Competence Committee (CC) Terms of Reference (TOR)

Purpose and Authority
The UBC Critical Care Medicine (CCM) Training Program Competence Committee (CC) is tasked with CCM resident evaluation, competency assessment and promotion. It is a subcommittee of and reports to the Residency Program Committee (RPC).

Goals and Responsibilities of the Competence Committee
The ultimate goal of the CC is to work collaboratively to oversee the CCM resident evaluation, competency assessment and promotion during the training period. This will be achieved through:

1. Review and discussion of each CCM resident's evaluations and progress to determine recommendations for promotion.
2. Communication of CC recommendations to CCM residents by the CC Chair.
3. In the setting of unsuccessful promotion, the Program Director(s) and/or the CC Chair and CCM Academic Advisor will communicate this to the CCM resident and develop a joint individualized learning plan to work towards promotion. The individualized learning plan will be approved by the CC prior to implementation.
4. If the CCM resident would like to appeal the decision of CC, the CCM resident will be invited to meet with the CC for a 30-minute appeal interview. After the appeal meeting, the CC will reconvene to decide upon a final decision.
5. Documentation of CC meetings will be recorded by the CC Chair in the form of meeting minutes.

Goals and Responsibilities of Academic Advisors

1. Review resident documentation (EPA, ITERS) in advance of scheduled meetings with the resident and CC.
2. Meet with their assigned resident prior to each CC meeting to review evaluation data, help them reflect on feedback, discuss career progression and develop/review/modify a learning plan. The meeting should be documented using the documentation template and submitted to CC chair prior to the CC meeting.
3. Attend CC meetings. If unable to attend, the Academic Advisor must notify the CC Chair and submit their documents for review at the meeting in their absence.
4. During each CC meeting:
    a. Present a succinct summary of the evaluation data for their assigned resident.
    b. Participate in discussions regarding the performance of the other residents in the program.
    c. Vote on recommendations for promotion to the next stage of the training program.

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5. Participate in development and implementation of an individualized learning plan, when required.

Reporting Structure
The CC reports to the Residency Program Committee (RPC).

The CC Chair is responsible for timely documentation of recommendations regarding each residents' progress and/or promotion, and reporting of recommendations to the Program Director(s) and the RPC at the next RPC meeting.

Membership
- Competence Committee Chair – this individual will be a critical care physician faculty member who is an active staff at one of the core sites. The CC chair will not be the Program Director(s).
- UBC CCM Program Director(s)
- Academic Advisors (1 per resident)

Membership Terms
Members must attend 75% of meetings in the academic year. For Academic Advisors this includes at least quarterly individual meetings with their assigned residents and the quarterly CC meetings. If an Academic Advisor does not meet the minimum attendance requirement, eligibility on the CC will be reviewed by the CC Chair and Program Director(s) and may impact Core Site designation.

Academic advisors will hold a minimum 2 year term.

Meeting Schedule and Administration
CC meetings will occur quarterly or more frequently as needed. Members can participate in person, via teleconference or zoom.

CC meetings will occur approximately 1-2 weeks after the quarterly Academic Advisor and resident meetings and approximately 1-2 weeks prior to the quarterly RPC meetings.

Resident evaluation files and the documentation template will be distributed to the Academic Advisors prior to the above meetings, by the Program Administrator.

The meeting minutes are taken by the CC Chair and distributed to all CC members for approval after each meeting.

Records will be maintained in accordance with UBC and the Faculty of Medicine records retention procedures.

Quorum and Decision Making Process
Quorum will be defined by a simple majority of members, 50% plus 1, including mandatory attendance of the CC Chair and the Program Director(s).

Decisions are made by consensus of members present at the meeting. If unable to reach consensus then 50% plus 1 majority of all members (present and not present) will be required.

Conflict of Interest and Confidentiality
CC members must disclose to the CC Chair any real or perceived conflict of interest with respect to any resident presented to the CC. The CC Chair will determine the appropriate course of action. The CC Chair may bring the matter to the full CC.

The discussions and proceedings of the CC are strictly confidential and are only shared on a professional need-to-know basis. The minutes of the CC are only disseminated to CC members and should be kept confidential.

Revised: December 11, 2025

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