ACGME-accredited programs are required to establish a clinical competency committee (CCC) to evaluate their residents—a task made even more complicated by the lack of guidance on how to properly run a CCC.

Learn from the experts who formed competency champions before the ACGME requirement was established. *Clinical Competency Committees Made Simple* provides clear processes and guidelines to teach you how to build a successful and lasting CCC.
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Introduction

Welcome! We are happy to share our knowledge regarding clinical competency committees (CCC) with you, and we hope you will find this book helpful. Under the Next Accreditation System (NAS), the ACGME implemented many new ideas. This book focuses on two new concepts: Milestones and CCCs.

Although your program may already have a CCC-type committee in place, there are idiosyncrasies associated with the ACGME requirements that you must learn and incorporate into your program. You will also want to familiarize yourself with the data that your CCC can use to effectively rate residents using Milestones. Both faculty and residents will need to be educated regarding these new requirements.

This book provides you with information and sample templates to help you form your own successful CCC. We hope you find these resources useful.
# Acronym List

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACGME</td>
<td>Accreditation Council for Graduate Medical Education</td>
</tr>
<tr>
<td>ADS</td>
<td>accreditation data system</td>
</tr>
<tr>
<td>APE</td>
<td>annual program evaluation</td>
</tr>
<tr>
<td>CCC</td>
<td>clinical competency committee</td>
</tr>
<tr>
<td>DIO</td>
<td>designated institutional official</td>
</tr>
<tr>
<td>EPA</td>
<td>entrustable professional activities</td>
</tr>
<tr>
<td>FAQ</td>
<td>frequently asked questions</td>
</tr>
<tr>
<td>GME</td>
<td>graduate medical education</td>
</tr>
<tr>
<td>GMEC</td>
<td>graduate medical education committee</td>
</tr>
<tr>
<td>IT</td>
<td>information technology</td>
</tr>
<tr>
<td>NAS</td>
<td>Next Accreditation System</td>
</tr>
<tr>
<td>PD</td>
<td>program director</td>
</tr>
<tr>
<td>PC</td>
<td>program coordinator, program administrator, program manager</td>
</tr>
<tr>
<td>PGY</td>
<td>post graduate year</td>
</tr>
<tr>
<td>Residents</td>
<td>Refers to residents and fellows in accredited training programs</td>
</tr>
<tr>
<td>RMS</td>
<td>residency management system</td>
</tr>
<tr>
<td>RVU</td>
<td>relative value units</td>
</tr>
</tbody>
</table>
The ACGME CCC Requirement

Since its inception on July 1, 2013, the Next Accreditation System (NAS) has brought many changes and challenges to GME. The most robust change is the concept of Milestones, which are developmental steps on which training programs must evaluate their residents every six months. Among its other responsibilities, a clinical competency committee (CCC) for each program is tasked with assigning and overseeing the process of reporting these Milestone evaluations to the ACGME.

As you develop your CCC, there are many items on the ACGME website (www.acgme.org) with which you should familiarize yourself, including the following:

» The most recent version of the ACGME Common Program Requirements; V.A.1. contains information regarding the CCC

» The ACGME Frequently Asked Questions (FAQ) document, which contains additional information for all programs and should be treated the same as any requirement

» The Milestone document for your specialty-specific training program

It is vital that you understand these requirements to ensure that your program and your CCC are successful.
Chapter 1

Clinical Competency Committee

The CCC is tasked with three important responsibilities:

1. Semiannual review of evaluations that faculty have completed on the residents, test data (such as in-service exams), and other source data from a variety of tools, which we will discuss in later chapters

2. Complete the Milestone reporting via the accreditation data system (ADS)

3. Advise the program director (PD) on each resident’s progress, including recommendations regarding their promotion, remediation, or dismissal from the program

Program Director Role

Per the ACGME requirements, the PD is responsible for appointing all CCC members. The ACGME does not preclude the PD from joining or chairing the CCC, but the ACGME cautions programs to consider the “program director's other roles as resident advocate, advisor, and confidante; the impact of the program director’s presence on the other CCC members’ discussions and decisions; the size of the program faculty; and other program-relevant factors.” Programs should also review their residency review committee (RRC) subspecialty requirements for specific language on the PD participating on the CCC. If the requirements are not clear, contact the RRC for clarification.

