

CORE COMPETENCY COMPLIANCE PROGRAM (CCCP) PART I

INTRODUCTION

In July 2003, the AOA Board of Trustees accepted and approved the Report of the Core Competency Task Force that created a new policy for AOA-accredited postdoctoral programs. As a result of this decision, additions were made to AOA intern and resident accreditation requirements to incorporate seven (7) core competencies into postdoctoral programs, the AOA inspection process, and into testing modalities for certification and re-certification of osteopathic physicians. Each osteopathic specialty college is mandated to define and integrate the core competencies into their respective training standards as they apply to each specialty.

Effective July 1, 2011: Teaching of competencies and evaluation of trainee's progress will be based on Competencies 2-7 and their required elements into which Competency 1 (OPP/OMT) has been fully integrated.

INSTITUTIONAL CORE COMPETENCY PLAN

In order to assess effectiveness in the integration of core competencies, the AOA is requiring the development and implementation of an Institutional Core Competency Plan. Its purpose is to create an internal process that outlines the methods chosen by the institution to achieve compliance and evaluation activities. The Director of Medical Education (DME) is the institutional official recognized by the AOA as responsible for overseeing all aspects of osteopathic medical education within his/her respective facility, including the Institutional Core Competency Plan.

The written plan must address content issues that define responsibilities, goals, methodologies, and evaluation activities. The Director of Medical Education is charged to draft the plan that is to be approved by the Medical Education Committee. In addition, the Medical Education Committee is responsible to monitor the plan's implementation and performance. At a minimum, the Institutional Core Competency Plan is to incorporate the following items:

- Demonstrated institutional commitment to AOA Core Competencies.
- Assignment of responsibility to the DME in the formulation of the plan.
- Outline of the Medical Education Committee's role for the approval and routine monitoring of the Institutional Core Competency Plan.
- Responsibility of the internship and residency directors and faculty for implementation of the plan.
- Assigned responsibilities of support staff within the institution.
- Integration of all AOA-accredited postdoctoral programs into the Institutional Core Competency Plan.
- Determination of institutional resources, both personnel and financial, to successfully implement the plan.
- Agreement on collaboration with the OPTI for assistance in the implementation of the plan.
- Selection of a method(s) to monitor the effectiveness and progress of the plan at the levels of the DME, Medical Education Committee, and OPTI.
- Delineation of chosen teaching modalities for each core competency.
- Determination of the evaluation modality selected for each core competency.
- Formulation of anticipated outcomes for trainees in each program.
- Inclusion of an expectation that traditional interns receive an adequate exposure to core competencies as an education goal.

- Inclusion of a remediation plan for those who fail to meet performance expectations of the Institutional Core Competency Plan.
- Creation of a continual quality improvement process incorporated into the Institutional Core Competency Plan.
- Compilation of an annual written evaluation summary of overall programmatic effectiveness reviewed by the Medical Education Committee.

A written progress report of the Institutional Core Competency Plan must be reviewed and updated annually by the DME, with approval required of the Medical Education Committee, and a copy of the report sent the Osteopathic Graduate Medical Committee of the OPTI. The yearly report submitted to the Medical Education Committee and OPTI is to include the following:

- Effectiveness of methods chosen by the institution to achieve compliance and evaluate Core Competencies.
- Report on each trainee's progress in learning and development in each Core Competency as reported on their respective annual report (e.g. Program Director's Annual Evaluation Report).
- Summary report for each trainee who is completing his/her respective program with an attestation that a minimal level of performance has been achieved in all competencies (e.g. Program Complete Summary-Final Resident Assessment as required by the specialty college).
- Outcomes measures and report of success in achieving institutional goals.
- Updates and enhancements in teaching and evaluation of the competencies.

GUIDELINES IN THE DESIGN OF THE INSTITUTIONAL CORE COMPETENCY PLAN

The AOA has developed a Core Competency Map and Program Director's Annual Evaluation Report to assist DMEs in the design of an Institutional Core Competency Plan. These documents, described below, outline available instruments appropriate in assessing trainee performance. It is suggested that DMEs use these materials in the design of the plan. All residents are to be assessed by at least two evaluation tools for each core competency to qualify for program complete status. Variability can be expected with evaluation of competencies that are unique to specialty training requirements. The core competencies which are common to all medical specialties and trainees (communication skills, professionalism, practice-based learning and system-based practice) can be assessed and evaluated in the same manner.

Each successive year, the Institutional Core Competency Plan document is to be reexamined and enhanced to build in additional metrics for evaluating each core competency. The Institutional Core Competency Plan is to be reviewed and updated to include best methods for institutional growth. The plan is to be designed as a dynamic document that serves as an institutional road map for continuous improvement in teaching and in evaluating competency-based medical education. The Institutional Core Competency Plan and the annual reports are to be made available to AOA evaluators when on-site accreditation reviews are conducted.

