

Psychiatry Competence Subcommittee (PCS)
Terms of Reference
General Psychiatry Residency Program

Description

The Psychiatry Competence Subcommittee (PCS) reviews and makes decisions related to the progress of residents enrolled in the University of Toronto, Department of Psychiatry, Competency Based Residency Program, in achieving the national standards established by the Royal College of Physicians and Surgeons of Canada (RCPSC). The PCS reports to and makes recommendations to the Psychiatry Residency Program Committee (PRPC).

Purpose

The purpose of the PCS is to ensure all learners achieve the requirements of the discipline of psychiatry through review and synthesis of qualitative and quantitative assessment data at each stage of training and to provide recommendations on future learning activities to support professional development.

Roles and Responsibilities

Resident Assessment

- Monitors the progress of each resident in demonstrating achievement of Entrustable Professional Activities (EPAs) within each stage of a competency-based residency training program.
- Synthesizes the results from multiple assessments and observations to make decisions related to the progress and progression of residents through the program. This includes and is not limited to:
 - Promotion of residents to the next stage of training.
 - Determining readiness to challenge the Royal College examinations.
 - Determining readiness to enter independent practice on completion of the Transition to Practice stage.
 - Adjudication of Waivers of Training (WOT)

Subcommittee Guidelines

- Works with the available information, understanding that the information may be incomplete.
- Works collaboratively towards a consensus decision.
- Makes holistic judgements on the progress and performance of the resident.
- Documents individual resident judgements, including needed follow up activity.
- Maintains confidentiality and promotes trust by sharing information only with individuals directly involved in the development or implementation of learning or

improvement plans.

- Monitors and communicates issues arising in PCS information, systems, or processes to PRPC in the service of continuous improvement of the residency program.
- Monitors and communicates issues to PRPC arising through reviewing residency program functioning, including assessment and performance data patterns and trends (e.g. across residents, stages, sites, rotations, assessment tools/approaches) to identify areas of excellence and areas needing improvement.

Guiding Principles

- 1) The PCS is a sub-committee of the Psychiatry Residency Program Committee (PRPC).
- 2) The PCS allows for an informed group decision-making process where patterns of performance can be collated to reveal a broad picture of a resident's progression towards competence.
- 3) Committee work is guided by the national specialty competency framework, including specialty-specific milestones and EPAs by stage, as established by the specialty committee as well as the relevant university and Royal College assessment policies.
- 4) The PCS is expected to exercise judgment in making EPA decisions and status recommendations: i.e., they will use Specialty defined EPAs and the expected number of observations as a guideline, but they are not bound to a specific number, context or type of assessments. The key is that the committee must feel it has adequate information on the EPAs to make holistic judgments on the progress of the resident. The wisdom of the PCS is considered the gold standard for EPA decisions and learner status recommendations.
- 5) The PCS will endeavor to ensure consistent decision-making principles are applied throughout the review process, however, will also consider individual resident performance as a whole.
- 6) In addition to utilizing EPAs, the PCS discussions will be based on all the available observations and assessment data.
- 7) All committee discussions are strictly confidential and only shared on a professional need-to-know basis.
- 8) Committee decisions must be based on the evidence available in the trainee's portfolio during the time of the pre-determined assessment period.
- 9) The PCS will maintain awareness of implicit biases throughout the review process.
- 10) The PCS will operate with a growth mindset. This means that PCS's work will be done in a spirit of supporting each trainee to achieve their own individual progression of competence.
- 11) The PCS is responsible for making decisions in the spirit of protecting patients from harm, including weighing a trainees' progress in terms of what they can safely be entrusted to perform with indirect supervision. Some PCS discussions must be shared with faculty teachers and/or hospital site-based education leadership to provide focused support and guidance for residents. This principle is equivalent to patient handover in clinical medicine.

- 12) A high-level review of results from each bi-annual PCS will be presented to the PRPC by the chair of the PCS.

Structure

a. Membership

- Chair of the Psychiatry Competence Subcommittee
- Director, General Psychiatry Residency Program or Delegate
- Teaching Faculty from the University of Toronto Psychiatry Residency Program (total number will reflect the needs of the program as it evolves), including coaches.
- **Conflicts of Interest**
 - Members must declare any conflicts of interest and may not be present for review or progression decision where there is a conflict of interest (e.g. parent/partner of an active resident).
 - Conflicts of Interest can be declared at any time to the Chair and/or Program Director.
 - The agenda will include an opportunity to declare a conflict of interest at the beginning of each meeting (prior to file review).

b. Selection of the Chair of the Subcommittee

The Chair is selected by the Program Director.

c. Role of the Program Director in the Subcommittee

The Program Director is invited to attend all PCS meetings, and to review all documents and decisions rendered by the PCS. Status Recommendations for specific residents will be flagged as needed for the Program Director's attention. Reporting to the PRPC occurs via the PCS Chair.

d. Longitudinal Cohort Model

Due to the size of the Psychiatry Residency Program, there will be separate Competence Subcommittees for each cohort of residents (i.e., PGY1, PGY2, PGY3, PGY4, PGY5). Faculty members on each of these subcommittees will be composed mainly of coaches of residents within that cohort. Coaches will be present for their coachee's review and may provide supplementary information. Coaches will not review their coachee's file for the PCS and will not vote on their coachee's progression or promotion. Each Competence Subcommittee will follow a cohort of residents over time. The Chair of the PCS or their delegate will sit on all Competence Subcommittees and will ensure consistency and communication between the committees.

