



UNIVERSITY OF SASKATCHEWAN

College of Medicine

POSTGRADUATE MEDICAL EDUCATION
MEDICINE.USASK.CA

Competence by Design (CBD)

Guidelines and Template Documents:

- Competence Committee **Terms of Reference**
- **Role Descriptions:** Competence Committee Member, Academic Advisor, Observer, Program CBD Leads, Resident CBD Leads

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The implementation of the RCPSC CBD initiative is an ongoing process that will result in modifications and adjustments with the cohort rollout over time. As a result, these documents are intended to be “living” documents periodically modified in light of programs’ experiences. This document was last revised based on this experience in February 2022.



RCPSC Program Competence Committee (CC) – RPC Subcommittee
Terms of Reference Guidelines

1 INTRODUCTION

The Competence Committee (CC) is a subcommittee of the Residency Program Committee (RPC) and a critical component of Competence By Design (CBD). CC is the body that monitors and makes decisions related to the progress of residents enrolled in a CBD residency program in achieving the national standards established in their respective Royal College discipline. The CC process involves the synthesis and review of qualitative and quantitative assessment data at each stage of training, and the provision of recommendations on future learning activities.

This document provides the information on the structure and function of the CC. The programs may use this material in their unique local contexts to promote the CBD CC principles outlined by the Royal College (see Appendix A).

2 RESPONSIBILITIES AND AUTHORITY

The CC reports to the RPC and will be responsible for:

- Monitoring the progress of each resident in demonstrating achievement of the national standards for their discipline including but not limited to the national Entrustable Professional Activities (EPAs).
- Synthesizing the results from multiple observations and other specified sources to make recommendations to the RPC related to the following:
 - Status recommendations: failure to progress, not progressing as expected, progressing as expected, progress is accelerated, inactive
 - Action recommendations: withdraw training, formal remediation, modified learning plan (additional focus on EPA/IM observations or RTE), monitor learner, promote to examination eligible, promote to certification eligible
- Monitoring the outcome of any learning or improvement plan established for an individual resident regarding recommendations to the RPC related to the above.

The CC will maintain confidentiality and promote trust by sharing information only with individuals directly involved in the development or implementation of learning or improvement plans. All members of the CC will sign a formal confidentiality agreement. The CC members must declare any conflicts of interest in any given case, and the CC will decide if that member must recuse themselves (see Appendix B).

Please note that the Competence Committee must be familiar with the PGME Assessment Policies:

<https://medicine.usask.ca/policies/resident-assessment.php>.

3 COMPOSITION

The CC will ordinarily be chaired by a member of the clinical teaching faculty affiliated with a Royal College accredited residency program. The chair of the CC will be chosen by the RPC, an established process should be delineated in the Terms of Reference. Assistant/Associate PDs and former PDs are suggested as potentially good candidates for the CC Chair. The CC should normally not be chaired by the current PD, though the PD should serve as a CC member to facilitate timely communication with the RPC.

The size of the CC should reflect the number of residents in the program with a suggested minimum of three members for smaller programs. The total number of CC members can be decided by the RPC to facilitate logistically optimal functioning of the CC.

Members of the CC are normally either from the RPC or other clinical faculty associated with the program. The inclusion of a member that is 'external' to the teaching faculty can be helpful but is not mandatory. This individual may be faculty or a program director from other residency programs at the University or from the same discipline at another university, or other healthcare professional. One non-physician public member may be chosen to sit on the CC, if it is determined by the CC that this would aid in mitigating bias in decision making. Again, this is not mandatory. If non-physician healthcare professionals or non-physician public members are chosen for the CC, it is recommended that they serve as secondary reviewers. Given the responsibilities of the CC, residents should not serve as its members.

Academic Advisors are not normally present nor serve as primary reviewers for the Competence Committee but may do so on exceptional occasions (example a small faculty and resident complement). Academic Advisors (AA) may, on an ad hoc basis, be invited as guests to CC meetings to summarize a given resident's progress.

Individual residents may be invited as guests to discuss their progress with the members of the CC. This would be anticipated to be an unusual occurrence.

