Section 3  Evaluation and Assessment Processes  Effective:  October 2001


Responsibility:  Designated Institutional Official

GMEC Oversight of ACGME-Accredited Programs

Purpose
It is the responsibility of the Graduate Medical Education Committee (GMEC) to oversee the quality of Graduate Medical Education and the learning and working environment for ACGME-accredited programs. The GMEC assures the quality of educational experiences in each program by examining quantifiable metrics and educational outcomes. This oversight process is designed to facilitate a culture of continuous quality improvement.

Policy
Oversight of ACGME-accredited programs will consist of Accreditation Data System Update Review, Annual Program Evaluation, Periodic Program Review, Special Program Review, Pre Self-Study Review and Mock Site Visit:

- **Accreditation Data System (ADS) Update Review**
  GME Faculty will review all ADS updates submissions. Four weeks prior to the submission deadline, the proposed update should be ready for review. Program leadership will receive feedback regarding their proposed submission at least two weeks prior to the submission deadline.

- **Annual Program Evaluation (APE)** conducted by the program and reviewed by the GMEC Compliance & Accreditation Subcommittee - see GME Policy 3.5

- **Periodic Program Review (PPR)**
  - PPRs will be conducted approximately midway between the last Site Visit and the scheduled Pre Self-Study Review.
  - See Addendum B, Periodic Program Review Protocol.

- **Special Program Review (SPR)** (IR I.C.4.e.)
  - SPRs may be triggered by one or more of the following:
    - Negative communication from the ACGME
    - Resident complaint to ACGME
    - Duty hours non-compliance
    - Negative ACGME Faculty Survey trends
- Negative ACGME Resident Survey trends
- Significant concerns from APE
- Match issues
- Resident attrition
- Scholarly activity deficiencies
- Negative Milestones trends
- Other at the discretion of the DIO
  - An SPR may be focused on specific areas or concern or may be broader in scope.
  - See Addendum C, Special Program Review Protocol.

- **Pre Self-Study Review (PSSR)**
  - The PSSR will be conducted approximately 2 years prior to the scheduled Self-Study.
  - See Addendum D, Pre Self-Study Review Protocol.

- **Mock Site Visit (MSV)**
  - The MSV format will be developed consistent with the ACGME Self-Study Visit protocol as it becomes available.
  - See Addendum E, Mock Site Visit Protocol.

**Consequences of chronic and persistent program deficiencies**

This oversight process is designed to facilitate a culture of continuous quality improvement. In the event that this process reveals a significant lack of substantial compliance with ACGME and other requirements, a program may be subject to more intense levels of scrutiny. Consequences of failure to maintain substantial compliance include the following:

- Repeat Special Program Review – the GMEC may recommend a repeat SPR to further clarify areas of deficiency; this step is not mandatory
- Internal Probation – the GMEC may recommend that a program be placed on the status of Internal Probation. Consequences of Internal Probation may include:
  - More frequent and intensive reporting on issues of concern in the SPR
  - Recommendations for replacement of key faculty/leadership within the program
  - Other interventions as appropriate
  - Recommendation for Voluntary Withdrawal of Accreditation by the appropriate ACGME Review Committee

**References**

ACGME Institutional Requirements Effective 7/1/15, I.C.4.e.