Clinical Competency Committee (CCC) Policy

Scope: All ACGME-accredited residency and fellowship programs sponsored by the UW School of Medicine.

Background: The assessment of trainees by the Clinical Competency Committee (CCC) is a key element of the Next Accreditation System (NAS). The CCC is designed to bring insight and perspectives of a group of faculty members to the trainee evaluation process. The CCC also serves as an early warning system if a trainee fails to progress in the educational program, and assists in his/her early identification and move toward improvement and remediation.

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]. This policy must be provided to the GME Office.

Membership: The CCC must be composed of at least three faculty members, one of whom may be the program director, who have the opportunity to observe and evaluate trainees [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 of the CCC may include other physician faculty members from the same program or other programs, or health professionals (e.g., nursing staff, physician assistants) who have extensive contact and experience with trainees in patient care and other health care settings [Common Program Requirement V.A.1.a)(1)(a)].

Chief residents who have completed core residency programs in their specialty and are eligible for specialty board certification may be members of the CCC [Common Program Requirement V.A.1.a)(1)(b)]. Residents who do not meet all of the above criteria, including chief residents in the accredited years of the program, may not serve as CCC members or attend CCC meetings.¹

The chair of the committee may be either the program director or a faculty member appointed by the program director or voted on by the committee, depending on the program’s Review Committee requirements.

Program Administrators may attend CCC meetings to provide administrative support and help document CCC deliberations and decisions. However, program administrators may not serve as members of the CCC.

Charge: The members of the CCC are expected to provide honest, thoughtful evaluations of the competency level of trainees. They are responsible for reviewing all assessments of each trainee at least semiannually, and for determining each trainee’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 evaluations to inform this process.

¹ Chief residents in the accredited years of the program are excluded from the CCC in order to ensure that the residents’ peers are not providing promotion and graduation decisions, or involved in recommendations for remediation or disciplinary actions. However, the chair(s) of the CCC and/or program director should receive input from these residents outside the context of CCC meetings through the evaluation system.
The committee must prepare and ensure the reporting of Milestones evaluations of each trainee to the ACGME semiannually in December and June [Common Program Requirement V.A.1.b).(1).(b)]. Milestones evaluations must be submitted by the program director or designee(s) via the Accreditation Data System (ADS) website.

The committee is responsible for making recommendations to the program director on promotion, remediation and dismissal based on the committee’s consensus decision of trainees’ performance [Common Program Requirement V.A.1.b).(1).(c)]. However, the program director has final responsibility for the evaluation and promotion of trainees.

The committee 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 trainees to progress in each of the Milestones.

The program director or designee(s) must provide feedback to each trainee regarding his/her progress in each of the Milestones. This feedback must be documented in the trainee’s file.

The committee 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 trainees, in order to identify opportunities for faculty training and development.

Finally, the committee 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.

Confidentiality: Proceedings of CCCs are protected under the UW Medicine Coordinated Quality Improvement Plan. As such, all records generated by the committee as a result of its deliberations should be marked with the following: “Confidential coordinated quality improvement / risk management / peer review information under RCW 70.41.200/4.24.250/43.70.510; any joint preparation or sharing of this information with another coordinated QI program is pursuant to the protection of RCW 70.41.200(8)/43.70.510(6). Do not disclose, reproduce, or distribute without permission.”

Guidelines: The following guidelines are recommended for conducting the CCC review process:
1. The committee must meet at least semiannually, and may meet more often for larger programs.
2. Meetings should be kept to two hours or less.
3. The chair serves to guide the committee in its work to provide a consensus decision for Milestones evaluations.
4. Committee members must be oriented to each assessment tool and its relationship to the Milestones evaluations.
5. All committee 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 trainee’s evaluations should be assigned to specific committee members. For small programs, all members may be assigned to review all trainees. For larger programs, two or three CCC members who have worked with the trainee may be assigned to prepare a recommendation to the committee. Committee members 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

2 All academic actions, including remediation and dismissal, must be reported to the GME Office and may require review by the Attorney General’s Office.
b. Completing the Milestones evaluation for each trainee in advance of the meeting.

7. Reviews should be presented by training year.
8. The committee must form a consensus Milestones evaluation based on member reviews and the committee’s discussion for each trainee.

Resources:
ACGME Common Program Requirements (effective July 1, 2015)
ACGME NAS FAQ: Clinical Competency Committees and Program Evaluation Committees