4 KEY COMPETENCIES AND CHARACTERISTICS OF CC MEMBERS

The CC will be composed of individuals with interest, experience and expertise in assessment and medical education relevant to the discipline.

The CC members must be able to interpret multiple sources of qualitative and quantitative observation data to achieve consensus, where possible, in order to make judgments on outcomes.

The process for selecting and renewing members should be outlined in the Terms of Reference.

5 REPORTING

The CC will report outcomes of discussions and decisions in a timely manner to the Residency Program Committee.

6 TERMS OF OFFICE

The selection of members of the CC will be based on established program process. Ordinarily, members should be appointed by the RPC to serve a defined term with an appropriate process for renewals. It is suggested that renewable 3-5-year terms may be optimal for the smooth functioning of the CC. This may be altered to ensure continuity – for example staggered terms of office at the start of a new Competence Committee.

7 MEETINGS

The Royal College mandates that the CC meet at least twice per year, though more frequent meetings may be required in many programs particularly for larger programs, and to support the transition between stages. The additional meetings may be reflected in the CC Terms of Reference or be called on an ad hoc basis by the Chair.

Meetings may be either virtual, face to face or some combination of the two.

Quorum will be a minimum of 50% of the members; individual CCs may choose to set a higher quorum limit.

The decision making of CC will work by simple majority of present and voting members; however, decision-making by consensus is preferred. The decision making and quorum for any given CC should be established and written into the agreed upon Terms of Reference prior to the first resident's review.

8 RESOURCE REQUIREMENTS

Secure, confidential document storage is mandatory. This includes, but is not limited to, resident reviews and meeting minutes. If documents are stored electronically confidentially and secure, access must be assured.

CC members should be provided with remuneration- protected time or equivalent stipend. Yearly updates regarding such will come under separate cover from the PGME Office.

9 DESIGN YOUR CC TERMS OF REFERENCE

See Appendix C: Template to build your CC Terms of Reference



Competence Committee Member (CC Member) Role Description

1 INTRODUCTION

The Competence Committee Member (CC Member) is a member of the Competence Committee (CC), a subcommittee of the Residency Program Committee (RPC) and a critical component of Competence By Design (CBD). The CC member works within the Competence Committee to monitor and make decisions related to the progress of residents enrolled in a CBD residency program.

2 RESPONSIBILITIES AND ACCOUNTABILITY

The CC member responsibilities are guided by the RCPSC Competence Committee principles (see Appendix A), and the program's Terms of Reference for CC.

For each meeting, a CC Member will be designated as primary reviewer of assessment data for a specific set of residents in the program. The primary reviewer is responsible for completing a detailed review of the progress of the assigned resident(s), based on evidence from completed observations and other assessments or reflections included within the residents electronic portfolio, for resident(s) scheduled for review at the Competence Committee meeting. The primary reviewer considers the resident's recent progress, identifies patterns of performance from the observations, including numerical data and comments, as well as any other valid sources of data (e.g. in-training OSCE performance, etc.). At the meeting, the primary reviewer provides a succinct synthesis and impression of the resident's progress to the Competence Committee. After discussion, the primary reviewer proposes a formal motion on that resident's status going forward.

Each CC must have a process for secondary review outlined in their Terms of Reference. For smaller programs, each CC member may be responsible for reviewing all residents on the agenda as secondary reviewer, except for resident(s) where she/he is designated as primary reviewer. As a secondary reviewer, the CC member is required to come prepared to discuss all residents' progress. For larger programs or at the discretion of the CC Terms of Reference secondary reviewers may be assigned a number of residents to review.

The CC Member will sign a formal confidentiality agreement. The CC member must declare any conflicts of interest in any given case, and the Competence Committee will decide if the CC members must recuse themselves (see Appendix B).

3 QUALIFICATIONS

The CC member will have interest, experience and expertise in assessment and medical education relevant to the discipline.

The CC member must be able to interpret multiple sources of qualitative and quantitative

observation data to contribute to the Competence Committee judgments on outcomes.

