UTRGV School of Medicine	**Category:** Graduate Medical Education **Policy Number:** **Effective Date: September 10, 2020** **Last Review/Revision Date: 04/10/2018** (effective 07/01/2018) Prior Revisions: 07/01/2015 (original) **Page 1 of 3**
Title: Graduate Medical Education Clinical Competency Committee Policy	
Reference(s): ACGME Common Program Requirements (focused revision effective July 1, 2020); ACGME Clinical Competency Committee Guidebook (updated January 2020); ACGME Milestones Guidebook (updated 2020)	

I. Purpose

A. To establish, in accordance with the Common Program Requirements (CPRs), that all Accreditation Council for Graduate Medical Education (ACGME) accredited programs must have a Clinical Competency Committee (CCC) appointed by the program director that functions in compliance with both the common and program-specific requirements.

B. To define that the goal of the CCC is to provide broad input from several individuals to assist program directors in making evaluative decisions regarding the performance and abilities of residents and fellows ("residents") in their programs.

II. Definitions

A. ACGME Core Competencies: The six ACGME Core Competencies are patient care; medical knowledge; practice-based learning and improvement; interpersonal and communication skills; professionalism; and systems-based practice. Each competency is made up of different milestones residents are required to master at key stages of their graduate medical education (GME) experience.

B. Milestone: According to the ACGME's Milestones Guidebook, "a milestone is simply a significant point in development. The Milestones in GME provide narrative descriptors of the Competencies and sub-competencies along a developmental continuum with varying degrees of granularity. Simply stated, the Milestones describe performance levels residents and fellows are expected to demonstrate for skills, knowledge, and behaviors in the six Core Competency domains. They lay out a framework of observable behaviors and other attributes associated with a resident's or fellow's development as a physician."

C. Academic Deficiency: Residents are learners within our programs. An academic deficiency results when an objective assessment of competence demonstrates deficiency in one or more of the ACGME Core Competencies. Further information is detailed in the GME Resident Promotion, Remediation and Grievance Policy.

III. **Policy**:

A. Each CCC must have a written description of its responsibilities, including its current membership, which must be updated in New Innovations and the ACGME Accreditation Data Systems (ADS) website annually.

B. The CCC functions in an advisory role by meeting regularly to review all completed evaluations and providing a consensus-based recommendation to the program director as to the standing of each learner in the program. The Committee will provide performance-based assessments that respect the personal privacy of the residents in the program. The Committee must function objectively and in a manner that promotes the highest levels of professionalism and confidentiality.

C. At a minimum, the CCC will:

   a. Review all resident evaluations at least semi-annually for its synthesis of progressive resident performance and improvement toward unsupervised practice [V.A.1.c).(2)];
   b. Meet prior to resident semi-annual evaluations and advise the program director regarding each resident's progress [V.A.3.b).(3)];
   c. Provide input to the program director regarding resident progress along and achievement of the specialty-specific Milestones [V.A.1.d).(1) and V.A.3.b).(2)];
   d. Assure the reporting of Milestone evaluations semiannually to the ACGME Residency Review Committee (RRC);
   e. Assist in the development of individualized learning plans to capitalize on resident strengths and identify areas for growth [V.A.1.d).(2)];
   f. Assist in developing plans for residents failing to progress, following institutional policies and procedures, including promotion, remediation, and dismissal recommendations [V.A.1.d).(3)];
   g. Advise the Program Evaluation Committee about any evaluation or other programmatic issues identified during CCC meetings; and
   h. Perform an evaluation within 12 weeks of matriculation of the performance of any accepted "exceptionally qualified international graduate applicant" who does not satisfy the eligibility requirements listed in ACGME CPRs III.A.1. – III.A.3., but who does meet all of the additional qualifications and conditions noted in III.A.4.a).(1) - III.A.4.a).(3).

D. Each CCC must be composed of at least three members of the program faculty, at least one of whom is a core faculty member [V.A.3.a)] and meet at least semi-annually [V.A.3.b).(1)]. Furthermore:

   a. Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents [V.A.3.a).(1)].
   b. Chief residents who have completed core residency programs in their specialty may be members of the Clinical Competency Committee (this does not apply to fellowship program CCCs).
   c. Coordinators may attend to provide administrative support but may not serve as members

d. There is no mandatory role for the program director; however, s/he may serve as the chair of the CCC, or s/he may appoint another faculty member as chair (unless otherwise specified in specialty-specific requirements).

E. CCC meeting minutes must be taken as a summary, written in a fair and balanced manner. This document should include the timing & location of the meeting, attendance, and documentation of which residents are being reviewed. This documentation should be treated as confidential.

F. The program director has final responsibility for each resident's evaluation and promotion decisions.