

Title: Program Evaluation Committee(PEC) / Annual Program Evaluation(APE) Policy

Reference(s): [ACGME Common Program Requirements](#) effective July 1, 2023); ACGME Manual of Policies and Procedures (effective October 18, 2023); [ACGME Self-Study Tools](#)

I. Purpose

- A. To establish, in accordance with the Common Program Requirements (CPRs), that all Accreditation Council for Graduate Medical Education (ACGME) accredited programs must have a Program Evaluation Committee (PEC) appointed by the program director to conduct and document the Annual Program Evaluation (APE) as part of the program's continuous improvement process that functions in compliance with both the common and program-specific requirements.
- B. To define that the goal of the PEC is to evaluate the program's performance and plan for improvement in the APE by utilizing outcome parameters and other data to assess the program's progress toward achievement of its goals and aims.

II. Policy:

- A. Each PEC must have a written description of its responsibilities, including its current membership, which must be updated in New Innovations and the ACGME Accreditation Data Systems (ADS) website annually.
- B. The PEC functions in an advisory role by meeting at least annually (or as specified by the relevant ACGME Review Committee) to review and document an APE that is an objective, comprehensive evaluation of the program focused on required components, with an emphasis on program strengths and self-identified areas for improvement. The Committee must function objectively and in a manner that promotes the highest levels of professionalism with the goal of continuous quality improvement.
- C. At a minimum, the PEC responsibilities must include:
 - 1. Review of the program's self-determined goals and progress toward meeting them [V.C.1.b).(1)];
 - 2. Guide ongoing program improvement, including development of new goals, based upon outcomes [V.C.1.b).(2)]; and,
 - 3. Review the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims [V.C.1.b).(3)].

- D. Each PEC must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident/fellow (“resident”) [V.C.1.a)] and meet at least annually (or as specified by the relevant ACGME Review Committee).

The PEC should consider the outcomes from prior Annual Program Evaluation(s), aggregate resident and faculty written evaluations of the program, and other relevant data in its assessment of the program. [V.C.1.c)] Other data to be considered for assessment include curriculum, ACGME LONs (citations, AFIs, and comments), quality and safety of patient care, aggregate resident & faculty wellbeing, recruitment & retention, workforce diversity, including GME staff and other relevant academic community members engagement in PSQI, and scholarly activity.

- E. The PEC must evaluate the program’s mission and aims, strengths, areas for improvement, and threats [V.C.1.d)].
- F. The annual Program Evaluation, including the action plan, must be distributed to and discussed with the residents and the members of the teaching faculty, and be submitted to the DIO [V.C.1.e)].
- G. Programs must utilize New Innovations to insert and update their action plan throughout the academic year.
- H. There is no mandatory role for the program director; however, s/he may serve as the chair of the PEC, or s/he may appoint another faculty member as chair.
- I. PEC meeting minutes should document discussion of the elements noted in V.C.1.c). This document should also include the timing & location of the meeting, attendance, and documentation of the program’s mission and aims, strengths, areas for improvement, and threats.
- J. The program must complete a Self-Study and submit this to the DIO [V.C.2].
1. The Self-Study is an objective comprehensive evaluation of the residency program, with the aim of improving it.
 2. Outcomes of the documented APE can be integrated into the Accreditation Self-Study process.
 3. Underlying the Accreditation Self-Study is this longitudinal evaluation of the program and its learning environment, facilitated through sequential APEs that focus on the required components, with an emphasis on program strengths and self-identified areas for improvement.
 4. Details regarding the timing and expectations for the Accreditation Self-Study and the are provided in the [ACGME Manual of Policies and Procedures](#) and a description of the [Self-Study](#) process is available on the ACGME website