4 APPOINTMENT OF CC MEMBERS

The selection of CC members will be based on established program process. Ordinarily, CC members should be appointed by the RPC to serve a defined term with an appropriate process for renewals. It is suggested that renewable 3-5-year terms may be optimal for the smooth functioning of the Competence Committee. This can however be flexible to allow an optimal variety of new and experienced perspectives on the committee. Failure to complete reviews or attend meetings to level expected by the CC Terms of Reference can result in a shortening of the term of appointment.

5 MEETINGS

The CC member attends CC meetings at least twice per year, though more frequent meetings may be required in many programs particularly for larger programs and to support the transition between stages. The additional meetings may be reflected in the Terms of Reference of the CC or be called on an ad hoc basis by the Chair.

Meetings may be either virtual, face to face or some combination of the two.

6 RESOURCE REQUIREMENTS

For primary reviews, CC member should be provided with remuneration, in a form of protected time or equivalent stipend. Yearly updates regarding this will come under separate cover from the PGME Office.



CBD Academic Advisor (AA) Role Description

1 INTRODUCTION

Academic Advisors (AA) are faculty members who are responsible for coaching and guiding their assigned resident(s) during their progress through residency training. This role is not mandatory in CBD at the Royal College level and programs may elect to have or not have Academic Advisors. Although the role may be tailored to the needs of the individual discipline, the resources from the PGME offices are the same. The role should be delineated at the level of the RPC as it is anticipated that different disciplines will activate their role in different ways depending on discipline specific roles.

This role will involve regular meetings with assigned resident(s) at the regular intervals to facilitate their learning progress by reviewing and discussing progress with the resident encouraging self-reflection and a growth mindset. The AAs may be called upon to present resident progress summaries at the CC meetings on an ad hoc basis, to act as primary presenters to the CC in some cases or assist with the implementation of remediation/modified learning plans.

2 RESPONSIBILITIES AND ACCOUNTABILITY

The following are potential roles for the Academic Advisors – individual RPCs and Program Directors should develop their own job descriptions that is accessible to all including the Academic Advisors and residents to ensure role clarity. Again, it is reiterated that although the role may be tailored to the needs of the individual discipline the resources from the PGME remain the same.

The AA may be responsible to the residency program for the following:

- Coach and support residents throughout their residency training
- Review individual resident electronic portfolios and meet on a suggested quarterly basis, with a mandatory minimum of once per stage of training with each assigned resident
- Guide the assigned residents in creating their own learning plans that should be shared by residents with supervisors in upcoming rotations or alternative learning experiences. These learning plans should document areas of strengths and weaknesses and identify priority areas/skills/competencies residents should focus on.
- Assist with the implementation of remediation/modified learning plans

The AA will be responsible to the Department for the following:

- Participate in the faculty development needs and training of the Department/Division as it relates to CBD implementation.
- Remain up to date with the evolving CBD literature regarding the AA role.

The AA will be accountable to the PD. They may be invited on an ad hoc basis to the CC meetings to present reports on the progress of their resident(s). This is however not a regular expectation of the AA.

If attending a Competence Committee, AAs will recuse themselves from the CC's decision making about their assigned resident/s or if there is another conflict of interest.

AAs will be given access to all formal documented resident evaluations and assessments. Confidentiality and protection of residents' professional interest must be maintained. An AA will sign a formal confidentiality agreement (see Appendix B).

3 QUALIFICATIONS

The AA must be certified the Royal College of Physicians & Surgeons of Canada (RCPSC), or hold equivalent international qualification, and have demonstrated an interest in education. The candidate would ideally have strong organizational, communication, and leadership skills, as well as working knowledge of the current electronic evaluation system(s) and a high level of familiarity with CBD.

4 APPOINTMENT

The AAs would ordinarily be selected by the Program Director (or delegate). It is suggested that they should have a minimum 3-5-year renewable term, which will facilitate continuity of coaching and support for assigned residents.

5 MEETINGS

It is suggested that AAs meet with their assigned resident(s) on a quarterly basis, and more frequently when needed/requested. Additional time and meetings may be needed and should occur in discussion with the Program Director and/or Residency Program Committee.

6 RESOURCE REQUIREMENTS

The PD and the AA will serve as resources for each other and the two are expected to work in close collaboration.

