SUBJECT: Institutional Program Review Committee Policy and Protocol (replaces Internal Reviews of Graduate Medical Education Programs)

INTENT: The Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements require a regular review of all residency and fellowship programs, as well as the Sponsoring Institution, to assess their compliance with applicable ACGME Requirements. This function is a responsibility of the Graduate Medical Education Committee (GMEC). All ACGME-accredited programs sponsored by the University of Florida College of Medicine as well as the Sponsoring Institution must undergo an annual program review (APR) conducted by the Institutional Program Review Committee (IPRC). Members of the IPRC are appointed (or reappointed) by the GMEC.

POLICY STATEMENT: The Graduate Medical Education Committee (GMEC) is responsible for the development, implementation and oversight of the IPRC process. These responsibilities are accomplished by the IPRC which is appointed by the GMEC. The GME Office, under the direction of the Associate Dean, and the Chair of the IPRC coordinate Annual Programmatic and Special Reviews in accordance with this written protocol.

DESCRIPTION: 1. The IPRC will consist of GMEC members, residents from several residency programs, faculty members not on the GMEC, hospital administrators, GME Educator, and the manager of GME. From time to time, other individuals may be appointed at the discretion of the Chair, GMEC. The Associate Dean for GME will select a chair from among its members.

2. Reviews will be conducted throughout the year. The Chair of the Committee assisted by the GME Manager will prepare a schedule of reviews for the entire academic year. Routine reviews will be conducted by the committee without the need for the program director’s attendance. However, special reviews conducted by the committee will require the program director’s attendance and may require additional faculty as well as housestaff from the involved program. There are two major components to a program’s routine annual review: 1) Annual GME Program Performance Assessment Data (see below); and 2) Institutional Anonymous Resident Survey (approximately every 3 years but at a minimum 2 years prior to the next Self-Study Visit). The Annual GME Performance Assessment will include, among other data at the discretion of the IPRC chair:
Academic/Overall Assessment of Quality of Training Program

- Step 1 and 2 scores of incoming class
- Match results
  - Number of recruits from Top 50 medical schools
  - Number of recruits who are AOA or Gold Humanism Society
- Board pass rates for the previous 5 years
- In-service (or in-training) exam scores
- OSCE performance
- Step 3 pass rates at various levels
- Case log data, if applicable
- Milestones/EPAs—at the program level, not individual resident
- Last site visit/internal review/self-study results, annual letters of notification from the ACGME in the NAS
- ACGME Resident / Fellow Survey Results (when available)
- ACGME Faculty Survey Results (when available)

Scholarly Activity/Leadership: The following will be assessed for housestaff, core faculty, and the program director

- # Publications and percentage of residents with publications
- #Local, state, regional, national, international presentations
- #Local, state, regional, national awards
- #Research Grants
- #Serving on department/program, hospital, state, regional, national committees or other leadership positions
- #Who participated in leadership training (Faculty development would qualify here)

Quality Improvement / Patient Safety Involvement: The following will be assessed for housestaff, key faculty, and the program director:

- # % with documented involvement in QI projects or other continuous quality improvement efforts
- # with IRB-approved QI projects
- # with QI presentations at local, state, regional, national presentations
- # with QI publications or grants
- PSR Completion
- Root cause analysis participation
- Participation in a department-based, interdisciplinary, or
hospital-wide quality improvement conference

- Documented curriculum in patient safety and QI
- Completion of basic modules in IHI Open school

Community/volunteer service: The following will be assessed for housestaff, faculty, and program director:

- Participation in community service projects (e.g. Equal Access Clinic, Mobile Medical Bus, Helping Hands)
- Community education outreach programs
- #Inducted into the Chapman Society

Promotion of diversity: The following will be assessed for housestaff, faculty, and program director:

- Participation in educational experiences (didactics, online modules, etc.) regarding the promotion of diversity in the work environment.
- Participation in hospital, university, state, or national committees regarding the promotion of diversity in the work environment.

Reduction of health disparities: The following will be assessed for housestaff, faculty, and program director:

- Participation in educational experiences (didactics, online modules, etc.) regarding the reduction of health disparities.
- Participation in hospital, university, state, or national committees regarding the reduction of health disparities.

Teaching: The following will be assessed for housestaff, faculty, and the program director

- Didactic/lectures taught for program
- Didactic/lectures taught outside of program (to other departments, outside institution, etc.)
- Grand Rounds given for the program
- Grand Rounds given to outside program (to other departments, outside institution, etc.)

