

Annual Program Evaluations

Purpose: To define the Medical University of South Carolina's Graduate Medical Education Committee's (GMEC) responsibilities related to effective oversight of all ACGME-accredited programs' annual evaluation and improvement activities.

Policy: The MUSC Graduate Medical Education Committee (GMEC) is responsible for oversight of all graduate medical education programs in accordance with the [Accreditation Council for Graduate Medical Education \(ACGME\) Institutional Requirements](#). The GMEC reviews all Annual Program Evaluations and Action Plans as a component of its Annual Institutional Review.

Program Evaluation Committees: Each ACGME-accredited program shall establish a program-specific policy which establishes the responsibilities, procedures and membership of its Program Evaluation Committee (PEC) which is responsible for:

1. Planning, developing, implementing and evaluating educational activities of the program;
2. Reviewing and making recommendations for revisions of competency-based curriculum goals and objectives;
3. Addressing areas of non-compliance with ACGME standards;
4. Reviewing the program annually using the prior academic year's data including evaluations of faculty, residents and others;
5. Rendering a written Annual Program Evaluation (APE), using the [format](#) prescribed by the Annual Program Evaluation Committee (APEC), which addresses:
 - a. Resident performance
 - b. Faculty development
 - c. Graduate performance, including performance of program graduates on the certification examination
 - d. Program quality
 - e. Progress on the previous year's Action Plan
6. Preparing a written Action Plan (AP), using the format prescribed by the APEC, to document initiatives to improve performance in one or more of the areas listed in #5 above.
 - a. The AP must also delineate how the initiatives will be measured and monitored.
 - b. The AP must be reviewed and approved by the teaching faculty and documented in minutes.
7. The APE and AP must be completed and submitted to the Graduate Medical Education Office by the designated [submission month](#).

Review of Annual Program Evaluations (APEs) and Action Plans (APs) for all ACGME-accredited programs are reviewed by APEC which presents a report card containing program strengths and deficiencies in order to recommend corrective actions to improve the quality of resident or fellow education. The information gathered in APEs will assist the GMEC as part of the Annual Institutional Review.

Special Review

Institutional Requirement I.B.6. The GMEC must demonstrate effective oversight of underperforming programs through a Special Review process. (Core)

I.B.6.a) The Special Review process must include a protocol that: (Core)

I.B.6.a). (1) establishes criteria for identifying underperformance; and, (Core)

I.B.6.a). (2) results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes. (Core)

Purpose

To define underperforming ACGME-accredited residency and fellowship programs, according to the GMEC Special Review processes. Methods will be defined to oversee and resolve the issues.

Policy

The GMEC will establish criteria for identifying program underperformance, develop protocols to use for special reviews and provide reports that describe the quality improvement goals and corrective actions that the program will use and the process that the GMEC will use to monitor outcomes.

Procedure:

The GMEC will identify underperformance through the following established criteria, which may include, but are not limited to, the following information gathered by the Annual Program Evaluation:

- Program attrition
 - Change in program director more frequently than every 2 years.
 - Greater than 1 resident/fellow per year resident attrition (withdrawal, transfer or dismissal) over a 2 year period
- Loss of major education necessities
- Changes in major participating sites
- Consistent incomplete resident complement
- Major program structural change
- Recruitment performance
 - Unfilled positions over three years
- Evidence of scholarly activity (excluding typical and expected departmental presentations)
- Board pass rate – acceptable by ACGME specialty standards
- Case logs/Clinical experience – acceptable by ACGME specialty-specific standards
- ACGME surveys
- Non-compliance with responsibilities
- Failure to submit milestones data to the ACGME and to the GMEC
- Failure to submit data to requesting organizations or GMEC (ACGME/ABMS)
- Inability to demonstrate success in the CLER focus areas
 - Patient Safety
 - Health Care Quality
 - Care Transitions
 - Supervision
 - Duty Hours, Fatigue Management and Mitigation
 - Professionalism
- Inability to meet established ACGME common and program specific requirements
- Notification from RRC requests for progress reports and site visits, unresolved citations or new citations or other actions by the ACGME resulting from annual data review or other actions

Special Review

A special review will occur:

- At the request of hospital, department or program administration
- When a severe and unusual deficiency in any one or more of the established criteria
- When there has been a significant complaint against the program

The Special Review Committee may include the DIO and/or one or more Program Directors, a staff member from the GME Office and, as determined by the DIO or designee, faculty members and residents or fellows who are not members of the program under review.

The members of the program to be interviewed should include, but are not limited to, the program director, other key faculty members and selected residents/fellows. The Chair of the Department and other individuals as determined by the Special Review Committee also could be interviewed.

The Special Review Committee will determine materials and data to be used during the Special Review.

The Special Review Committee will conduct the special review through review of materials, data and other information provided by the program and through interviews with identified individuals.

The Special Review Committee will prepare a written report to be presented to the GMEC for review and approval. At a minimum, the report will contain:

- A description of the quality improvement goals to address identified concerns,
- A description of the corrective actions to address identified concerns and
- The process for the GMEC to monitor outcomes of corrective actions taken by the program.

Monitoring of Outcomes

The GMEC will monitor outcomes of the Special Review by documenting discussions and follow up in the GMEC minutes.

Non-Compliance in the case of a program refusing to conduct or submit an APE

In the case where a program does not conduct and/or submit an APE, the Chairman of the APE committee will follow the following steps:

1. Contact the Core Director (if applicable) and Division Director. If the materials for the APE are not received within thirty days, then Step 2;
2. Contact the Chair of the Department. If the materials for the APE are not received within thirty days, then Step 3;
3. A letter to the Dean and Medical Director. The program will be required to submit a written response within 10 days. If still no response, then Step 4;
4. A Special Review as outlined above. Consequences of the Special Review may include a request to dismiss the Program Director.