A program may choose to assign only one resident to each AA; in cases where more than one resident is assigned to any given AA, a ratio of 3 residents to 1 AA is recommended. Any ratio exceeding 5 residents to 1 AA may become logistically sub-optimal, as an AA would need time for preparation and meeting with each assigned resident.

7 PLANNED REVIEW

Ongoing review of this role at the PGME level will occur.



CBD Observer Role Description

1 INTRODUCTION

CBD Observers may include residents, fellow faculty members or healthcare professionals who work directly with the residents in a supervisory capacity and are in a position to offer direct and indirect observations regarding the residents' performance in any given encounter. This will involve the invitation of a planned or an ad hoc observation with assigned resident(s) to observe, record evidence, and contribute to a narrative of EPA and milestone performance information. Additionally, the Observer has the opportunity to observe the resident on professionalism and patient safety. Following the observation encounter the observer will discuss it with the resident and complete an observation form.

It must be noted that the Observer role is separate and distinct from any high stakes assessments which are the purview of the CC.

The Observer under CBD is subject to the same provisions, responsibilities, obligations and privileges which apply to clinical supervising faculty under existing PGME guidelines.



Program CBD Lead Role Description

1 INTRODUCTION

The Program Competence by Design (CBD) Lead in (RCPSC) programs, hereafter referred as the Program CBD Lead, is the faculty member who will guide the transition and implementation process for CBD initiative at the program level. The Program CBD Lead will ensure, in collaboration with the Program Director that all aspects of CBD implementation are carried out within the program.

2 RESPONSIBILITIES AND ACCOUNTABILITY

The Program CBD Lead will be responsible to the Residency Program for producing and demonstrating:

- ✓ Curriculum Mapping aligned with CanERA standards and the disciplines document suite.
- ✓ Orientation of faculty to assigned learning activities (example EPAs, simulation).
- ✓ Orientation of faculty to observation.
- ✓ Faculty development in coaching and feedback.
- ✓ Resident development in growth mindset and learner centered learning.
- ✓ Development of Competence Committee Terms of Reference.
- ✓ Competence Committee orientation, implementation and development.
- ✓ Registration of users in the electronic platform.
- ✓ Orientation and instruction in the electronic platform for residents and faculty.
- ✓ Liaising with University of Saskatchewan program CBD Leads to identify areas of collaboration.
- ✓ Remaining current in the evolving Competence by Design (CBD) initiative.
- ✓ Participating as a member on the Residency Program Committee (RPC) and/or the Competence Committee.

To the Department for:

- ✓ Coordinating faculty development needs and training for the Department/Division as it relates to CBD implementation and ongoing

delivery.

To the faculty for:

- ✓ Attending and/or co-delivering relevant CBD faculty development workshops, or identifying a representative to attend when other responsibilities prevent attendance.

Responsible to the Program Director and the Associate Dean, PGME to ensure progress is on target and meets criteria for implementation. Regular reporting as to progress written or verbal may be requested.

3 QUALIFICATIONS

The Program CBD Lead must be certified by the Royal College of Physicians & Surgeons of Canada, or have equivalent international qualifications, and demonstrate an interest in education and administration. The Program CBD Lead must have strong organizational, communication, and leadership skills, and a solid foundational knowledge of the CBD and CBME principles.

4 APPOINTMENT

The Program CBD Lead will be selected by the Program Director in consultation with the Department/Division Chair and Associate Dean, PGME. This is a limited-term appointment (e.g. one-two years).

5 RESOURCE REQUIREMENTS

This position should have a defined Department/Division job description and appropriate administrative support for the period appointed (starting at least six months prior to the program CBD launch). The program should determine the appropriate time commitment for this role. An agreement must be negotiated in writing by the Department Head, the Program Director, and the Associate Dean, PGME.



Competence by Design Resident Lead Advisory Council (CBD RLAC)

1 PURPOSE

The Competence by Design Resident Lead Advisory Council (CBD RLAC) was established to provide a forum for discussion and advocacy around resident issues in anticipation of the transition and implementation of a competency-based curriculum within the Royal College of Physician and Surgeon's specialty programs.

The group will provide support to the PGME Associate Dean via the PGME support team (PGME CBD Lead and PGME CBD Administration) and Program Directors in developing effective and transparent communication strategies to inform current and incoming residents of CBD expectations and updates.

