Appendix 2: Terms of Reference – Emergency Medicine- Shared on Website

Emergency Medicine Competence Committee:
Terms of Reference
Process and Procedures in Decision Making

Principles

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

1. Committee work will be guided by: the national competency framework (including Emergency Medicine-specific milestones and EPAs by stage) established by the specialty committee; as well as the University of Toronto and Royal College assessment policies; and decisions made by the EMRTC Competency By Design (CBD) subcommittee (including use of dimensions) (the CBD subcommittee handed over to the EMRTC summer 2020, and EMRTC will continue all matters related to CBD).

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. Furthermore, this committee is to determine when residents are ready for the Royal College examinations, as well as Certification upon completion of their transition to practice phase.

   For residents that do not meet this standard or appropriate trajectory, the committee may withhold residents request for a specific area of advanced learning, or a restricted license, as a component of an individual’s supportive learning plan.

3. The committee is expected to exercise judgement in making progress decisions, using Emergency Medicine defined EPAs and the expected number of observations as a guideline but not being bound to 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 trainee.

4. 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.

5. Committee decisions must be based on the evidence available in the trainee’s portfolio at the time of the committee meeting. The portfolio refers to the resident file, any official program related communication, and the electronic assessment platform (where applicable). Individual committee member experience can only be introduced with appropriate documentation within the portfolio.

6. All committee decisions must be timely in order to ensure fairness and appropriate sequencing of training experiences. Primary reviewers must complete their updates to Resident Assessment Files a minimum of one day prior to the Competence Committee meeting when the resident will be assessed. Primary reviewers/administration must
further update the Resident Assessment Files within 48 hours after the Competence Committee meeting. These files will be brought to the next EMRTC meeting, within a maximum of one month after the Competence Committee meeting.

7. All committee decisions are to be made in a spirit of supporting each trainee in achieving their own individual progression of competence.

8. 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.

9. Competence Committees, on an exceptional basis, have the option to identify trainees who are eligible for an accelerated learning pathway.

10. 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 Guideline: Guidelines for the Assessment of Postgraduate Residents of the Faculty of Medicine at the University of Toronto, March 2017 (http://pg.postmd.utoronto.ca/wp-content/uploads/2017/04/Guidelines_ASSESSMENT_-OF-PG-RESIDENTS_Approved_17mar09SEND.pdf)).

11. Decisions on the achievement of EPAs, milestones, and dimensions, as well as readiness to progress between stages, will be documented using the shared google documents “Resident Assessment Files”. These files will be saved as a permanent copy after each EMRTC meeting.

12. The committee will discuss and revise the TOR and committee processes in context of the Emergency Medicine Program, PGME and Royal College requirements. This will occur biannually.

**Competence Committee Terms of Reference**

1. **Committee Composition:** The Committee will be comprised of eight voting members (including the Program Director and Assistant Program Director).
   
a) The Competence Committee will be chaired by a staff emergency physician selected by the program director in consultation with the Division Director.
   b) Members will be appointed by the program director and will aim to include emergency physicians from each of the core educational teaching hospital sites.
   c) Members will be appointed for a term of two years with an option for renewal for a maximum of or for an additional two terms.

2. **Accountability:** The Competence Committee reports on a monthly basis (September to June) to the Residency Training Committee (RTC) via the Competence Committee Chair.

3. **Schedule and Methods:** Meetings will be held monthly for a minimum of 10 meetings per year. Meeting dates for the academic year will be sent out at least
6 months prior to the start of the academic year.

4. **Agenda Development**: Trainees are selected for a planned Competence Committee meeting by the Chair. This must occur in advance of the Committee meeting and provide reviewers (see below) of the resident file adequate time to prepare for the meeting.

5. **Frequency**: Every trainee in the program will be discussed a minimum of twice per year.

6. **Quorum**: There should be at least 70% attendance from the members of the Competence Committee to achieve quorum. The Chair (or their delegate) should be present for all discussions. 

7. **Attendance**: Competence Committee members are expected to be present for at least 80% of meetings per academic year. The expectation is that members will attend in-person; however in exceptional circumstances (e.g. illness) teleconference will be available. Online meetings will be held when in-person meetings are not feasible.

8. **Selection**: Trainees may be selected for Competence Committee review based on any one of the following criteria:
   a) Regularly timed review: Each resident will be reviewed semi-annually. All residents from the same cohort (i.e. anticipated year of completion), will be reviewed in the same meeting.
   b) A concern has been flagged on one or more completed assessments
   c) Completion of stage requirements and eligible for promotion or completion of training
   d) Requirement to determine readiness for the Royal College examination
   e) Where there appears to be a significant delay in the trainee's progress or academic performance
   f) Where there appears to be a significant acceleration in the trainee's progress

9. **Primary Reviewer**: Each trainee selected for discussion at a Competence Committee meeting is assigned to a designated primary reviewer. This reviewer will be a member of the Competence Committee. The primary reviewer is responsible for completing a detailed review of the progress of all assigned trainees based on evidence from completed observations and other assessments or reflections included within the portfolio. The assigned primary reviewer considers the trainee's recent progress, identifies patterns of performance from the observations, including numerical data, comments, as well as any other valid sources of data (See assessment process appendix). The primary reviewer will provide a succinct synthesis and impression of the trainee's progress to the Competence Committee. The primary reviewer will then propose a resolution on that trainee's status going forward. This will all be documented in the Resident Assessment File.

   a) Each resident will be reviewed by the same Primary Reviewer for the duration of two academic years. The Primary Reviewer for each resident will be changed to a different
person for subsequent academic years

10. **Secondary reviewers:** All other committee members are responsible for reviewing all trainees on the agenda as secondary reviewers. All secondary reviewers are required to come prepared to discuss all trainees' progress.

