

CLINICAL COMPETENCY COMMITTEE (CCC) POLICY

Scope: ACGME-accredited Surgery Residency Program sponsored by the West Virginia University School of Medicine.

Background: 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. “The ultimate purpose is to demonstrate accountability as medical educators to the public: that graduates will provide high quality, safe care to patients while in training, and be well prepared to do so once in practice.”

Common Program Requirements for a CCC - Residency Version (effective July 1, 2019)

Description of Requirements in Specialty/Subspecialty Programs	Common Program Requirement(s) or Background and Intent section
(The program must) provide (objective performance evaluation based on the Competencies and the specialty-specific Milestones, and must use multiple evaluators, e.g., faculty members, peers, patients, self, and other professional staff members) “to the CCC for its synthesis of progressive resident performance and improvement toward unsupervised practice.”	V.A.1.c).(1)- V.A.1.c).(2)
The program director/designee with “input from the CCC” must meet with/review with each resident/fellow the semi-annual performance evaluation, including specialty-specific Milestones progress, assist in developing individualized learning plans, and develop plans for those failing to progress.	V.A.1.d)
The program director must provide a final evaluation for each resident upon program completion; specialty -specific milestones, and when applicable specialty-specific Case Logs must be used as tools to ensure residents are able to engage in autonomous practice; the final evaluation must “consider recommendations from the CCC.”	V.A.2.a).(2).(c).

Resources: ACGME Common Program Requirements (effective July 1, 2015)
Clinical Competency Committees and Program Evaluation Committees
Effective: 07/1/2019

Resources: ACGME Common Program Requirements, effective 7/1/2019 and ACGME Clinical Competency Committees Guidebook, 3rd Edition (Jan 2020)

Updated 1/23/2024

The program director must appoint CCC members.	V.A.3.
There must be a minimum of three program faculty members, at least one of whom is a core faculty member.	V.A.3.a)
Additional members must be faculty members from the same or other programs, or other health professionals who have extensive contact and experience with the program's residents/fellows.	V.A.3.a).(1)
The CCC must review all resident/fellow evaluations at least semiannually.	V.A.3.b).(1)
The CCC must determine each resident/fellow's progress on the specialty-specific Milestones.	V.A.3.b).(2)
The CCC must meet prior to residents'/fellows' semi-annual evaluations and advise the program director regarding progress	V.A.3.b).(3)
The ('delineation of resident responsibilities in patient care, progressive responsibility for patient management and graded supervision') are generally described by PGY level and specifically by Milestones progress as delineated by CCCs.	Background and Intent for IV.A.3
If the Review Committee allows program applicants to be accepted through an "exception" process, these residents/fellows "must have an evaluation of their performance by the CCC within 12 weeks of matriculation."	II.A.4.b)

Guidelines: The following guidelines are recommended for conducting the CCC review process:

1. **Confidentiality:** Proceedings of CCCs are protected by the Department of Surgery. As such, all records generated by the committee as a result of its deliberations are confidential.
2. Meetings should be kept to two hours or less.

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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 are required to participate in committee deliberations regularly (at least 75% of all meetings).
6. Review of each trainee's evaluations should be assigned to specific committee members. Committee members are responsible for:
 - a. Reviewing all evaluations (e.g., faculty, peer, healthcare professionals, operative, patient evaluation, multisource assessments, ACGME case/activity experience logs, duty and clinic hour reports, curriculum performance (SCORE/TWIS/True Learn), in-service exam scores) and performance data for the last six months of training in advance of the meeting, and complete a brief report card to bring to the meeting.
7. The committee must form a consensus Milestones evaluation based on member reviews and the committee's discussion for each trainee.
8. All academic actions, including remediation and dismissal, will be reported to the GME Office.

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