

UTHSCSA Graduate Medical Education Policies

Section 3	Evaluation and Assessment Processes	Effective:	July 2012
		Revised:	May 2013, May 2014
Policy 3.7.	Clinical Competency Committee: Program-Level Review for Residents	Responsibility:	Designated Institutional Official

Clinical Competency Committee

Policy Each GME program within UTHSCSA is required to operate a Clinical Competency Committee (CCC), a group comprised of 3 or more members of the active teaching faculty, which conducts regularly scheduled meetings and reviews the progress of every resident in the program. The members of a have responsibility for: 1) determining residents' or fellows' progression on the educational Milestones; 2) making recommendations on promotion and graduation decisions; and 3) recommending remediation or disciplinary actions to the program director.

Membership - Members of the CCC can include physician faculty members and members from other health professions (i.e., inter-professional) who serve on the faculty or have extensive contact and experience with residents/fellows in patient care and other health care settings.

Chief residents who have completed core residency programs in their specialty disciplines, possess a faculty appointment from the program, and are eligible for specialty board certification may attend the CCC meetings and provide input to CCC deliberations. They cannot be members of the CCC.

Residents who do not meet all of the above criteria may not serve as CCC members or attend CCC meetings. This includes chief residents in the accredited years of the program. Their exclusion from the CCC is meant 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.

Coordinators may attend CCC meetings to provide administrative support and help document CCC deliberations and decisions. However, coordinators may not serve as members of the CCC.

Process - When decisions are made that could affect the resident's intended career development, GME programs are expected to provide residents with due process as defined by ACGME. This academic

institution strives to provide the following elements: 1. Notice of deficiency/deficiencies, 2. An opportunity to correct the deficiency, together with 3. A careful, non-arbitrary and reasonable decision-making process.

The frequency of meetings must be at least twice a year, and in many programs will need to be at shorter intervals. The CCC is advisory to the program director. It considers all written rotational and other evaluations, and discusses any non-congruence between written evaluations and their experiences with each resident. The provision of frank verbal feedback by the CCC to the program director is an important process for determining whether the resident's performance is accurately revealed in the rotational evaluations. The CCC discussion and recommendations are communicated to the program director for feedback to the resident, and is considered equal in weight to the written evaluations.

The CCC may maintain written minutes, and if so, must employ the CCC Minutes template (see below), which list the names of all residents considered and all CCC members in attendance. As a peer review process, documents are subject to peer review protection.

Link to template: [CCC minutes template](#)

Program-Level Review – if a resident's progress is not satisfactory, s/he may be subject to an altered level of academic status as outlined in GME Policies 2.1.8 and 2.1.9. (For a proposed adverse status, the program director will discuss with DIO or designee for review and guidance.) A program-level review should be made available to the resident, and should substantially comply with the following steps:

1. Notification and Counseling processes - Written notification, outlining specific deficiencies
2. Resident will initial letter that outlines deficiencies
3. Individual counseling of the resident by Chair of the CCC, or Program Director, or Chairman of the Department
4. Meeting of resident with his/her Faculty Advisor or designated member of the CCC
5. Option for a written reply of the resident to the CCC

In the event of proposed dismissal or non-renewal of the resident's contract, the resident must first appeal at the Program-Level, and such an appeal process for the resident should include the following steps:

1. Meeting of resident with the CCC
2. Meeting of resident with the faculty of the Department
3. Meeting of resident with the Chairman of the Department

The final arbiter of any Program-Level Appeal is the Chairman of the Department, but if a resident wishes to further pursue review of his/her adverse academic status beyond the level of the program, s/he may

UTHSCSA Graduate Medical Education Policies

follow the procedures outlined in GME Policy 2.10 or 2.11.