly confidential and only shared on a professional need-to-know basis. This principle is equivalent to patient confidentiality in clinical medicine.
8. Committee decisions must be based on the evidence available in the trainee 's profile at the time of the committee meeting. Individual committee member experience can only be introduced with appropriate documentation. Committee members must make every attempt to avoid the introduction of hearsay into the deliberations.
9. Individual trainees, or Primary Reviewers, may be invited to discuss their progress with the members of the Competence Committee.
10. Committee work must be timely in order to ensure fairness and appropriate sequencing of training experiences.
11. Competence Committees operate with a growth mindset. This means that Committee work is done in a spirit of supporting each resident to achieve their own individual progression of competence.
12. Competence Committees have a responsibility to make decisions in the spirit of protecting patients from harm, including weighing a resident's progress in terms of what they can safely be entrusted to perform with indirect supervision. Some Committee discussions must be shared to provide focused support and guidance for residents. This principle is equivalent to patient handover in clinical medicine.
13. Competence Committees, when appropriate, have the option to identify trainees who are eligible for an accelerated learning pathway provided that all requirements are met.

14. Competence Committees, when appropriate and after due process, have the responsibility to identify trainees who have met the predefined category of *failure to progress*, and who should be requested to leave the program. Refer to the relevant policies as above.
15. Competence Committee decisions/recommendations and their associated rationales must be documented.