Evaluation: The following will be assessed for faculty and housestaff

- Completion of New Innovations evaluations in a timely fashion (within 2 weeks of end date of end of experience)
  - % completion of resident / fellow evaluations by faculty
  - % completion of faculty evaluations by residents / fellows
  - % completion of resident evaluations of program
  - % completion of faculty evaluations of program
  - % completion of resident/fellow evaluations of required experiences/rotations?
% semiannual and final evaluations completed in New Innovations

Duty hours
- % Resident logging in New Innovations within current month
- % violations (numbers, types, etc)

Supervision/Handoff
- Are there policies in place?
- How is it accomplished?
- Documentation that these policies have been confirmed in NI by both faculty and housestaff.

From where will the data be derived/accessed?
- Data may be obtained from multiple sources including but not limited to WebADS, New Innovations, the ACGME Annual Resident and Faculty Surveys, ACGME Annual Update, committee surveys of residents, ACGME correspondence, ACGME case logs, Patient Safety Reports (PSRs), informal/formal complaints, DIO GME Annual Performance Assessment, OSCE data, requests for data from the Program Director (most data will be available from other sources, however)

The second component of the annual program review will involve direct housestaff input. At least once every 3 years, the IPRC will conduct an on-line anonymous survey of all residents in the program (at least 80% completion rate is required). As needed, the IPRC will meet with peer-selected residents (at least 2 from each level) from each program. This meeting will allow for resident input into how well they perceive that the program is meeting their needs. Information from this overall review will be summarized and provided to the program to help them in their continuous improvement efforts. The timing of these resident reviews will be such that the program should have a resident review 2 years prior to the anticipated self-study visit to assist with preparation.

SPECIAL PROGRAM REVIEWS (SPRs)

In the process of the annual program reviews, should the IPRC become concerned about a program’s performance, an SPR will be triggered. The chair of the IPRC and/or the DIO may trigger an SPR at any time. Specific triggers which will likely result in an SPR include:
- Consistent or downward trends in the annual program review data signaling a lessening of the quality of the program or training experience.
• Triggers result from deterioration of only one data point or set if particularly egregious (e.g. continuous or increasing duty hour violations or patient safety issue) but most likely if multiple issues are identified.
• A single issue will lead the PRC to look deeper which could reveal multiple issues.
• A program director, faculty, or resident in an individual program may request a special review at any time.

SPRs will usually be focused on the key areas of deficiency that are identified from annual program review data, not all aspects of the program. However, when multiple issues are identified, a full review of the program may be initiated, similar to the previous internal review process and will involve the program director, key faculty, and housestaff. The IPRC will work with the program to come up with ideas and solutions to help the program in their efforts to improve.

ANNUAL INSTITUTIONAL REVIEW (AIR)

The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR).

The IPRC must conduct an annual review of the Sponsoring Institution's effectiveness in meeting ACGME Institutional, Common, and Programmatic Requirements. Data for the institutional review will include all data for individual annual program reviews and the following:

- results of the most recent institutional self-study visit
  - results of ACGME surveys of residents/fellows and core faculty
  - notification of ACGME-accredited programs’ accreditation statuses and self-study visits

The Manager of GME will prepare a summary of the APR, SPR, or AIR and forward a draft copy via e-mail to each member of the IPRC. Each member must review the summary and return it with any noted comments. Once all comments have been received, a final overview document is created and forwarded to the GMEC for approval. If it is found that the program needs to address issues identified during the APR, the program will be requested to address these issues in writing to the IPRC of GMEC. All follow-up responses are reviewed by the IPRC and reported to the GMEC.

The final overview document and all subsequent follow-up responses constitute the Annual Program Review for each program.
The APR and SPR summaries, action plans and monitoring mechanisms of the GMEC are forwarded to the DIO, Senior Associate Dean for Education, Departmental Chair, Program Director, Dean College of Medicine and to the CEO of any participating institutions.

An executive summary of the Annual Institutional Review as well action plans with follow-up will be submitted to the Institutional Governing body and organized medical staff and presented in person to the College of Medicine Executive Committee.

Program compliance with the requests from the IPRC will be tracked. Programs failing to fully comply within deadlines established by the GMEC and IPRC will be subject to DIO-level administrative corrective action.

Last Reviewed and Approved: Graduate Medical Education Committee December 2013.