Through ongoing communication with the PGME support team, the group will represent the interests of residents during the CBD transition at the University of Saskatchewan.

2 RESPONSIBILITIES AND ACCOUNTABILITY

The CBD Resident Lead Advisory Council works with and reports to the PGME CBD Lead who reports on CBD activities to the PGME Associate Dean.

They will provide regular feedback to the PGME support team on:

- Strategies in place for resident CBD engagement and education.
- Identifying resources and strategies to enable successful implementation of CBD.

Through the PGME support team, they will advocate for CBD implementation strategies such as policies and resources needed for successful resident implementation of CBD.

3 COMPOSITION

- PGME support team members (maximum 3).
- All RCPSC Program CBD Resident Leads as identified by their respective Program Director.
- 4th year Student Representative. (optional dependent on agenda items).
- Other members invited as per needs on specific agenda items. Example RDoS.

4 MEETINGS

The CBD RLAC will meet approximately every two months. Meetings may be either virtual, face to face or some combination of the two.

The decision making of CBD RLAC will work by simple majority of present; however, decision-making by consensus is preferred. Quorum will be one PGME support team member and 50% of the CBD RLAC members.

5 RESOURCE REQUIREMENTS

See the following page for Program CBD Resident Lead Role Description.



Program CBD Resident Lead Role Description

1 INTRODUCTION

The Competence by Design (CBD) Resident Lead in (RCPSC) programs, hereafter referred to as the CBD Resident Lead, is a resident (CBD or non-CBD cohort) who will help guide the transition and implementation process for competency-based medical education at the program level. The CBD Resident Lead will, in collaboration with the Program Director, ensure resident interests are represented throughout all aspects of CBD implementation.

2 RESPONSIBILITIES AND ACCOUNTABILITY

The Program CBD Resident Lead will be responsible to the Residency Program:

- to lead program residents through curriculum transition and implementation of competency-based medical education;
- to liaise with other program CBD Resident Leads; and work with other CBD Resident Leads in various efforts carried out by the PGME CBD Resident Lead Advisory Council;
- to work closely with the PGME CBD Resident Lead Advisory Council to ensure cross-specialty communication at the resident level.

3 QUALIFICATIONS

The CBD Resident Lead must be a University of Saskatchewan resident and have interest in CBD initiatives as well as competency-based medical education principles.

4 APPOINTMENT

The position is voluntary. The CBD Resident Lead will be appointed by the Program Director.

5 RESOURCE REQUIREMENTS

The position may be allotted academic protected time, approximately 1 to 2 hours a month, depending on the extent of involvement expected by the Program Director (example: time to launch, etc.).

The protected time will ensure the CBD Resident Lead may attend CBD related meetings with the Program Director and/or related PGME CBD Resident Lead Advisory Council meetings. The protected time should be established in writing between the Program Director and the Resident.

No travel is anticipated. PGME CBD Resident Lead Advisory Council meetings are accessible via teleconference.

This CBD Resident Lead role will be evaluated annually until CBD rollout has been implemented across on programs in 2022.



Program CBD Resident Lead Leadership Team Description

1 INTRODUCTION

The CBD Resident Leads will either self-nominate or nominate other CBD Resident Leads to be the Leadership team for the CBD RLAC. This may be anywhere from one to three individuals.

2 RESPONSIBILITIES AND ACCOUNTABILITY

The Leadership Team will be responsible for:

- Leading discussion around projects, activities, events for the CBD Resident Leads to develop.
- Lead meetings of the RLAC.
- Liaise with the PGME Support team to review minutes, develop meeting timings, and plan events or activities.

3 QUALIFICATIONS

The CBD Resident Lead must be a University of Saskatchewan resident and have interest in CBD initiative as well as competency-based medical education principles.

4 APPOINTMENT

The position is voluntary. There will be an annual nomination process – if more than three individuals express interest a vote will be held. The CBD Resident Lead must have the approval of their Program Director.

5 RESOURCE REQUIREMENTS

No travel is anticipated. PGME CBD Resident Lead Advisory Council meetings are accessible via teleconference. There is full administrative support for the RLAC and time commitment of the leadership team is expected to be maximum 1 to 2 hours per month above the role of CBD Resident Lead.

