Scheme competency committee terms of reference

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Author	Edward McSwiney and Karena Hanley	
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Contents

1.0 Purpose

The overall purpose of the ICGP (Irish College of General Practitioners) competency progression committee (CPC) process is to regularly review each GP trainee's progress throughout their training and to ensure that graduates of the training programme are competent independent general practitioners.

The CPC process is a systematic and consistent group approach used by medical educators associated with the GP Training Programme to make informed training-related recommendations and decisions regarding trainee progress.

The goal of the training programme is for each trainee to be successful. Working in partnership with GP trainees, and their clinical trainers and scheme directing teams, competency progression committees facilitate focused discussion on trainee progress and strategies to help trainees progress appropriately. Competency progression committees also help training schemes to identify trainees who are experiencing difficulty at an earlier stage of their training, enabling timely supports to be put in place to help these trainees reach the expected performance standard. CPCs also encourage higher achieving trainees to progress even faster, with the regular acknowledgement of professional growth boosting performance and confidence.

Each Scheme CPC will:

- Synthesize results and reports from multiple GP training activities and assessments to make a recommendation on each trainee's progress.
- Make progression decisions utilizing both qualitative and quantitative entrustable professional activity (EPA) data.
- Determine what supports may be necessary to assist trainees achieve their educational goals.
- Refer trainees who are experiencing significant and persistent educational difficulty for discussion at the regional competency progression advisory committee (RCPAC) for additional advice.
- Where indicated, recommend individualized learning plans and remediation periods, including extra training where necessary.
- Where indicated, refer trainees for an Assessment of Fitness to Continue Training.
- Decide if the trainee has satisfied their training programme requirements prior to graduation and nominate trainees for CSCST.
- Communicate CPC outcomes to the trainee.
- Maintain confidentiality and always avoid conflicts of interest.
- Contribute to ongoing improvement of the CPC processes.

2.0 Scope

These terms of reference apply to all members of competency progression committees under the auspices of ICGP training.

3.0 Terms of Reference Statement

3.1 CPC Membership

3.1.2 CPC member recruitment

Competency progression committee members and chair should be appointed by the scheme director.

CPC members should be enthusiastic educators. CPC members should be aware of the trainee experience in the Irish healthcare system and should have a clear understanding of the goals of the national specialist training programme in General Practice.

The size of the CPC should reflect the number of trainees enrolled on the scheme. While the CPC membership is anticipated to principally comprise of people drawn from the scheme directing team, diversity is desirable in order to make better decisions. Where possible, the scheme director should not serve as the CPC chair.

Scheme mentors will automatically serve as CPC members. Schemes have flexibility to choose how they allocate trainees to scheme mentors i.e., schemes may choose to allocate trainees who are at the same stage or various stages of training to a scheme mentor.

Hospital trainers and GP trainers associated with the scheme should be invited to serve as members of the scheme CPC.

Academic GPs with University appointments or recent GP training programme graduates who hold a formal medical education role may be invited as members.

The regional programme director (RPD) may attend CPC meetings in their region and participate in CPC discussions.

The scheme administrator may attend each CPC meeting to assist with information required by the CPC and to ensure that CPC recommendations and decisions are documented for each trainee that is discussed. The scheme administrator does not contribute to the decision-making process.

Gender balance is an important aspect of membership composition.

3.1.3 Responsibilities of all CPC members

- Promote the role of the CPC – to assess the progress of the trainee based on evidence available in their learning record and provide feedback to the trainee on how they may achieve their competency requirements.
- May serve as secondary reviewers.
- Make decisions in the spirit of protecting patients from harm while maintaining a supportive training environment for the trainees.
- Be familiar with the EPAs and their levels of supervision.

- Work with other members to develop a shared mental model of the graduating GP.
- Complete assigned tasks in a timely manner e.g., review and synthesis of trainee performance data.
- Participate in ongoing professional development e.g., familiarity with supervision levels, best practices in assessment, effective group process, understanding and identifying bias.
- Facilitate a collegial, respectful atmosphere within the committee.
- Use best practices to support a robust and fair group process.
- Ensure one's own honest 'voice' is heard along with those of colleagues.
- Maintain confidentiality.
- Help orient new members.
- Contribute to ongoing improvement of the CPC processes.

