

Section 3	Evaluation and Assessment Processes	Effective:	October 2001
Policy 3.1.	GMEC Oversight of ACGME-Accredited Programs	Revised:	September 2003, October 2006, December 2007, June 2012, May 2014, February 2015, March 2016, July 2017, September 2019, May 2021, July 2021
		Responsibility:	Designated Institutional Official

GMEC Oversight of ACGME-Accredited Programs

Purpose	<p>It is the responsibility of the Graduate Medical Education Committee (GMEC) to oversee:</p> <ul style="list-style-type: none"> • the accreditation status of its ACGME-accredited programs, • the quality of the GME learning and working environment within each of its ACGME-accredited programs and its participating sites, • the quality of educational experience in each ACGME-accredited program, and • the ACGME-accredited programs' annual program evaluations and self-studies. (ACGME IR I.B.4.)
Policy	<p>Oversight of ACGME-accredited programs will consist of <u>Accreditation Data System Update Review</u>, <u>Annual Program Evaluation</u>, <u>Special Program Review</u>, <u>pre-Site Visit Comprehensive Review</u>, <u>Self-Study Summary Review</u> and <u>Mock Site Visit</u>:</p> <ul style="list-style-type: none"> • <u>Accreditation Data System (ADS) Update Review</u> (ACGME IR I.A.5.b).(2)) <p style="margin-left: 20px;">GME Faculty will review all ADS updates submissions. Three 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.</p> • <u>Annual Program Evaluation (APE)</u> (ACGME CPR V.C.1) <ul style="list-style-type: none"> ○ APEs will be conducted annually by the program and reviewed by the GMEC Compliance & Accreditation Action Committee. ○ See <u>Annual Program Evaluation Protocol</u>. • <u>Special Program Review (SPR)</u> (ACGME IR I.B.6) <ul style="list-style-type: none"> ○ SPRs may be triggered by one or more of the following: <ul style="list-style-type: none"> • Negative communication from the ACGME • Resident complaint to ACGME • Duty hours non-compliance

All proceedings and records of the Graduate Medical Education Committee are confidential and all professional review actions and communications made to the Graduate Medical Education Committee are privileged under Texas and federal law. TEX. OCC. CODE ANN. CHPS.151 & 160; TEX HEALTH AND SAFETY CODE §161.032; and 42 U.S.C. 11101 et seq.

	<ul style="list-style-type: none"> • 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 concernor may be broader in scope. ○ The SPR will be conducted by the DIO, a DIO designee, or a specially constituted panel and reviewed by the GMEC Compliance and Accreditation Action Committee. ○ See Special Program Review Protocol. • <u>Pre-Site Visit Comprehensive Program Review (CPR)</u> <ul style="list-style-type: none"> ○ The Pre-Site Visit Comprehensive Review will be scheduled 12-18 months prior to the scheduled ACGME 10-Year Accreditation Site Visit (refer to most recent Letter of Notification). ○ The review will be conducted by the Chair and Vice Chair of the GMEC Compliance and Accreditation Action Committee. ○ See Pre-Site Visit Comprehensive Review Protocol. • <u>Self-Study (SS) Summary Review</u> <ul style="list-style-type: none"> ○ The Self-Study (SS) Summary will be reviewed by GME Faculty prior to submission to the ACGME. ○ See Self-Study Summary Review Protocol. • <u>Mock Site Visit (MSV)</u> <ul style="list-style-type: none"> ○ The MSV format will be developed consistent with the ACGME 10-Year Accreditation Site Visit protocol as it becomes available.
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