CLINICAL COMPETENCY & RESIDENCY QUALITY IMPROVEMENT COMMITTEE

Background

Under the Next Accreditation System (NAS), the Accreditation Council for Graduate Medical Education (ACGME) requires that all programs must form a Clinical Competency Committee (CCC) and begin to develop its members before the specialty transitions into NAS. For Phase I specialties, this began before July 2013, and for Phase 2 specialties, before July 2014. CCCs are designed to bring insight and perspectives of a group of Faculty members to the Resident* evaluation process. CCCs also serve as an early warning system if a Resident fails to progress in the educational program, and assist in his or her early identification and move toward improvement and remediation.

In accordance with direction from the University of Tennessee Office of the General Counsel, the Graduate Medical Education Committee (GMEC) of the University of Tennessee College of Medicine Chattanooga requires that these committees should be called "Clinical Competency and Residency Quality Improvement Committee" (CCC for short) in order that discussion and documentation from the CCC meetings will fall under peer review protection.

Policy

The Program Director must appoint a CCC, and develop and maintain a written description of the CCC's responsibilities, including charge, membership and procedures *[Common Program Requirements V.A.1. & V.A.1.b)]*.   Each program policy must be provided to the Graduate Medical Education Department.

Membership

 The CCC must be composed of at least three core Faculty members who have the opportunity to observe and evaluate Residents *[Common Program Requirement V.A.1.a)]*. Faculty members should represent all major training sites and should include both junior and senior Faculty. Other members, such as Faculty from other programs, non-physician members of the health care team, the program administrator, a medical director or service chief, nursing staff, and assessment specialists, may also be appointed to the committee *[Common Program Requirement V.A.1.a)(1)]*. The chair of the CCC will be either the Program Director or a core Faculty member appointed by the Program Director or voted on by the CCC, depending on the program's Review Committee requirements. Residents may not serve as members of the CCC.

Charge and Responsibilities

The members of the CCC are expected to provide honest, thoughtful evaluations of the competency level of Residents. They are responsible for reviewing all assessments of each Resident at least semiannually, and for determining each Resident's current performance level by group consensus *[Common Program Requirement V.A.1.b).(1).(a)]*. Larger programs may schedule meetings more frequently. The CCC consensus decision will initially be based on existing, multi-source assessment data and Faculty member observations. As programs enter the NAS, the CCC will use the milestone assessments to inform this process.

The CCC must prepare and assure the reporting of milestones evaluations of each Resident to the ACGME semiannually in December and June *[Common Program Requirement V.A.1.b).(1).(b)]*. Reporting shall be submitted by the Program Director or designee(s) using de-identified milestones reports via the Accreditation Data System (ADS) website.

The CCC is responsible for making recommendations to the Program Director on promotion, remediation and dismissal based on the committee's consensus decision of Residents' performance *[Common Program Requirement V.A.1.b).(1).(c)]*.   All academic actions, including remediation and dismissal, must be reported to the Graduation Medical Education Department. However, the Program Director has final responsibility for final decisions regarding the evaluation and promotion of Residents.

The CCC should inform, where appropriate, the Program Education Committee (PEC) of any potential gaps in curriculum or other program deficiencies that appear to result in a poor opportunity for Residents to progress in each of the milestones.

The Program Director or designee(s) must provide feedback to each Resident regarding his or her progress in each of the milestones. This feedback must be documented in the Resident's file.

The CCC is also responsible for providing feedback to the Program Director on the timeliness and quality (e.g., rating consistency and accuracy) of Faculty's documented evaluations of Residents, in order to identify opportunities for Faculty training and development.

Finally, the CCC is responsible for giving feedback to the Program Director to ensure that the assessment tools and methods are useful in distinguishing the developmental levels of behaviors in each of the milestones.

Guidelines
The following guidelines are recommended for conducting the CCC review process:

1. The CCC must meet at least semiannually, and may meet more often for larger programs.
2. Meetings should be kept to two hours or less when possible.
3. The Chair serves to guide the committee in its work to provide a consensus recommendation for reporting milestones.
4. CCC members must be oriented to each assessment tool and its relationship to the reporting milestones.
5. All CCC members should be required to participate in committee deliberations regularly (at least 75% of all meetings).
6. Depending on the size of the program, review of each Resident's evaluations should be assigned to specific CCC members. For small programs, all members may be assigned to review all Residents. For larger programs, two or three CCC members who have worked with the Resident may be assigned to prepare a recommendation to the CCC. Members of the CCC should be responsible for:

a. Reviewing all evaluations (e.g., Faculty evaluations, multisource assessments, case/clinical experience logs, in-service exam scores) and performance data for the last six months of training in advance of the meeting, and
   b. Completing a milestones report worksheet for each Resident ahead of meeting.
7. Reviews should be presented by training year.
8. The CCC must form a consensus report based on member reviews and the CCC's discussion.

Resources:
ACGME Implementing the Next Accreditation System (Jan 2013):
https://www.acgme.org/Portals/0/PFAssets/ACGMEImplementingNASwebinar.pdf?ver=2015-11-06-120611-323

ACGME *Clinical Competency Committee Guidebook* (Sep 23, 2017)
https://www.acgme.org/Portals/0/ACGMEClinicalCompetencyCommitteeGuidebook.pdf?ver=2017-10-18-141733-920

*The term "Resident" refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/7/2019.