Institutions have flexibility in choosing the methods that work best for its postdoctoral programs. Consistency between the selected methods and those outlined in the Institutional Core Competency Plan is an expectation. Nothing prohibits a residency from developing additional core competency programs for a medical specialty; however, these supplemental programs are to operate within the methods already outlined in the Institutional Core Competency Plan. DME and residency program directors are expected to familiarize themselves with the Institutional Core Competency Plan and be held accountable for the integration of the plan into their respective programs.

AOA CORE COMPETENCY MAP (Part Two)

The AOA has compiled an outline of the most common and appropriate assessment tools for each core competency. It is included in this report as Part Two. Institutions have the choice of selecting and incorporating into its Institutional Core Competency Plan assessment tools that measure trainee performance. The Competency Map defines the assessment instrument and also provides commentary on the advantages and disadvantages of each. The basic standards of the specialty college may mandate specific assessment tools and educational activities in order to achieve minimum performance levels for residents. Such requirements automatically become incorporated into the Institutional Core Competency Plan. The institution also has the choice of assessment tools most suitable to the competency and the resources of the hospital. The AOA Core Competency Map can assist the institution in making these choices.

AOA PROGRAM DIRECTOR'S ANNUAL EVALUATION REPORT (Part Three)

The AOA has developed an annual report for trainees and is included in this document as Part Three. Its purpose is to provide a written assessment of trainee involvement and performance in achieving competency in the required areas. Each year, the program director must evaluate trainees in terms of their performance in each competency. The annual report asks the program director to define the method(s) chosen for the trainee to demonstrate competency, the evaluation tool used to assess the trainee, and outcome in rating the trainee's performance. It is not expected that trainees will meet all requirements of competency in the first year of their postdoctoral program. The annual report will chart trainee activity and performance in meeting the AOA core competencies within the postdoctoral program. The last page of the Annual Report is to be completed for residents in their final year of their program. This page is an attestation that the resident has successfully completed all requirements of the program in core competencies and is being recommended for program complete status.

EVALUATION OF CORE COMPETENCIES BY THE AOA

The AOA accreditation of postdoctoral programs will include the assessment of core competencies as part of an on-site review and be integrated into the AOA's evaluation process. Results compiled from the accreditation review are included as a factor in the overall assessment of the postdoctoral program. Institutions are expected to have a completed and approved Institutional Core Competency Plan.

Assessment focuses on activities related to the Institutional Core Competency Plan required of all AOA accredited programs. In the evaluation process, the AOA evaluator weighs various types of evidence in determining whether an accreditation standard is met. In terms of evidence, the AOA interprets this to mean compliance with stated accreditation requirements included in its standards for postdoctoral education programs. Programmatic assessment incorporates the following:

- **Existence of an Institutional Core Competency Plan and inclusion of the required elements of the plan**

The AOA recognizes that an institution's history, resources, and educational mission shape the content of a plan. As a result, AOA accredited institutions have the freedom to formulate an Institutional Core Competency Plan as long as it incorporates the features mandated by the AOA.

- **Consistency of action between the components of the plan and evidence of institutional practices.**

The AOA-accredited institution must demonstrate that it has successfully implemented the Institutional Core Competency Plan and evaluated its effectiveness. AOA evaluators can be

expected to examine the workings of the plan, its oversight, functionality, and commitment on the part of the institution. Verification activities include the review of written documentation and discussions with residents, clinical faculty, and administrators.

- **Adherence to Institutional Core Competency Plan Policies**

The AOA-accredited institution needs to generate cultural, faculty development, and instructional commitments to ensure the success of the plan. Sufficient resources are to be assigned to the administrative personnel responsible for the tasks related to the design and implementation of the Institutional Core Competency Plan. As part of the on-site visit, the AOA evaluator examines the stability and quality of leadership, the effectiveness of the decision-making process, and periodic self-assessment of the overall effectiveness of the plan.

- **Evidence of Progressive Development**

The expectation is that over time progressive improvement will be noted in terms of the scope and sophistication of the Institutional Core Competency Plan. Such indicators include planning for educational improvement, building on results from assessment activities, making appropriate revisions to the plan, and indications of growth and maturity stemming from the analysis of strengths and weaknesses. Building on assessment is a key element in determining whether an institution can demonstrate that it has strengthened its effectiveness in areas related to core competencies. A long-range approach of continual improvement requires successful integration into the educational structure of the institution on a sustained basis.

- **Patterns of Evidence in Assessment**

AOA evaluators look for patterns of evidence in making an overall assessment. In addition to the above, other important characteristics of successful compliance with AOA accreditation requirements include the following:

- Consistency of effort in working towards the integration of core competency programming.
- Assignment of administrative support for the institutional plan
- Backing from senior executive leadership and their support for assessment.
- Provision of adequate and ongoing allocation of resources
- Availability of funding streams to support changes designed to comply with AOA core competency requirements.
- Planning and budgeting processes that include ways for the plan to influence institutional priorities.