**Program Evaluation Committee**

**For \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training Program**

**Background**

The ACGME requires that each program have a Program Evaluation Committee as of 2013. The purpose of this committee is to conduct and document a formal, systematic evaluation of the curriculum on an annual basis as part of the program’s continuous improvement process. The UMMC Graduate Medical Education Committee (GMEC) requires all of its sponsored programs (ACGME programs and non-ACGME) to provide evidence of the effective implementation of a Program Evaluation Committee (PEC).

**Membership**

The chair and membership of the committee are appointed by the Program Director. The membership of the committee consists of at least two members of the program faculty, at least one of whom is a core faculty member, and at least one resident/fellow.

**Meeting Frequency**

The committee meets, at a minimum, annually.

**Responsibilities of the PEC**

The PEC actively participates in planning, developing, implementing and evaluating the educational activities of the program. The PEC reviews and makes recommendations for revision of competency-based goals and objectives; addresses areas of non-compliance with ACGME or other standards; and reviews the program annually using written evaluations from faculty, residents/fellows, and others.

The PEC (1) acts as an advisor to the program director through program oversight, (b) reviews the program’s self-determined goals and progress toward meeting the goals, (3) guides ongoing program improvement including development of new goals based on outcomes, (4) reviews the current operating environment to identify strengths, challenges, opportunities and threats as related to the program mission and aims.

**Required Documentation of PEC Activities**

The PEC provides the GMEC with a written Annual Program Evaluation (APE) in the format that is appended to this document. The PEC submits this document annually in September to the GMEC through the UMMC GME Office. This document details a written plan of action to document initiatives to improve performance based on monitoring of activities described below. The APE, including the action plan, is distributed to and discussed with members of the teaching faculty and the residents/fellows before it is submitted to the GME Office in September of each year.

The APE document provides evidence that the PEC is monitoring the following areas, at a minimum:

1. Curriculum
2. Outcomes from prior annual program evaluations, including continuation of progress made on prior year’s action plan
3. ACGME and non-ACGME letters of notification, including citations, areas for improvement, comments
4. Quality and safety of patient care
5. Resident/Fellow performance in aggregate:
   1. Achievement of Milestones
   2. In-training/Qualifying examinations, where applicable
   3. Performance on the certifying examinations
   4. Graduate performance/outcomes
6. Faculty in aggregate:
   1. Evaluation
   2. Professional development
7. Aggregate Resident/Fellow and Faculty:
   1. Well-being
   2. Recruitment and retention
   3. workforce diversity
   4. engagement in quality improvement and patient safety
   5. scholarly activity
8. Assessment of program quality through:
   1. Annual confidential and formal feedback from residents/fellows and faculty about the program quality
   2. Assessment of improvements needed based on program evaluation feedback from faculty, residents/fellows, and others
   3. ACGME and non-ACGME Resident/Fellow and Faculty Surveys

The PEC must evaluate the programs:

1. Mission and Aims
2. Strengths, Areas for Improvement and Threats (SWOT Analysis)
3. Self-study, where applicable, including improvements and outcomes of areas identified

The PEC must prepare and submit a written report (Annual Program Evaluation/APE) and plan of action, using the GMEC approved format, to:

1. Document initiatives to improve performance in one of more of the areas identified
2. Delineate how they will be measured and monitored
3. Document continuation of progress made on the prior year’s action plan