CLINIAL COMPETENCY COMMITTEE (CCC)
Roles and Responsibilities

The ACGME expects each training program to form a CCC and begin to develop its members by June 2013.

Responsibilities of the CCC members:
- Meet at least semi-annually to discuss each individual residents' performance data (one year programs might need to meet more frequently to give meaningful assessments but they have less number of trainees)
- Make a **consensus decision** on the progress of **each** resident. Initially, the CCCs will use **existing resident assessment data and faculty member observations** to inform their evaluations of residents. Data from the milestones assessments will be used once implemented in each of the specialties.
- Serve as an **early warning system** if a resident fails to progress in the educational program, and will assist in his or her early identification and move toward improvement and remediation.

Membership in the CCC:
- Members should include **core faculty members** who have the opportunity to **observe and evaluate** residents
- May include other members such as assessment specialists and non-MD medical educators.

Description of CCC meetings:
- The program director (PD) and the GME department will prepare Milestones data summary on each resident through reports generated from various sources e.g. 360-degree evaluations, rotation evaluations, Simulations, etc…
- In some situations the residents' data will be divided among CCC members to review before the meeting and report on during the meeting
- While the PD is part of the CCC meeting, the PD must not chair the meeting and can be available for clarification, etc..
- Each resident is given a semi-annual assessment on a dashboard in one of the following 5 categories on each of the metrics set by the program: (No Data, Below Expected for training level, Needs Improvement, On Track for training level, Above Expected for training level.
- The CCC will generate a report/ recommendation letter to PD on each resident. The PD will meet with each resident and communicate the recommendation, design an improvement plan, etc..
- Thresholds will be set by the CCC. Interventions a program might consider include assigning a mentor with expertise in a given area of deficiency, additional required readings, sessions in a skills lab, and/or added rotations in a given area. If, after remediation, a resident still fails to advance sufficiently on one or more milestones, a CCC might consider extending education, or counseling the resident to consider another specialty or profession.
- Aggregate, de-identified information for all residents in the program will be reported to the ACGME