I. Purpose
To provide a guideline for how the annual program evaluation (APE) is to be completed, reviewed and presented to the GMEC.

II. Scope
Covers all graduate medical education programs and associated programs at Rutgers Robert Wood Johnson Medical School

III. Definitions
Program Evaluation Committee: a committee formed by the program director that is charged with reviewing the associated training program on no less than an annual basis.
Annual Program Evaluation Sub-Committees: three sub-committees that are responsible for reviewing submitted APEs and reporting the results of this review to GMEC
Resident: for purposes of this policy, resident refers to a trainee in a graduate medical education program

IV. Responsibilities/Requirements:
A. The program director is responsible for an APE to be completed and submitted in a timely manner to the appropriate sub-committee
B. The APE must be presented at a faculty meeting and/or available for review by all faculty members.
C. The chair of the department is required to sign the APE
D. The chairs of the APE sub-committees (see below) are responsible for presenting the review of the APE to the GMEC
E. The GMEC is responsible for reviewing the reports as submitted by the APE sub-committees.
F. Policy/Procedure for APE
   i. The APE is to be completed by the program evaluation committee, functioning in accordance with ACGME requirements.
      1. an APE must be completed even if there are no residents currently enrolled in the program
   ii. The following items are to be reviewed as part of the APE:
      1. Action items from previous APE, including the status of the item (closed, ongoing)
      2. Board Passage Rate for previous 5 years
         a. Include first time passage rate
         b. Overall passage rate (as available)
         c. Compare to required board pass rate (e.g., ACGME)
      3. Duty Hours- review compliance, note rate of violations
4. Resident & Faculty Surveys - following evaluations should be reviewed with trend analysis
   a. ACGME surveys
   b. GME surveys
   c. Internal (program) surveys

5. Scholarly Activity for core faculty and residents - table from webADS (as applicable) should be included with report. Any other scholarly activity that PEC feels is appropriate should be included.

6. Quality/Performance Improvement - list resident, PI project/committee, note whether planned, ongoing or completed and mentor

7. Curriculum Analysis
   a. Verify that curriculum has goals and objectives specified by level of training
   b. Summary of resident and faculty evaluation of the curriculum
   c. Recommended changes to the curriculum
   d. Recommended educational activities for the upcoming year

8. Faculty Development Activities
   a. Indicate if activity was developed by department/division

9. Attrition in residency program or core faculty, including analysis of impact, if any

10. Resident Milestone Data - review resident performance in comparison to national data if available

11. Program Letters of Agreement - reviewed and current

12. Policies - reviewed and current

13. Case Logs - review case logs of most recent graduating class to ensure meeting ACGME requirements

14. Participating Sites - program director has met with site director within past year; note any comments

15. Identified Areas of non compliance with ACGME standards - corrective plan should be listed as part of action plan

16. Residency Size - list educational rationale (including workforce analysis), educational and financial resources (in place, planned, needed) and timeline

17. Program Director Concerns
   iii. The report is to conclude with an action plan which includes the item, proposed action, leader and target date
   iv. The report is to list the members of the PEC that participated in the review, the date of the review and the date it was presented to the faculty

G. Policy/Procedure for review of APE
   i. Three sub-committees are charged with reviewing the APEs. These committees are:
      1. Medical based specialties
      2. Surgical based specialties
      3. Hospital based specialties
   ii. Programs will be assigned to the committees based on the ACGME descriptions
iii. Each committee will have a chair and a number of members (including at least one resident) that is equivalent to one third of the total programs in that particular group
   1. Program directors, assistant/associate program directors, program coordinators and residents are eligible to serve on the sub-committees
   2. The chair of the sub-committee must be a program director or an assistant/associate program director

iv. The committee will be responsible for reviewing the APEs from their assigned programs. This review is to note:
   1. that the review is complete and meets all requirements
      a. the sub-committee can determine that programs may be exempt from completing certain items, based on specific factors (for example, is a non-ACGME accredited program)
   2. commendable items
   3. concerning items
   4. If the program is requesting a change in size, the committee must give their opinion of this
   5. overall recommendation for the program
      a. continue
      b. action needed
         i. items and needed resources must be identified
      c. closure
         i. if closure is recommended, this is to be presented to the appropriate departmental chair and the DIO prior to submission to GMEC

v. The review is documented on the evaluation of the APE form and presented to the GMEC by the chair of the sub-committee

vi. Each committee is responsible for ensuring that all programs under that committee complete the APE on an annual basis and that the evaluation of the APE and presentation to GMEC is completed in a timely manner

APPROVED BY GMEC on September 10, 2013