**Program Evaluation Committee (PEC)**

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Introduction

The ACGME Program Requirements for Graduate Medical Education in Pediatrics outline expectations for “Program Evaluation and Improvement” (V.C., V.C.1. through V.C.2.). It is the requirement of the pediatric residency program director to appoint a Program Evaluation Committee (PEC) as part of continuous improvement and review of the overall learning environment in their program.

This chapter outlines the ACGME core requirements for “Program Evaluation and Improvement” through your PEC while providing examples of structure and process.

The annual product of the PEC is the Annual Program Evaluation (APE) and Action Plan, which is the guiding document for program improvement throughout each academic year. The work conducted by the PEC, in particular the APE, dovetails directly into data needed for the program’s annual ACGME WebADS update (see PD handbook chapter on WebADS update). The narrative portion of the WebADS update is the appropriate place to discuss major changes, areas for improvement, and recommendations by the PEC for programmatic revisions and/or innovations.

Membership

The Program Director appoints the PEC to include a minimum of two (2) program faculty (one must be a core faculty member) and at least one (1) resident. (Core)

Depending on your institution, program size, resources, and opportunities, your PEC membership can vary significantly beyond the minimum requirements. For example, the authors’ PECs are chaired by an Associate Program Director and includes program coordinator(s), chief residents, half to most of our core faculty, and numerous resident members. As heterogenous groups are more successful, it is important that PEC membership draws from multiple service lines, includes a diverse group of junior and senior faculty members, and includes residents from all PGY years.

Depending on the size of your program, you may select a certain number of residents from each class, or elect to open up membership to all residents who are interested. In our experience, having more residents on the PEC ensures a good complement of resident attendees at each meeting.

When appointing faculty members to the PEC, a PD should consider balancing members who offer institutional memory (i.e. faculty who were former residents or medical students in your institution) with those members who can offer fresh perspectives (i.e. new faculty who recently transitioned from outside institutions).

The PD should also consider succession planning, as the PEC is a great learning opportunity for faculty who are moving up the medical education ladder and aspire to be a leader in graduate medical education (GME).

Responsibilities

The main responsibility of the PEC is to advise the program director through program review and oversight. Specifically, expectations include:

* Reviewing program’s goals and action items and progress towards meeting them
* Developing new program goals
* Reviewing current learning environment
* Identifying strengths, challenges, opportunities and threats as related to the programs mission and aims (i.e. SWOT analysis)
* Completing the APE on an annual basis
* Completing the Self-Study assessment as indicated

Meeting Structure

*Frequency*

The ACGME does not dictate a frequency of meetings for the Program Evaluation Committee (PEC) beyond at least annual meetings.

The authors’ PECs meet several times per year and divide the responsibilities and data review across the meetings. As there is an abundance of data to review yearly (Table I) to optimize a residency program and prepare a thorough APE, residency programs may find that organizing PEC meetings to align with events in the academic calendar enhances the effectiveness of data review, which then results in a more complete APE and WebADS update.

For example:

**January**: Review American Board of Pediatrics certifying exam results and trend performance in each content area (see Figure 1)

**March**: Review match results, review feedback from recruiting season, review workforce diversity

**May/June**: review ACGME surveys, faculty teaching evaluations and rotation evaluations in aggregate, review last year’s APE and action plan, review/update program aims and SWOT analysis in preparation for APE and WebADS submission.review program scholarly productivity, including a survey of residents’ scholarly activities over the past academic year

**October**: review In-training exam (ITE) performance

In addition to routine PEC meetings, a separate PEC meeting or a task force of core PEC leaders will likely need to be conducted in order to complete the final report version of the Annual Program Evaluation (APE) and Action Plan.

