Executive Summary

Institutional Practices for Clinical Competency Committees

Introduction

Although there are no Clinical Competency Committee (CCC)-specific requirements in the ACGME's Institutional Requirements, designated institutional officials (DIOs), their teams, and the Graduate Medical Education Committee (GMEC) have a critically important oversight role in ensuring programs' CCC processes adhere to the Common Program Requirements, as well as to any relevant institutional policies.

History

At least one institutional requirement may impact CCCs. The Sponsoring Institution is responsible for programs' development of "promotion criteria" and criteria for renewal of a resident's/fellow's appointment, and conditions for reappointment and promotion to a subsequent PGY level must be in the contract or letter of appointment.

For residents/fellows who are not sufficiently progressing, other institutional requirements are important, such as those pertaining to due process and grievance. Ideally the Sponsoring Institution and its programs are closely aligned, and the DIO and program directors are effective collaborators.

Noteworthy Practices

The DIO/GMEC provide resources centrally, including faculty development and venues to share lessons learned by and regarding CCCs among the institution's programs.

GMECs monitor CCCs through their oversight of each program's Annual Program Evaluation and Self-Study. They may make some aspect of CCCs one of the performance indicators used and reported as part of the institution's Annual Institutional Review (AIR). Institutional approaches to assessment tools, aggregating resident/fellow performance through resident management systems, and electronic health records may be helpful to programs and provide greater consistency across programs.

Long-Term and Short-Term Actions/Goals

DIOs/GMECs may:

- create a forum for CCCs to come together within the institution to learn from one another;
- determine how best they can support and monitor effective CCC performance;
- optimize the institution's CCCs as part of the AIR process;
- ensure residents/fellows understand the purpose of the CCC and their program's processes;
- improve program assessment strategies and tools;
- provide faculty development at the institutional level to support CCC members;
- provide feedback to CCCs on their processes; and,
- ensure program and institutional policies and processes regarding resident/fellow progress are aligned.

Conclusions and In-Depth Guidebooks

Appendix G of the Clinical Competency Committee Guidebook provides a checklist of important CCC elements. It can be modified to reflect program-/institution-specific practices. It outlines potential expectations for the DIO and GMEC, program director, CCC Chair, CCC members, program faculty members, evaluators, and residents/fellows. It can be used as a checklist to review the current status of CCCs within an institution and identify potential areas for improvement, as well as strategies to disseminate best practices.

For more information, see the full Clinical Competency Committee Guidebook and additional references on the Milestones Resources page of the ACGME website.