There are both pros and cons to having the PD serve on the CCC. Pros to consider include the following:

» The PD has a vested interest in the program and all of the residents

» The PD usually knows the residents best, including their strengths and areas for improvement
» The PD would know the most regarding the new ACGME requirements, including the Milestones and the CCC

Cons to consider are as follows:
» Some members on the CCC may not be as open and honest with their feedback with the PD on the committee
» The PD may know more about the resident in question but may be unable to divulge the information

Most CCCs have the PD as a member of the committee but not as the chair because ultimately the CCC advises the PD. Whether the PD is an active member of the CCC is a decision that your program and committee must make.

**CCC Chair Role**

Although not stated in the requirements, each CCC should have a chair, an identified leader of the committee. The chair is responsible for ensuring that the committee functions properly, that every member has a voice, and that the committee is working within its written description of responsibilities. The chair should be well acquainted with the Milestones for your program and should be able to advise other committee members as needed. He or she should work closely with the program coordinator (PC) on organizing and keeping the committee on track to accomplish its tasks. If the PD is not part of the CCC, the chair will also report the Milestone data and resident progress to the PD.

**CCC Members**

At a minimum, the CCC must be composed of three members of the program faculty; these faculty members must be listed in ADS under the Faculty tab. Review your RRC specialty requirements for the definition of faculty to ensure that you comply.
Depending on the size of your program, you may decide to have more CCC members to complete the committee structure. For example, smaller fellowships may only have the required three members, and larger core programs may have 20-plus members. There is not a standard number that fits all programs, so your program will need to determine the best size based on its structure.

Faculty members from other programs and other healthcare professionals working with the residents in a direct patient care setting can be CCC members. Depending on your specialty, examples include the following:

- Faculty from the core program serving on fellowship committees
- Nurse managers
- Therapists
- Physician assistants
- Technologists

Consider adding your 360-degree evaluators to the CCC. These individuals are already providing valuable input as part of the program evaluation process and, if asked to join the committee, would most likely oblige.

**Program Coordinator Role**

What is the role of the PC? He or she cannot be an active voting member of the committee, but will play an active role in organizing and managing the CCC alongside the chair. The PC will not have the opportunity to voice an opinion when the CCC members are discussing residents during their meetings, but in most programs, the PC does have the opportunity to participate in the 360-degree evaluation. If the PC has completed evaluations on the residents in the program, then the committee will consider his or her opinion by way of the evaluation.
The PC is tasked with keeping the CCC on track with scheduling meetings, compiling the documentation needed, recording the minutes, etc. In most cases, the PC is considered the data source expert. This person helps CCC members gather and interpret the data that is reviewed at the meetings. Many programs also trust their PCs to record the Milestone reporting data directly into ADS, as PCs are most familiar with the database. The PC role should be discussed and defined with the chair of the CCC.

**Residents’ Role**

As of July 2015, the new, focused revisions of the ACGME Common Program Requirements allow chief residents to serve on the CCC if they have completed the core residency program in their specialty and are eligible for specialty board certification. This situation mostly arises in internal medicine and pediatric programs. If you are in doubt about whether someone can be a member of the CCC, contact your RRC.

**GME Office Personnel Role**

Although there is variation among institutions, GME office personnel generally are not members of their programs’ CCCs. They may offer educational training sessions or common resources for all training programs to utilize, but their role focuses on oversight rather than participation. More detail regarding institutional oversight will be discussed in Chapter 2 and educational strategies in Chapter 3.

**Written Description of Responsibilities**

Your program’s CCC written description of responsibilities should answer all of these important questions regarding who is on the CCC and what their roles should be. This is an ACGME requirement, and many programs would call this a policy. Items you should consider including in this document will be addressed
further in Chapter 4, including whether to make your written description of responsibilities specific or general. It is important to review the written description of responsibilities annually and to update it if needed.

Because the CCC concept is new to your program, your committee may change over time. That is perfectly okay. All new processes may be tweaked periodically; the key is to set up your CCC, have a meeting, and then gather feedback. Some things will go really well the first time, and other things may not work so well. Faculty may want to join, or others may leave the institution. You need to be prepared for changes along the way. Make sure that your written description of responsibilities reflects any changes you do make and that all committee members are aware of those changes.

After reading this first chapter, you may realize that you already have a CCC, possibly under a different name. For years, anesthesiology programs have been required by the American Board of Anesthesiology to have a CCC, and other programs commonly referred to their committee as the promotions committee, evaluations committee, etc. If this is the case for your program, rename your current committee as CCC, and make sure that it is meeting the new ACGME requirements.
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