



Policies and Procedures

Policy MFMR16	Clinical Competency Committee (CCC)
Effective Date:	10/26/2022
Reviewed/Revised Date:	
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References:	

Purpose

To establish guidelines for the creation and utilization of a Clinical Competency Committee (CCC) to assist individual programs in assessing areas of concern for residents having problems and identify weaknesses in educational curriculum, rotation schedules and supervision in the Methodist Medical Center resident program.

Policy

1. All residency programs will implement clinical competency committees in accordance with ACGME requirements.
2. Clinical competency committees will meet with a frequency that may exceed that required by the ACGME but not less than semi-annually.
3. There must be a written description of the responsibilities of the Clinical Competency Committee.
4. Outcomes of the clinical competency committee will be reported to ACGME in a frequency determined by ACGME and will start reporting as determined by ACGME.

Procedure

1. Each program will have a CCC with a structure that meets ACGME requirements:
 - a. CCC are appointed by the program director and must include three faculty; program director may participate on the CCC
 - b. Chair of the CCC who is not the program director or chair of the respective department is encouraged
 - c. Membership of the CCC will vary by department size but must include at least three faculty (as above).
 - i. Representatives from all divisions/services encouraged
 - ii. Chief residents and or residents in final year of training are optional
 - iii. CCC may include non-physicians
 - d. Requirements for membership:
 - i. Must be actively involved in resident education
 - ii. Must participate in committee deliberations regularly (50% of meetings)
 - iii. Feedback must be constructive, consistent, and timely following meetings
2. Function of the CCC
 - a. Review all resident evaluations semi-annually that may include:

- i. End of rotation evaluations
 - ii. Direct observation skills and other procedural skills. 360° or multisource evaluations (nurses, colleagues, patients, other ancillary health care personnel)
 - iii. Semi-annual evaluations by the program director
 - iv. Attendance records for conferences
 - v. Test scores
 - vi. Procedure log
- b. Any other assessment information available Prepare and assure the reporting of Milestones
- c. Make recommendations to the program director
 - i. Promotion
 - ii. Remediation
 - iii. Dismissal