11. **Committee Procedures:**
   a) The Chair welcomes members and orients all present to the agenda and the decisions to be made.
   b) The Chair reminds members regarding the confidentiality of the proceedings.
   c) Each trainee is considered in turn, with the primary reviewer presenting their synthesis, displaying relevant reports from the portfolio, and sharing important quotes from any observational comments about the trainee. The primary reviewer concludes by proposing a **status** for the trainee going forward in the program:

   1. **Progression as expected:** Trainee is achieving all areas of competency, including stage specific milestones and EPAs*, at an expected rate. Depending on timing of review, this may indicate that the trainee is progressing within a stage as expected, ready to progress to the next stage/year of training and/or has been deemed ready to challenge the Royal College examination.

   2. **Supportive:** Trainee is failing to achieve in any area of competence, including but not limited to stage specific milestones, EPAs, or entrustment within any dimension across EPAs, such that a targeted Supportive Learning Plan (SLP), organized and facilitated within the program, could adequately address the relevant issues. If the SLP is successfully completed, it is expected that the learner will progress through the residency program following the expected timing and course.

      a) Trainee is not yet ready to progress to the next stage of training. Progression will be re-evaluated after implementation of learning plan

      b) Trainee is ready to progress to the next stage of training while following the learning plan

      c) Trainee is deemed to be ready to challenge the Royal College examination by the end of a supportive interim review and in compliance with the learning plan

   3. **Remediation:** Trainee is failing to achieve any area of competency and would benefit from a formal Remedial Plan. A formal Remedial Plan would be used to address problems not readily expected to be corrected in the normal course or resources of a residency program. The resident will be forwarded to the Board of Examiners (BOE) at PGME

   4. **Failure to Progress:** Trainee has failed to achieve any area of competency, and a formal Remedial Plan. The resident will be forwarded to the BOE at PGME.
5. **Dismissal from program**: (BOE process)

*The document refers to “stage specific milestones or EPAs” as this is the terminology used within CBD. This should alternatively be interpreted as “PGY specific expectations and targets” for those residents not part of the CBD curriculum.

d) All members are invited to discuss the motion.
e) The Chair will call a vote on the proposed recommendation of the primary reviewer.
f) In order for a motion to pass, it must receive at least a 75% majority vote (of members present at the Competence Committee meeting).
g) If the motion does not receive a majority vote, a new motion can be proposed by any member after discussion.
h) This will continue until 75% of Competence Committee members supports a status motion.
i) Decisions can only be deferred if additional information is required. This deferred decision must be revisited within 5 weeks.
j) A status decision is recorded in the trainee's portfolio and is communicated to the trainee.
k) A status decision is recorded in the committee's archives.
l) Competence Committees should flag EPAs, dimensions, expectations, or targets which are inconsistently met at a defined stage/year for a cohort of residents to the Program Director. The Program Director, in turn, and in conjunction with the Residency Training Committee, should alert the Specialty Committee to determine the appropriateness and expected time of completion of those EPAs.
m) On an annual basis, at an in-person meeting, the committee will review the overall committee functioning, the resident reviewing process and meeting logistics, and the committee's TOR. This discussion will be recorded in the meeting minutes and made available to the RTC and to any formal auditing processes.

12. **Post Competence Committee meetings**: As soon as possible after the committee decision, the Program Director will discuss the decision of the Competence Committee with the trainee. The trainee will receive a formal progress report reflecting the data and decision discussed at the meeting. Changes to the trainee's learning plan, assessments, or rotation schedule will be developed with the resident and implemented as soon as feasible, if applicable.

a) Trainees determined to benefit from an individualized learning plan will have an Educational Advisor assigned to them by the Program Director. This individual will be responsible for working with the resident to achieve the goals outlined in the learning plan and ultimately report back to the Program Director.
b) The Program Director will briefly report to the Committee each month on any trainee undergoing some type of remediation plan. This report will not serve as an official review.
c) Any trainee on a learning or Remedial plan can undergo review at any time if they meet the criteria described in the section, “Selection”.

13. **Appeal Process**: There is an appeal mechanism in place for the situation where a trainee does not agree with the decision of the Competence Committee.
a) The trainee must notify the Program Director within 2 weeks of receiving the Competence Committee decision of their desire to appeal the decision.

b) The trainee’s review, and the Competence Committee decision is presented to the RTC at the next scheduled meeting of the RTC by the Chair of the Competence Committee. Resident or their delegate may attend the meeting to present their case, and can do so with an academic mentor.

c) The RTC, following the processes and procedures described in their own Terms of Reference, are asked to vote to support or overturn the decision of the Competence Committee.

d) If the decision is overturned, the RTC must then put forward a new trainee status and vote to pass the motion.

e) If the decision stands and the trainee still wishes to appeal, the trainee must follow the processes and policy set forth by the post-graduate medical training office at the University of Toronto.

f) IMG resident completing their Assessment Verification Period: completion of AVP is considered an admission requirement rather than an in-progress assessment and therefore the standard program and university processes for in-progress appeals do not apply. While admissions decisions are not typically appealable within the university, an AVP candidate may request a review of CC or RPC decisions by senior department and/or PGME leadership, and such requests can be on the basis of process only.