Competence Subcommittee Process and Procedures

1. Every trainee must be reviewed a minimum of twice per year. Additional meetings may

be convened on an as-needed basis by the Chair or Program Director to review specific issues as they arise.

2. Trainees are selected in advance for review by the Competence Subcommittee and members are provided with the trainee's file in advance to prepare for meetings.
3. Meetings are held in-person or virtually. Meetings shall proceed if quorum is reached. Quorum is reached if at least 4 members and the Chair are present.
4. Primary Reviewer: Each trainee scheduled for review at a Competence Committee meeting is assigned to a designated primary reviewer. The primary reviewer is responsible for completing a detailed review of the progress of the assigned trainee(s) based on evidence from completed observations and other assessments or reflections included within the trainee's file. The primary reviewer considers the trainee's recent progress, including quantitative and qualitative data, identifies patterns of performance from the observations and comments on outlier data. At the meeting, the primary reviewer provides a succinct synthesis and impression of the trainee's progress to the other Competence Committee members. After discussion, the primary reviewer proposes a formal motion on that trainee's status going forward, using the Royal College Status Recommendation Form as a guide for their decisions.
5. All other PCS members are required to come prepared to discuss the progress of all trainees scheduled for each meeting, review the proposed resolution, and vote on same.
 - a. If the recommendation of the primary reviewer does not achieve a majority of votes, the Chair will request another motion regarding the trainee.
 - b. This will continue until a majority of Competence Committee members supports a status motion. The rationale for the recommendation must be documented.
 - c. The Psychiatry Residency Program Committee (PRPC) will ratify PCS decisions.
6. Decision Making Process is as follows:
 - a. All available assessment data is collected and stored centrally, and distributed electronically to members of the PCS
 - b. Documents to be considered can include all assessment data from the period under consideration, and review of previous assessment data to identify patterns of performance over time
 - c. Additional data/information may be considered and sought out as needed (e.g. as pertains to patient safety needs, service needs of the clinical teams impacting resident performance, need for different approaches to resident supervision etc.).
 - d. Decisions of the PCS are recorded in the PCS Bi-annual report, that is then distributed to: the Program Director, Resident, Coach and/or Supervisors, and the Resident File.

7. Follow up activities:

- a. Any urgent patient or resident safety concerns will be escalated to Program Director immediately
- b. Program Director or their delegate will review all residents who receive a status of “Not Progressing as Expected” or ‘Failure to Progress’. The Program Director decides whether the resident requires a referral to the Residency Assessment and Support Subcommittee (RASC).
- c. Communication with site director/supervisor as needed to support resident’s progress/progression in the program (feed forward)

8. Guidelines for Agenda Topics

Mandatory topics include: regularly timed reviewed, special cases, follow-up from previous meetings, quality improvement.

Additional agenda items may include: monitoring of Competence Subcommittee information, systems, processes, residency program functioning (e.g. sites where EPA assessments were low/high, EPAs that may need revision, etc.), and faculty development.

9. The subcommittee endeavors to keep all information to the minimum number of people necessary. Furthermore, they generally alert the resident before any communication is made. However, given the responsibilities to the learners, clinical training sites, university, and patients, they retain the right, acting in good faith, to communicate with any relevant bodies that may be affiliated with those institutions.
10. The Program Director or his/her delegate discusses, at his/her discretion, the decision of the Competence Subcommittee with parties in need of this information in order to develop, implement, and track the trainee’s learning plan, assessments, and rotations as required.
11. The final Bi-Annual Resident Review Report issued by the Competence Subcommittee is then be distributed to the resident and coach, and shared with other relevant parties as identified.

Operational Processes

Term

Members are appointed by the Program Director to serve a term of 5 years (renewable at the Program Director’s discretion). The Program Director may also end a member’s term at his/her discretion.

Reporting Relationship

The Competence Subcommittee reports outcomes of discussions and decisions to the PRPC (via the Chair of the PCS or their delegate).

Administrative Support

PG Administrative Team

Appeal Process

A mechanism of appeal is in place for a situation where a resident does not agree with the decision of the PCS. An initial appeal may be made to the PRPC. After this, the resident may escalate an appeal to the Vice Chair of Education, Department of Psychiatry for process review. Please see the residency program's Appeals Guidelines for further details.

Relationship with the Residency Assessment and Support Subcommittee (RASC) and Program Director

The RASC is an extension of the PCS and serves as an opportunity to engage in a more in-depth review to address resident issues. The RASC meets monthly and provides the Competence Subcommittee with a summary of all resident issues addressed in each 6-months period, which are reviewed in conjunction with the entire resident assessment portfolio.

References:

1. The following sources of information were used in the production of this document:
 - a. Royal College of Physicians and Surgeons of Canada: Competency By Design – Tools and Resources
 - i. Guidelines for Terms of Reference
 - ii. Competency Committees – Process and Procedures in Decision Making: A framework
2. University of Toronto PGME Guidelines for Competence Committees, Approved by PGMEAC, March 23, 2018

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