

**YALE-NEW HAVEN MEDICAL CENTER**  
(YNHMC)

POLICES AND PROCEDURES

Subject: Clinical Competency Committee

Effective Date: July 1, 2013

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Distribution: Accredited and GMEC Approved Programs

Revision Date: 6/2022

**Introduction/Policy:**

All Accredited and GMEC Approved programs will form a Clinical Competency Committee (CCC) by July 1, 2013. All Phase I programs must use this committee for the purposes described herein effective July 1, 2013. All Phase II programs must use this committee for the purposes described herein effective July 1, 2013, with the exception of milestone reporting, which will commence on July 1, 2014.

**Procedure:**

The Program Director (PD) must appoint members of the CCC to assist him/her with the responsibilities outlined in this policy. At a minimum, the CCC must be composed of three members of the program faculty. Additional members may include faculty from other programs and non-physician members of the health care team. It is strongly recommended that the CCC include faculty that are not the PD or APD and that the PD is not the Chair of the CCC. The CCC must meet at a minimum on a semi-annual basis, and minutes must be taken of the proceedings.

The CCC must ensure that residents/fellows are evaluated fairly and honestly and that each resident/fellow receives consistent treatment. At all times, the policies and procedures of the CCC will comply with those of the Graduate Medical Education Committee (GMEC) and the sponsoring institution. The CCC must apply the GMEC evaluation, remediation, promotion, and due process protocols fairly and indiscriminately. Where circumstances warrant, the membership of the committee may be altered to avoid a potential conflict of interest, or to protect the privacy of the resident.

**Responsibilities of the Clinical Competency Committee**

Semi-Annual Evaluations and Milestones: In addition to global assessments, the CCC must review all other evaluation tools used by the program (e.g. OSCE, CEX, in-training exams, medical record audits, multisource, case logs, etc.).

The CCC will use data garnered from evaluation tools to prepare and assure the reporting of the Milestone evaluations of each resident semi-annually to the ACGME.

The CCC will provide a group perspective (narrative) on each resident's progress and will assist in early identification of areas of needed improvement.

Promotion: The CCC is expected to advise the PD regarding the promotion of each eligible resident. No resident may remain at the same level of training for more than 24 months exclusive of leave.

Remediation: If a CCC advises the PD that remediation is necessary for a resident, a remediation plan must be developed that is individualized, explicit and well documented. The DIO must be notified of all residents placed on written academic remediation.

Probation, Suspension and Dismissal: Program must follow Resident Probation, Suspension or Dismissal Policy # . Probation, Suspension and Dismissal recommendations must be reviewed by the CCC and the Designated Institutional Official (DIO) prior to the action. Probation, Suspension and Dismissal documents must be reviewed and approved by the DIO before they are issued.

Programs must also adhere to all additional requirements as specified in the specialty-specific requirements.

The DIO and the GME Office will monitor the activities of the CCC of each program and may join a meeting of the CCC at the discretion of the DIO. Aggregate data from the CCC (as outlined in the Annual Report Template) will be reported in the Annual Program Report to the GME Office.