

PROCEDURE GME 28

Subject: ANNUAL PROGRAM EVALUATION
AND ANNUAL INSTITUTIONAL REVIEW

Effective Date:
JANUARY 2014

Applies to:
HOUSTON METHODIST HOSPITAL SYSTEM—GME
PROGRAMS

Date Revised:
APRIL 2023

Originating Area:
GRADUATE MEDICAL EDUCATION COMMITTEE

Target Review Date:
APRIL 2026

I. GENERAL STATEMENT

The Accreditation Council for Graduate Medical Education (ACGME) has described its expectations for each ACGME-accredited Program's evaluation through the Self-Study process followed by the 10-year Site Visit. These expectations include specific guidelines for a Program to conduct a Program Evaluation by a Program Evaluation Committee (PEC), to prepare a written Annual Program Evaluation (APE), and to develop a written plan of action for documenting initiatives to improve deficiencies. Outcomes of the documented Annual Program Evaluation can be integrated into the 10-year Self-Study process. The Self-Study is an objective, comprehensive evaluation of the residency program, with the aim of improving the program. Underlying the Self-Study is this longitudinal evaluation of the program and its learning environment, facilitated through sequential Annual Program Evaluations that focus on the required components, with an emphasis on program strengths and self-identified areas for improvement.

Each Program's APE is critical to the Graduate Medical Education Committee (GMEC) in its role to provide oversight for the quality of educational experiences in each ACGME-accredited Program and to conduct an Annual Institutional Review (AIR). The AIR must identify institutional performance indicators and monitoring procedures for action plans to improve or correct any deficiencies. These data inform the written annual executive summary of the AIR to the Board of Directors by the Designated Institutional Official (DIO).

This procedure describes each Program's responsibility for Program evaluation, the DIO and GME Office's responsibility for Program and Institutional Review, and the GMEC's responsibility for the AIR.

II. DESCRIPTION OF ANNUAL REVIEW OF ACGME-ACCREDITED PROGRAMS

- A. Program Responsibilities for Annual Program Review and Evaluation
1. The Annual Program Review (APR) is part of the Self-Study process by which a Program improves its performance in each successive year. This process culminates in the self-study preparation and the 10 year site visit.
 2. The Program Director must appoint a PEC to conduct and document the APE as part of the program's continuous improvement process. The PEC must be composed of at least of two Program Faculty members, at least

one of whom is core faculty member, and must include at least one Resident.

3. The PEC must have a written description of its responsibilities. Those responsibilities must include:
 - a. acting as an advisor to the program director, through program oversight;
 - b. review of the program's self-determined goals and progress toward meeting them;
 - c. guiding ongoing program improvement, including development of new goals, based upon outcomes; and,
 - d. review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims .
 - e. The PEC must document formal, systematic assessment of the curriculum at least annually and render a full, written Annual Program Evaluation (APE) and written plan of action using templates provided by the GMEC. This action plan must document initiatives to improve performance in any areas identified as deficient and the monitoring process to determine improvement.
 - f. The PEC should consider the following elements in its assessment of the Program:
 - 1) curriculum;
 - 2) outcomes from prior Annual Program Evaluation(s);
 - 3) ACGME letters of notification, including citations, Areas for Improvement, and comments;
 - 4) quality and safety of patient care;
 - 5) aggregate resident and faculty:
 1. well-being;
 2. recruitment and retention;
 3. workforce diversity;
 4. engagement in quality improvement and patient safety;
 5. scholarly activity;
 6. ACGME Resident and Faculty Surveys; and,
 7. written evaluations of the program.
 - 6) aggregate resident:
 1. achievement of the Milestones;
 2. in-training examinations (where applicable);
 3. board pass and certification rates; and
 4. graduate performance.
 - 7) aggregate faculty:
 1. evaluation; and,
 2. professional development
 - g. The PEC must evaluate the program's mission and aims, strengths, areas for improvement, and threats.
 - h. The APR and action plan must be:
 - 1) distributed to and discussed with the members of the teaching Faculty and the residents; and,
 - 2) submitted to the DIO.
 - b. The GME Office will notify programs of the APE due date.

- B. Responsibilities of the DIO and GME Office for Annual Program Review and Evaluation
 - 1. The DIO and the GMEC Accreditation and Oversight Subcommittee will review all updates to WebADs and will approve the Program's submission when all corrections have been made to ensure accuracy of data.
 - 2. The ACGME Institutional Coordinator will verify the accuracy of information in WebADs on Participating Sites and Residents and Fellows in the Program, including current Residents, graduates, transfers, and residents dismissed or withdrawn.

- C. GMEC Responsibilities for Annual Institutional Review
 - 1. The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR)
 - a. The GMEC must identify institutional performance indicators for the AIR. This will include review of:
 - 1) Results of the most recent institutional letter of notification
 - 2) Results of ACGME surveys of Residents/fellows and core Faculty with comparison to national norms, if available, as soon as possible after their release
 - 3) each of its ACGME-accredited Programs' ACGME accreditation information, including accreditation statuses and citations
 - 4) Results of the GME-administered Annual Survey of Residents' and Fellows' Educational and Clinical Experiences and the Annual Faculty Survey with comparison to institutional norms;
 - 2. The GMEC will determine progress of the Institution toward achieving goals established from the previous year.
 - 3. The GMEC will review the AIR prepared by the DIO at a GMEC meeting to provide feedback before its presentation to the Methodist Hospital System Board of Directors.
 - 4. As part of the continuous process to improve educational performance, the GMEC will conduct Special Reviews of underperforming Programs through its established protocol (see Procedure 20).

III. COMMITTEE REVIEWING OR APPROVING PROCEDURE:

- 1. Graduate Medical Education Committee [9 January 2014][11 July 2019][12 April 2023]

AUTHORITATIVE REFERENCES:

Accreditation Council for Graduate Medical Education Common Program Requirements for Annual Program Evaluation (V.C.) dated July 2019, and Institutional Program Requirements for GMEC Responsibilities (I.B.4.a).(1)-(6)) and Annual Institutional Review (I.B.5.) dated July 2018