3.1.4 Responsibilities of the CPC Chair

- Promote the role of the CPC i.e., to assess the progress of the trainee and provide feedback to the trainee on how they may achieve the competency requirements if not already achieved.
- Be the supervision levels 'expert' for the committee or designate another committee member who will serve in this role.
- Encourage a confidential positive working environment and open communication from all members.
- Use best practices in effective group processes e.g., employ a structured format to gain information from each committee member, obtain input using the same order of members, get perspectives of the most junior member first (also, see Part 4, 'Running the CPC Meeting').
- Keep CPC meetings on task.
- Ensure the administrator maintains documentation and meeting minutes.
- Understand the typical assessment methods used by the program, as well as their limitations.
- Provide written CPC feedback to trainees.
- Develop a plan for the professional development of CPC members e.g., a dedicated period at the beginning or end of each meeting, or an assigned article to read before the meeting.
- Anticipate biases on the part of themselves and committee members and intentionally cultivate greater insight with respect to biases and strategies to mitigate them.
- When necessary, participate in the formal Assessment of Fitness to Continue Training process.

3.1.5 Responsibilities of Scheme Mentors

- Serve as primary reviewers.
- Systematically review the training portfolios of each trainee during a formal one-to-one meeting with each of their nominated trainees and complete the primary reviewer report.
- Propose a formal motion on the progress status of each of their nominated trainees being reviewed at the CPC meeting.
- Should be present for CPC meetings where their trainees are discussed.

3.1.5 Responsibilities of Secondary Reviewers

- Paired with a primary reviewer to review each primary reviewer report, and if necessary, the trainee educational portfolio prior to the CPC meeting.

- Should be prepared to discuss their assessments in detail at the CPC meeting.

3.1.6 Responsibilities of Scheme Directors

- Should be present for all scheme CPC meetings but may nominate a delegate.
- May bring personal context and relevant educational information when a CPC is deliberating trainee progress.

3.2 Term of office

It is suggested that CPC members should serve a defined term of up to 3 years and may be reinvited following of expiry of that term. In the event of serial non-attendance CPC members should be replaced.

3.3 Training

It is desirable that all full CPC members undergo training to take part in competency discussions. Training of CPC members should be overseen by the ICGP and should include:

- ICGP EPA dashboard orientation
- Procedures to check the validity of EPA data
- Discussion focusing on the pros and cons of other educational data sources e.g., exam results, multisource feedback
- Equity, diversity, inclusion (EDI) and bias training
- Development of a shared mental model of what the learning portfolio of graduating GP trainee should look like in a local context
- A simulated review of the training records of a trainee who is ready for independent practice and a trainee who is not ready for independent practice.

3.4 Confidentiality and conflict of interest

All CPC members must ensure that any trainee-related information is kept strictly confidential and only used for the purpose of the CPC process and bona fide training purposes. If a CPC member has a conflict of interest, including a personal relationship with a trainee, they must inform the CPC immediately, outline the circumstance, and recuse themselves from discussions and decision-making relating to that trainee.

3.5 Privacy and security

ICGP policies on document storage and privacy apply. Trainee data will be confidential and will not be distributed to persons outside the competency progression committee process and relevant ICGP training staff, according to ICGP policies.

3.6 Quorum

70% attendance from the CPC membership is required to achieve quorum, with a minimum of 3 members for smaller GP training schemes. Committee members may attend in person or via teleconference; however, it is desirable that most of the members attend in person.

3.7 Meeting frequency

Each training site should hold the necessary number of local CPC meetings to ensure each trainee's progress is reviewed twice per academic year. Trainees should typically be reviewed by the CPC based on a regularly timed review but may also be selected for earlier review by the CPC chair where a concern has been flagged on a trainee assessment, where there appears to be a significant issue with trainee progression or based on a previous CPC recommendation. Trainees who are not progressing as expected may require more frequent CPC review.

3.8 Reporting

The scheme competency progression committee will report anonymised CPC outcomes to the regional programme director and the national GP training unit. If a scheme CPC refers a trainee for discussion at the RCPAC, the scheme CPC will share the relevant interim CPC report with that committee. When a CPC is satisfied a trainee has successfully completed all mandatory training programme requirements, the chair of the CPC co-signs the nomination form for the certificate of satisfactory completion of specialist training (CSCST).

3.9 Appeals

Where a trainee has concerns about the process by which a recommendation or decision has been made, they have recourse to the current ICGP educational grievance procedure.

4.0 Related and Supporting Documentation

- Competency progression committee process rules of procedure
- CPC member confidentiality agreement template
- Primary reviewer report for CPC template
- CPC meeting report template
- Regional competency progression advisory committee (RCPAC) terms of reference and rules of procedure
- RCPAC meeting report template
- CPC report following RCPAC meeting template

5.0 Contact

Edward McSwiney, Regional Programme Director (South)
cbme@icgp.ie