

Executive Summary

Purpose of a Clinical Competency Committee

Introduction

The Clinical Competency Committee (CCC) serves several purposes for multiple stakeholders: the program; the program director; faculty members; program coordinators; residents/fellows/those in graduate medical education (GME) programs; the Sponsoring Institution; and the ACGME. Ultimately, it serves the public by ensuring program graduates provide high quality, safe, reliable patient care.

History

CCCs were introduced to US GME as part of the ACGME's current model of accreditation. Their requirements have evolved, and the most recent requirements are found in the ACGME Common Program Requirements, effective July 1, 2019.

Noteworthy Practices

CCCs function optimally if programs:

- develop a “shared mental model” of what resident/fellow performance should “look like” and how it should be measured and assessed by faculty members;
- ensure residents/fellows understand both the expectations and the assessments used by the program;
- ensure assessment tools effectively and validly determine performance across the Competency domains and specialty-specific Milestones;
- increase quality, standardize expectations, and reduce variability in performance assessment by working with faculty members;
- provide and guide individualized learning plans for all residents/fellows; and,
- make their CCC process transparent.

When these elements occur, they help programs:

- improve individual learners' progress along a developmental trajectory, defined by the specialty-specific Milestones;
- identify early any residents/fellows who are challenged and not making expected progress, so that individualized learning plans can be co-created with the learners; and,
- identify residents/fellows exceeding the expected abilities in order to offer innovative educational opportunities to further enhance their development.

Although CCCs focus their efforts on the measurement of progress of the program's residents/fellows using the Milestones, their work will inevitably also:

- identify weaknesses/gaps in the program as the first step in program improvement (many programs use an educational “continuous quality improvement model” making small changes and assessing their impact); and,
- model “real time” faculty development.

Long-Term and Short-Term Actions/Goals

Readers can use the CCC Guidebook to review current practices and identify potential enhancements, which can in turn be integrated into the program's annual program improvement plan.

Conclusions and In-Depth Guidebooks

CCC requirements and best practices are continuing to evolve.

[Common Program Requirements](#) effective July 1, 2019 contain the most current CCC requirements.

Pertinent ACGME Guidebooks include:

[Clinical Competency Committee Guidebook](#)

[Milestones Guidebook](#)

[Milestones Guidebook for Residents and Fellows](#)

[Milestones Implementation Guidebook](#)

For more information, see the full Clinical Competency Committee Guidebook and additional references on the [Milestones Resources](#) page of the ACGME website.