

Medical College of Georgia at Augusta University  
House Staff Policies and Procedures

Policy  
HS 28.0 Clinical Competency Committee

Source  
Graduate Medical Education Office

1.0 Purpose

To define policies and procedures regarding the Clinical Competency Committee (CCC) which advise the Program Director of each ACGME-accredited Graduate Medical Education (GME) training Program at the Medical College of Georgia (MCG) at Augusta University (AU). At all times, the procedures and policies of each individual GME Training Program CCC must comply with those outlined herein, in the program-specific ACGME requirements, in applicable ACGME recognition requirements, in the GME House Staff Due Process Policy (MCG GME HS 13.0), and the House Staff Performance Policy (MCG GME HS 18.0).

2.0 Procedure

- 2.1 All ACGME-accredited GME training programs must have a CCC appointed by the Program Director. The Program Director should also appoint a chair of the CCC.
- 2.2 In selecting CCC members, the Program Director should understand the goal of the CCC which is to provide broad input from several qualified individuals regarding a House Staff's progress in achieving the specialty-specific ACGME Milestones, promotion and graduation requirements of the program, knowledge, skills, and behaviors necessary to enter autonomous practice, and requirements for certifying board examination and to identify early any House Staff who are challenged and not making expected progress, so that individualized learning plans can be co-created with the learners.
- 2.3 Each CCC must be composed of at least three members of the program faculty including at least one core faculty. Additional members must be faculty members from the same program or other programs or other health professionals who have extensive contact and experience with the program's House Staff. For programs with Osteopathic Recognition, there are additional CCC requirements in the ACGME Osteopathic Recognition Requirements that must be followed.
- 2.4 Each CCC should have a written description of its responsibilities and procedures including its current membership and chair that is available if needed to the GME Office and ACGME.
- 2.5 Meeting minutes must be taken. These should be fair and complete but succinct. They must include the names of the House Staff discussed, associated pertinent findings and recommendations, and the names of the CCC members present. When there is a disagreement, a consensus should be met and noted in the minutes without voting. Meeting minutes must be maintained with the Program for the duration of the House Staff's training period. Minutes describing CCC recommendations for significant disciplinary action at the level of probation, non-promotion, suspension, or higher should be maintained indefinitely.
- 2.6 All discussions detailing an individual House Staff at a CCC meeting must be held in confidence and should only be discussed in good faith with the House Staff member, their mentor, or others providing active House Staff guidance as part of the CCC's approved process.
- 2.7 All proceedings and records generated pursuant to CCC meetings will be treated as confidential to the extent possible allowed by law.

3.0 Responsibilities of the CCC include:

- 3.1 understanding their programs-specific promotion and graduation policy;
- 3.2 review of all House Staff evaluations including multi-source evaluations at least semi-annually;
- 3.3 considering all feedback during their review including verbal feedback;
- 3.4 determination of each House Staff's progress on achievement of the specialty-specific Milestones;

Effective Date:  
7/05

Revision/Review Date:  
12/05,10/07,12/09,10/10,2/11  
1/13,10/14,9/15,1/16, 2/17, 6/19, 9/22, 5/23, 3/24

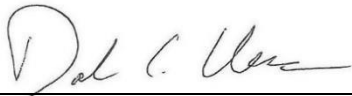
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| 3.5  | meeting prior to the House Staff's semi-annual evaluation with advisement of the Program Director regarding each House Staff's performance and progress towards unsupervised practice; |
| 3.6  | reaching and sharing a consensus with the program director ensuring the program director understands there was disagreement if applicable;   |
| 3.7  | providing recommendations to the Program Director regarding final evaluations and a House Staff's ability to graduate and enter autonomous practice;                                   |
| 3.8  | recommending resources or other steps to correct identified House Staff deficiencies and assisting them in developing their individualized learning plan;                              |
| 3.9  | recommending disciplinary actions including remediation, non-promotion, suspension, probation, dismissal, non-renewal, and/or prolongation of training;                                |
| 3.10 | helping to ensure program compliance with GME HS policies 13.0 and 18.0 including meeting with House Staff as requested per policy; and  |
| 3.11 | advising the Program Evaluation Committee about any findings that may represent a systemic/Program-wide issue.   |
- 4.0 Non Standard Training (NST) Programs should develop a similar process that at least meets ACGME requirements for NST recognition regarding assessment.
- 5.0 For additional resources, see <https://www.acgme.org/milestones/resources/>.

  
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3/27/24  
Date

  
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3/27/24  
Date