This CBD Resident Lead role will be evaluated annually until CBD rollout has been implemented across on programs in 2022.

Abbreviations

Abbreviation	Full Version
AA	Academic Advisor
CBD	Competence By Design
CC	Competence Committee
EPA	Entrustable Professional Activities
PD	Program Director
PGME	Postgraduate Medical Education
RCPSC/Royal College	Royal College of Physicians and Surgeons of Canada
RPC	Residency Program Committee

Appendix A: Resources from the Royal College of Physicians and Surgeons of Canada:

<http://www.royalcollege.ca/rcsite/cbd/assessment/competence-committees-e>

Please see this link for multiple resources including suggestions for Competence Committee composition and Terms of Reference.

The following principles need to guide the Competence Committee:

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

1. Committee work will be guided by the national competency framework (including specialty-specific milestones and EPAs by stage) established by the specialty committee as well as the relevant university and Royal College assessment policies.
2. The committee's purpose is to determine if residents have met the appropriate standard, or are on an appropriate trajectory, to move between stages on the competence continuum and to determine when residents are ready for the Royal College examinations, as well as Certification upon completion of their transition to practice phase.
3. The Committee is expected to exercise judgment in making progress decisions: i.e. they will use Specialty defined EPAs and the expected number of observations as a guideline but are not bound to a specific numbers 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.
4. In addition to utilizing milestones and EPAs, Committee decisions will be based on a group of assessment tools and relevant evidence as uploaded in the ePortfolio. (*residents' electronic portfolio*).
5. 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.
6. Committee decisions must be based on the evidence available in the trainee's ePortfolio (*residents' electronic portfolio*). Individual committee member experience can only be introduced with appropriate documentation within the ePortfolio. (*residents' electronic portfolio*).
7. Individual trainees, or their Faculty Advisors (for programs that implement this approach), may be invited to discuss their progress with the members of the Competence Committee.
8. All committee decisions must be timely in order to ensure fairness and appropriate sequencing of training experiences.
9. All committee decisions are to be made in a spirit of supporting each trainee in achieving their own individual progression of competence.
10. Competence Committees have a responsibility to make decisions in the spirit of protecting patients from harm, including weighing a trainees' 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.
11. Competence Committees, on an exceptional basis, have the option to identify trainees who are eligible for an accelerated learning pathway.
12. Competence Committees, on an exceptional basis 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 (see relevant Faculty of Medicine and Royal College policies).
13. Decisions on the achievement of EPAs and individual milestones as well as readiness to progress between stages must be documented.

Appendix B: Confidentiality Agreements for Competency Committee Member and Academic Advisor

See the following documents



Residency Training Program in
XXX Postgraduate Medical
Education College of
Medicine
University of Saskatchewan

CONFIDENTIALITY AGREEMENT
Competence Committee

I understand that the members of the Competence Committee, involved in the assessment of postgraduate trainees of the College of Medicine, University of Saskatchewan, are subject to the provisions of the applicable privacy legislation and related University policies on privacy and have an obligation to ensure that information is used for purposes consistent with the reasons for its collection.

I accept the responsibility to ensure that any information (verbal, written, or electronic) to which I am given access to will be kept confidential and will only be used for its intended purpose. I will ensure that I do not knowingly or carelessly allow such information to be misused, both during and after my engagement as the member of the Competence Committee.

Name _____

Signature _____

Date _____

In order to ensure compliance of the University policies and the SK Local Authority Freedom of Information and Protection of Privacy Act, a signed copy of this document must be returned to the Residency Training Program in XXX.



Residency Training Program in
XXX Postgraduate Medical
Education College of
Medicine
University of Saskatchewan

CONFIDENTIALITY AGREEMENT
Academic Advisor

I understand that the Academic Advisors, involved in the guidance and monitoring of postgraduate trainees of the College of Medicine, University of Saskatchewan, are subject to the provisions of the applicable privacy legislation and related University policies on privacy and have an obligation to ensure that information is used for purposes consistent with the reasons for its collection.

