Periodic Program Review (PPR)

Protocol

Effective January 1, 2016

The revised ACGME Institutional Requirements (effective July 1, 2014) section 1.B.4. a) (GMEC Responsibilities) includes but is not limited to: oversight of the institution and ACGME-accredited programs (1.B.4.a (1)), the quality of the working environment (1.B.4.a (2)), the quality of the educational experiences (1.B.4.a (3)), and the ACGME-accredited programs’ annual evaluation and improvement activities (1.B.4.a (4)). Missing are requirements for an internal review at the mid-point of a program’s accreditation cycle. But, according to the ACGME, the GMEC must implement a process for continuous improvement for all ACGME-accredited programs. The Periodic Program Review (PPR) is this process.

The PPR Process (See sample timeline in Appendix A)

Programs will be assigned a date by which the program component APE process must be complete. This specific assigned date will recur yearly to facilitate long-term planning. The multi-step process is outlined below:

1. The program will receive a reminder notification of the due date for completion of the program component of the APE process. The program will be contacted by the GME Office to schedule their PPR for that month.*
2. The program must update ADS.
3. The program completes the APE form in New Innovations.
4. The PEC conducts the APE.
5. The program submits the Annual Program Evaluation Minutes and Action Plan (through New Innovations) and to the GMEC Compliance and Accreditation Subcommittee by the assigned date.
6. The PPR will be conducted and a Periodic Program Review Report and Action Plan will be generated.
7. The GMEC Compliance & Accreditation Subcommittee will review the Periodic Program Review Report and Action Plan and either:
   a. Accept and create an action plan
   b. Ask for clarification/additional documentation and create an action plan
   c. Determine the need for a Special Program Review (SPR)
8. Both the Periodic Program Review Report and Action Plan developed by the GMEC Compliance and Accreditation Subcommittee will be sent to the PD within 30 days of the PPR. Progress on action plans will accessed at the time of the next APE.
9. The Periodic Program Review Report and Action Plan created by the GMEC Compliance & Accreditation Subcommittee are presented to the GMEC.
PPR Materials

In addition to the materials required for the APE, the following will be required for the PPR:

- Competency-based goals and objectives for each assignment at each educational level
- Evaluation forms:
  - Resident/fellow at the completion of each assignment
  - Evaluations demonstrating the use of multiple evaluators (e.g., faculty, peer, self)
  - Semiannual evaluation
  - Final (summative) evaluation
  - Confidential evaluations of faculty by the resident/fellow
  - Confidential evaluation of the program by faculty
  - Confidential evaluation of the program by resident/fellow
- Policies/protocols:
  - Moonlighting
  - Definition of common circumstances requiring faculty involvement
  - Documentation for episodes when resident/fellows remain on duty beyond scheduled hours
- Evidence of resident/fellow participation in Quality Improvement projects
- Evidence of resident/fellow participation in Patient Safety projects

These materials must be uploaded into NI no later than 10 business days prior to the scheduled PPR.

The PPR Participants and Meeting

The PPR will be chaired by either the chair (Associate Dean for GME) or co-chair (Assistant Dean for GME) of the GMEC Compliance and Accreditation Subcommittee. Panel members from other programs will include at least one additional faculty, at least two residents, at least one program coordinator and others as deemed necessary by the panel chair. Interviewees will include the Departmental Chair, Program Director, Program Coordinator, Departmental Administrator, Quality Champion, Core Program Director (if applicable) at least four representative core faculty, and two peer-selected residents from each level of training (unless the size of the program precludes). If the program being reviewed is a dependent subspecialty, the Program Director for the respective core program will be interviewed with the program leadership.

Reviews will be scheduled for 8:30-noon:

8:30-9:45 am  Meeting with Chair (or delegate), Program Director, Program Coordinator, Departmental Administrator, Quality Champion and Core Program Director (if applicable)

9:45-10:00 am  Break
10:00-11:00 am    Meeting with Residents/Fellows
11:00-11:45 am    Meeting with Representative Core Faculty
11:45-noon        Panel meets

**PPR Report and Action Plan**

**Report:** The co-chairs of the panel will compose a written report and action plan detailing the findings of the panel. The report will be submitted to the GMEC Compliance and Accreditation Subcommittee. The GMEC Compliance and Accreditation Subcommittee will review the Periodic Program Review Report and Action Plan. The Periodic Program Review Report and Action Plan will be submitted to the GMEC.

**Action Plan:** The Periodic Program Review Report and Action Plan reviewed by the GMEC Compliance and Accreditation Subcommittee will be sent to the PD within 30 days of the PPR. Progress on action plans will be accessed at the time of the next APE, or sooner if determined by the GMEC Compliance and Accreditation Subcommittee.

**GMEC Monitoring of Outcomes**

The GMEC Compliance and Accreditation Subcommittee will review the Periodic Program Review Report and Action Plan at its monthly meeting as designated by the GME Program Oversight Calendar and either:

a. Accept as submitted
b. Ask for clarification/additional documentation
c. Determine the need for a Special Program Review (SPR)

A templated summary report will be created and presented by the GMEC Compliance and Accreditation Subcommittee to the GMEC.

*The month that completed Annual Program Evaluation Minutes and Action Plan must be submitted to the GME Office is predetermined and illustrated on the table in Appendix B.*
## Appendix A

### Sample Timeline for PPR Process

Program with an “April” assignment on the table in Appendix B

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/2015</td>
<td>1. The program will receive a reminder notification of the due date for completion of the program component of the APE process.</td>
</tr>
<tr>
<td></td>
<td>2. The program must update ADS.</td>
</tr>
<tr>
<td></td>
<td>3. The program completes the APE form in New Innovations.</td>
</tr>
<tr>
<td></td>
<td>4. The PEC conducts the APE.</td>
</tr>
<tr>
<td>4/1/2015</td>
<td>5. The program submits the Annual Program Evaluation Minutes and Action Plan (through New Innovations) by the assigned due date.</td>
</tr>
<tr>
<td>4/2015</td>
<td>6. The PPR will be conducted and a Periodic Program Review Report will be generated.</td>
</tr>
<tr>
<td>5/2015</td>
<td>8. Both the Periodic Program Review Report and Periodic Program Review Action Plan developed by the GMEC Compliance and Accreditation Subcommittee will be sent to the PD within 30 days of the PPR.</td>
</tr>
<tr>
<td>5/12/2015</td>
<td>9. The Periodic Program Review Report and Periodic Program Review Action Plan created by the GMEC Compliance &amp; Accreditation Subcommittee are presented to the GMEC.</td>
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