**CLINICAL COMPETENCY COMMITTEE**

**DEPARTMENT OF NEUROSURGERY**

**UNIVERSITY OF XXX**

**11-19-2018**

Introduction

The clinical competency committee (CCC) is appointed by the residency program director. The core faculty include the program director,Dr. XXX, associate program director Dr. XXX, and two former program directors, Dr. XXX, and Dr. XXX,. The other appointed members represent subspecialty divisions within the department that have extensive exposure to our resident group. Dr. XXX represents neurosurgical oncology; Dr. XXX pediatric neurosurgery; Dr. XXX, peripheral nerve surgery; Dr. XXX, spinal surgery; Dr. XXX, endovascular neurosurgery; and Dr. XXX, trauma and critical care.

Milestones

The CCC meets biannually, usually in early December and early June, to review all residents. At this review, all resident evaluations and any other documentation concerning individual performance are available to the CCC members. Using all the available information, a discussion of each individual resident is held to prepare and ensure reporting of the Milestone evaluation in preparation of submission to the ACGME. The CCC is responsible for determining the appropriate Milestone assignment for each resident, with the committee member from a given subspecialty having additional responsibility for guiding the committee’s assigned Milestone level for their particular subspecialty. For instance, all members assist in the determination of a given resident’s spinal surgery Milestone level, but XXX, as spine division representative, has the final determination of the appropriate Milestone score. Program coordinators attend the meeting and participate in discussion of nonclinical aspects of the residents’ evaluations but are not voting members of the CCC.

Additional Responsibilities

Furthermore, the committee will advise the program director regarding resident progress and provide assistance in decisions regarding promotion, remediation, and dismissal. Ultimately, the CCC will assist the program director in the summative evaluation of each resident and verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.