I accept the responsibility to ensure that any information (verbal, written, or electronic) to which I am given access to will be kept confidential and will only be used for its intended purpose. I will ensure that I do not knowingly or carelessly allow such information to be misused, both during and after my engagement as the Academic Advisor.

Name _____

Signature _____

Date _____

In order to ensure compliance of the University policies and the SK Local Authority Freedom of Information and Protection of Privacy Act, a signed copy of this document must be returned to the Residency Training Program in XXX.

Appendix C: Template for your Competence Committee Terms of Reference

ELEMENTS	THINGS TO THINK ABOUT	SUGGESTIONS TO INCLUDE
Purpose	Why is the CC Formed?	To ensure residents completing the Program meet the national standards of competency in XXX as defined by the RCPSC.
Committee Membership	<p>How are the members appointed?</p> <p>Number of members?</p> <p>Any external members? Term</p> <p>Chair</p> <p>Role of the PD</p>	<p>State length of term and if renewable.</p> <p>State possible membership on need to balance workload and avoidance of bias.</p> <p>The CC will have X members (3 minimum). The CC will be chaired by XX.</p> <p>All members, including the Chair, have the right to vote.</p> <p>Resident membership is not <u>allowed</u>.</p>
Function	What are the responsibilities of the CC?	<p>Monitoring the progress of each resident in demonstrating achievement of the national standards for their discipline including but not limited to the national Entrustable Professional Activities (EPAs).</p> <p>Synthesizing the results from multiple observations and other specified sources to make recommendations to the RPC related to the following:</p> <p>Status recommendations: failure to progress, not progressing as expected, progressing as expected, progress is accelerated, inactive</p> <p>Action recommendations: withdraw training, formal remediation, modified learning plan (additional focus on EPA/IM observations or RTE), monitor learner, promote to examination eligible, promote to certification eligible</p> <p>Monitoring the outcome of any learning or improvement plan established.</p> <p>Maintaining confidentiality and promoting trust by sharing information only with individuals directly involved in the development or implementation of learning or improvement plans.</p>
Meetings	<p>Frequency and format of meetings?</p> <p>Attendance expectations?</p>	<p>The CC will meet X times a year (minimum twice per year).</p> <p>The scheduling and organization of the meetings</p>

	<p>Who will organize the meetings?</p> <p>How will the documents be circulated?</p> <p>Preparation expected prior to the meeting.</p> <p>Criteria for selecting residents for CC review.</p> <p>Can non-members be invited to the meeting, if so, under what circumstances?</p> <p>Who will provide secretariat for the CC?</p>	<p>will be done through the Program Administrative Assistant, who will also be present at the meetings to keep the minutes.</p> <p>Meetings may be face to face, virtual, or some combination of the two.</p> <p>There should be at least X (absolute minimum 50 %) members of the CC to achieved quorum.</p> <p>The Program Director should be present for all discussions.</p> <p>Agenda will include residents selected for CC review based on any one of the following criteria:</p> <ul style="list-style-type: none"> -Regularly timed review. -A concern has been flagged by their academic advisor. -Completion of stage requirements and eligible for promotion or completion of training. -Requirement to determine readiness for the RC exam. -There appears to be a significant delay in the resident's progress or academic performance. <p>Each attending member of the CC will be assigned proportionate number of resident cases to review and present as the primary presenter.</p> <p>The process for secondary reviews is X.</p>
<p>Decision Making</p>	<p>Consensus versus voting?</p> <p>How are disagreements managed?</p>	<p>It is highly recommended that decisions of the CC are made consensually where not possible; the majority rule will prevail; in case of a tie, the vote of the Chair will decide.</p>
<p>Accountability and Reporting</p>	<p>To whom does the CC Report?</p>	<p>The CC reports outcomes of discussions and decisions to the RPC in XXX program in a timely manner in writing (example within a week).</p> <p>One member of the CC will verbally report to the RPC on a regular basis.</p>
<p>Sharing of information</p>	<p>How will the members share information and resources?</p> <p>Meetings and minutes are confidential.</p>	<p>All CC discussions are confidential and shared on a professional need-to-know basis.</p> <p>All decisions will be documented.</p> <p>Members of the CC will sign a confidentiality agreement.</p>