The Graduate Medical Education Committee (GMEC) of the University of Tennessee College of Medicine Chattanooga (UTCOMC) requires that the educational effectiveness of a program must be evaluated at least annually in a systematic manner.

The presence of a Program Evaluation Committee (PEC) and the need for an Annual Program Evaluation (APE) have been requirements for a number of years. In the Next Accreditation System (NAS), the ACGME has provided a better defined and detailed structure for programs to use in evaluating the program.

The Program Director must appoint the Program Evaluation Committee.

The Program Evaluation Committee:

(1) Must be composed of at least two program faculty members and should include at least one resident;
(2) Must have a written description of its responsibilities; and, 
(3) Should participate actively in:
   a. Planning, developing, implementing, and evaluating educational activities of the program;
   b. Reviewing and making recommendations for revision of competency-based curriculum goals and objectives;
   c. Addressing areas of non-compliance with ACGME standards; and, 
   d. Reviewing the program annually using evaluations of faculty, residents, and others, as specified below.

While the requirements identify activities in which the PEC should be involved, a program may decide for its PEC to participate in more activities than these. Note that the PEC is to “actively participate,” but that it is not responsible for solving all problems on its own. The PEC may work with the GMEC, the Designated Institutional Official (DIO), department leaders, or the Program Director as part of its work. The goal is to try to improve the educational program every year. While the PEC has to meet at least annually, it can certainly meet more often. While one of its responsibilities is to address areas of non-compliance with minimum ACGME standards, the PEC can certainly improve the program to go beyond the minimum.

The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written and Annual Program Evaluation (APE).

After reviewing the program, there should be a written summary of the PEC’s findings and conclusions. These can be used annually to track the ongoing improvements of the program, and will help to document progress for the Self-Study visits required by the ACGME.
The program must monitor and track each of the following areas:

a. Resident performance;
b. Faculty development;
c. Graduate performance, including performance of program graduates on the certification examination;
d. Program quality;

The PEC is responsible for tracking these areas, but toward the goal of improving the program, and not to track individual residents for remediation. The PEC can use other indicators to track quality as provided by the institution, such as Case Logs.

1. Residents and faculty must have the opportunity to evaluate the program confidentially and in writing (or via computer) at least annually, and
2. The program must use the results of the residents’ and faculty members’ assessments of the program together with other program evaluation results to improve the program.

These requirements have been in place for a long time, but now it is the PEC that is responsible for reviewing these confidential evaluations along with the other information collected to improve the program.

The program must monitor and track:

a. Progress on the previous year’s action plans(s).

While improvements are often suggested, they are often not implemented. The PEC is responsible for making sure that suggestions for improvement are not forgotten. Some suggestions for program improvement may require several years to accomplish, and the PEC’s responsibility for monitoring and tracking this information will help to ensure that momentum toward improvement is not lost.

The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed in section V.C.2., as well as delineate how they will be measured and monitored.

The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

The PEC should keep a record of its decisions, including what suggested improvements should be explored. Not every idea will be implemented, because of practical limitations or inadequate resources. For those areas where there is a decision for a change, there should be a plan to make sure the result was positive. Simply asking the residents and faculty members might be sufficient; but it might be as complex as measuring the impact of the change on patient care outcomes. This information should be included in the Annual Program Evaluation, which is then used by the program to identify areas for improvement and track the efforts of the program to effect changes.
PEC Function and Responsibilities

- There are no requirements on how the PEC should carry out its duties.
- The PEC or the program director may carry out the improvement plans.
- The work of the PEC can go beyond meeting minimum standards.

Because of the many configurations of programs and support structures, there are no requirements on how the PEC is to carry out its duties. Each program is free to develop a meeting schedule or assign responsibilities as it sees best. Other than the program director appointing members, the relationship between the program director and the PEC is for each program to decide.

Some PECs may be active all year long, while others may rely on the program director to implement improvements.

Although the Program Requirements set a minimum standard, the PEC can go beyond the minimum to help the program and the resident learners meet their full potential.

Ten Year Self-Study Visit
The overall concept of program evaluation is that the program should be striving for self-improvement. Using the required elements of the Annual Program Evaluation Requirements (resident performance, faculty development, graduate performance, program quality, and documented improvement plan), and other information gathered during the Annual Program Evaluation process, the program should strive to correct and address problems that are identified, and hopefully be able to go beyond the minimum program requirements to become the best program possible. Self-Study Visits will be scheduled every 10 years to assess each program’s success at self-improvement. Prior to the Self-Study Visit, the program should go through the Self-Study to review improvements that have occurred previously and develop a plan for the future.

PEC Summary

- Program evaluation requirements are not new.
- Specific functions are included in the Program Requirements.
- Flexibility exists in the PEC’s carrying out its duties.

Programs have historically been required to conduct self-evaluations. While there are new basic functions defined for a PEC in the revised ACGME Common Program Requirements, these are intentionally broad, allowing for flexibility in how each program’s PEC carries out its duties. The goal is for a program to take responsibility for continued improvement in a systematic and structured manner with an ongoing plan.

The Associate Dean/DIO for the Chattanooga Campus has determined that the PEC should conduct the Annual Program Evaluation (APE) between May and September each year to be prepared for the Annual WebAds Update required by the ACGME. The approved APE Template is attached.

Policy Approval Date:  May 20, 2014

Revised May 2015.