

Otolaryngology – Head & Neck Surgery

Competence Committee (CC)

TERMS OF REFERENCE

Standard 1.2.2: The residency program committee has a clear mandate to manage and evaluate the key functions of the residency program.

Standard 1.2.2.5: The residency program committee structure includes a competence committee (or equivalent) responsible for reviewing residents' readiness for increasing professional responsibility, promotion, and transition to practice.

Standard 3.4.3: There is a well-articulated process for decision-making regarding resident progression, including the decision on satisfactory completion of training.

Standard 3.4.3.1: The competence committee (or equivalent) regularly reviews residents' readiness for increasing professional responsibility, promotion, and transition to practice, based on demonstrated achievement of expected competencies and/or objectives for each level or stage of training.

Standard 3.4.3.2: The competence committee (or equivalent) makes a summative assessment regarding residents' readiness for certification and independent practice, as appropriate.

Standard 3.4.3.4 [Exemplary]: *The competence committee (or equivalent) uses advanced assessment methodologies (e.g., learning analytics, narrative analysis) to inform recommendations/decisions, as appropriate, on resident progress.*

Reviewed: June 2024

Approved by RPC: June 2024

PREAMBLE

The Otolaryngology-Head & Neck Surgery (OTOHNS) Competence Committee (CC) is established by the Residency Program Committee (RPC) to make recommendations related to the progression of residents through the levels or stages of training, including readiness for certification and independent practice. The CC may also assist the RPC in the development of individualized learning plans.

The CC reports to the RPC via the Program Director or delegate and to the RPC members directly.

POLICY REFERENCES

- [General Standards of Accreditation for Residency Programs](#) (link to standards is hyperlinked)
- [Otolaryngology-Head & Neck Surgery](#) Standards of Accreditation (e.g., refer to the CFPC "Red Book" or refer to Royal College [Information by Discipline](#) to find CBD documents),

- [\(Royal College Programs only\) Competence by Design Technical Guide Series for Competence Committees \(2020\) \(PDF of technical guide is hyperlinked\)](#) found [here](#)
- [Schulich School of Medicine & Dentistry PGME Resident Assessment & Appeals Policy](#)
- [Otolaryngology-Head & Neck Surgery Competence Committee Process and Procedures Guide](#)

MEMBERSHIP

The CC will be chaired by an appointed faculty member in the Clinician Teacher or Clinician Educator academic role category whenever possible. The Program Director, in discussion with the Chair of the Department, will appoint members with overlapping terms (initial appointments to have staggered end dates) to ensure continuity with renewals as defined by the Departmental/University policies.

Members will include:

- The appointed CC Chair
- The Program Director when they are not the CC Chair
- A minimum of three faculty members to be drawn from the RPC or the clinical faculty actively supervising trainees. Given the size of the OTOHNS Department, whenever possible, the faculty members will consist of the four Site Resident Supervisor representatives from the RPC. These include the RPC representative from Otolaryngology, Pediatrics, Head & Neck, and Rhinology/Facial plastics.
- The Program Administrator as recording secretary
 - Due to the small size of our Dept, the Program administrator will serve as a member external to the Department's clinical faculty.
- The OTOHNS Department Chair (as ex officio)

MEETINGS

The CC will meet at a minimum 3 times per year or at the call of the Chair on an ad hoc basis to support the transition of residents between stages, or to offer additional support to a learner in difficulty.

All faculty members of the RPC committee are also members of the CC committee. Any CC recommendations can be ratified at their next RPC meeting.

In preparation for each meeting, CC members will be randomly assigned residents to be reviewed ahead of time using the predetermined standardized strategy and key findings will be presented at the meeting.

QUORUM

There should be at least 50% attendance from the members of the CC to achieve quorum, with an absolute minimum of 3 clinical supervisors for smaller Committees. The Program Director (or 'delegate' in large programs) should be present for all discussions.

ATTENDANCE

Members must attend at least 75% of meetings. When members are unable to attend a meeting, they are still responsible for their respective resident review and will communicate their review with the CC Chair prior to the scheduled CC meeting.

RESPONSIBILITIES

- Monitor the progress of each resident in demonstrating achievement of the Entrustable Professional Activities (EPAs) and milestones within each of the four stages of residency training: Transition to Discipline, Foundations of Discipline, Core of Discipline, and Transition to Practice.
- Monitor the number of EPA requests made by a resident. Establish and communicate targeted EPA requests goals with residents, when needed.
- Review additional data from the following sources: narratives, surgical foundations EPAs and assessments, score and feedback from practice oral exams, practice NITE (National) exam scores, annual NITE scores, and resident case logs.
- Synthesize the assessments and observations of each resident to make recommendations to the RPC related to:
 - The promotion of residents to the next stage of training;
 - The review and approval of individualized learning plans developed to address areas for improvement;
 - Determining exam eligibility for the Royal College of Physician and Surgeons of Canada examinations;
 - Determining certification eligibility for Royal College of Physician and Surgeons of Canada (Royal College) certification upon completion of the Transition to Practice stage;
 - Determining that a resident is failing to progress within the program;
- When applicable, develop in concert with the Program Director and/or RPC Individualized Learning Plans (ILP) to address areas for improvement
- Monitor the outcome of any Individualized Learning Plan in concert with the Program Director, liaising with the PGME Office and the [PGME Advisory Board](#) as appropriate
- Provide feedback to the Program Director, RPC and Division/Departmental Chair on the quality and quantity of faculty feedback with the aim of enhancing feedback and assessment of and for learners
- The CC Chair will present quarterly statistics related to faculty EPA completion rates and develop/implement targeted interventions to optimize this rate, when indicated.

For more details about responsibilities, refer to the *Competence Committee Guide: Process and Procedures in Decision Making* document.

Decisions:

The members of the CC will interpret available qualitative and quantitative data to achieve consensus, where possible, in making recommendations.

Reporting:

The CC will report outcomes of discussions and make recommendations to the RPC for ratification.

Confidentiality:

The discussions and decisions of the CC are confidential, and information is to be shared only with the Program Director, the RPC, and, if applicable, individuals directly involved in the development or implementation of individualized learning plans.

MEMBERSHIP TERM

3 years, renewable

REMUNERATION

The Department of Otolaryngology-Head & Neck Surgery provides the CC Chair with a remuneration of \$5,000 annually.