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|  <p><b>All HFHS Includes:</b><br/>           Behavioral Health Services<br/>           Community Care Services<br/>           Corporate Services<br/>           Henry Ford Hospital<br/>           Henry Ford Medical Group<br/>           Kingswood Hospital<br/>           Macomb Hospitals<br/>           West Bloomfield Hospital<br/>           Wyandotte Hospital</p> | <b>Policy Name/Subject:</b> Annual Program Evaluations (MEP 235)  |  | <b>Policy No:</b> MEP 235   |
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|  | <b>Author:</b> Graduate Medical Education Policy Management Members   |  |   |
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## Background

To define Henry Ford Health System's Graduate Medical Education Committees' (GMEC) responsibilities related to effective oversight of all ACGME-accredited programs' annual evaluation and improvement activities (I.B.4.a.4) and establish a template for required program policies related to individual Program Evaluation Committees (CPR: V.C).

**Policy** The Henry Ford Health System Graduate Medical Education Committees (GMEC) are responsible for oversight of all graduate medical education programs in accordance with the [Accreditation Council for Graduate Medical Education \(ACGME\) Institutional Requirements](#). The GMECs review all Annual Program Evaluations and Improvement Plans annually as a component of their Annual Institutional Reviews.

## Program Evaluation Committees

Each ACGME-accredited program shall establish a program-specific policy which establishes the responsibilities, procedures and membership of its Program Evaluation Committee (PEC) which is responsible for:

1. Planning, developing, implementing and evaluating educational activities of the program;
2. Reviewing and making recommendations for revisions of competency-based curriculum goals and objectives;
3. Addressing areas of non-compliance with ACGME standards;
4. Reviewing the program annually using the prior academic year's data including evaluations of faulty, residents and others;
5. Rendering a written Annual Program Evaluation (APE), using the format approved by the GMEC, which addresses:
  - a. Resident performance
  - b. Faculty development
  - c. Graduate performance, including performance of program graduates on the certification examination
  - d. Program quality
  - e. Progress on the previous year's Improvement Plan

6. Preparing a written Improvement Plan (IP) of action, using the format approved by the GMEC, to document initiatives to improve performance in one or more of the areas listed in #5 above.
  - a. The IP must also delineate how the initiatives will be measured and monitored.
  - b. The IP must be reviewed and approved by the teaching faculty and documented in minutes.
  - c. The APE and IP must be completed and submitted to the Graduate Medical Education Office by August 31 of each year.

### ***Review of Annual Program Evaluations & Improvement Plans***

Annual Program Evaluations (APEs) and Improvement Plans (IPs) for all ACGME-accredited programs are reviewed by the GMECs. If a GMEC Subcommittee is used, the Subcommittee presents summaries and recommendations to the GMEC each year as part of the Annual Institutional Review.

**GMEC Subcommittees:** Subcommittees are formed based on the ACGME distributions (hospital, medical, or surgical) and provide for peer mentoring and development. A resident must serve on each Subcommittee. The Program Director, or designee, must serve on their assigned subcommittee and fully participate in developing a consensus recommendation to the GMEC; all program directors are assigned APE review responsibilities.

Subcommittees review program APEs and IPs beginning September 1. The Subcommittees present to the GMEC at its November meeting:

1. Summaries of each APE and IP
2. Recommendations, including Special Reviews for programs which are deemed underperforming in accordance with [Medical Education Policy 236](#).