Table I: Data to be reviewed by PEC

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| *Resident Performance:** Aggregate milestone assessments of graduating class
* ITE and certifying exam performance
* Scholarly activity and quality improvement work
* Well-being
* Recruitment and retention
* Workforce diversity
* Clinical work hour reviews
* Procedure, case logs, clinic logs
* Fellowship match performance
* Employment status at graduation
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| *Faculty Performance:** Scholarly activity and quality improvement work
* Well-being
* Recruitment and retention
* Workforce diversity
* Annual performance reviews/residents’ evaluation of faculty
* Faculty development logs and progress
* Didactic outputs and participation
* Evaluation completion rates
* Faculty Certification and MOC status
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| *Graduate Performance:** Practice pattern alignment with program’s mission and aims
* 7- year certification rates
* Geographic or institution retention rates
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| *Program Quality:** Curriculum and didactic program evaluations
* Resident evaluation of program
* Faculty evaluation of program
* ACGME survey results
* Review of past APE and Action plans
* ACGME Letter of Notification (LON) and areas for improvement (AFI) and/or citations
* Patient care data
* Resident evaluations of service lines/rotations
* Learning environment
* Program mission, vision, aims
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Figure 1: Trend of program’s content performance compared to national median (0)



*Efficient Data Sharing and Review*

In our experience, the PEC meetings are best used for discussion and problem-solving, rather than strictly data review. As our PEC has matured, we have transitioned to electronic data sharing (i.e. emailing a packet out prior to the meeting) for those items meeting compliance and saving the meeting for the areas of concern. For instance, if 80% of the rotation evaluations are positive with no constructive feedback, these are shared electronically for the PEC members to review as desired. Then the rotation evaluations that have areas of improvement are discussed live at the meeting.

*Confidentiality*

In contrast to the Clinical Competency Committee (CCC) which has no resident members, the PEC must include residents; thus, creating a potential vulnerability with regard to sensitive or confidential issues.

During program data review, there might be instances where program or individual data are not appropriate for the entire PEC to view, or instances where sharing data may have impact on program morale (i.e. poor board pass rate or needing to participate in SOAP for unfilled spots after match). Another routine example is the need to de-identify individual scores on the ITE report when reviewing the program’s ITE performance. Additionally, if there are faculty who have board certification lapses or issues, this may be best to share on an as-needed basis among program leadership. The PD and PEC must balance the need to be transparent regarding program issues, along with the need to protect the relationships and trust within a program.

*Action Items*

As data is reviewed and issues discussed, there can arise a multitude of potential actions. The PEC then must decide which opportunities or pain points should be tackled first. The PEC may engage in a discussion to identify “quick wins” or “low-hanging fruit” or “burning platforms.” In the absence of these items, however, the PEC must decide where to act first. One option is nominal voting. Another option might employ the use of the impact versus effort matrix.

As opportunities are discussed, it’s often appropriate to form task-forces from a subset of PEC members to work independently on an issue. Task force groups may also need to engage stakeholders or experts outside of the PEC in order to complete action.

Progress on short- and long-term action plans can be shared in each meeting, or a stop-light report could be made accessible on a residency program management site or shared drive for PEC members. An action plan tracking form template is also available on the ACGME website.

Annual Program Evaluation

The Annual Program Evaluation (APE) is developed through advisement of the PEC and is submitted annually to the DIO for review and approval by your institution’s Graduate Medical Education Committee (GMEC). Longitudinal data from successive APE’s will then inform your programs Self Study (see chapter on ACGME Accreditation).

The ACGME website offers a suggested and adaptable template to compile all pertinent and required information for your PEC to include in your APE.

On completion, the APE must include action plans and then be distributed and discussed with residents and teaching faculty and be submitted to the DIO.

Resources

1. ACGME Program Requirements for Graduate Medical Education in Pediatrics. AGME 2023. <https://www.acgme.org/globalassets/pfassets/programrequirements/320_pediatrics_2023.pdf> Accessed December 26, 2023.
2. Best Practices for Building and Supporting Effective ACGME Mandated Program Evaluation Committees <https://www.mededportal.org/doi/full/10.15766/mep_2374-8265.11039>
3. Annual Program Evaluation (APE), Program Evaluation Committee (PEC) & Self-study resources and examples: <https://med.stanford.edu/gme/program_portal/programs/acgme-resrc/ape_pec.html>
4. “The Year is Over, Now What? The Annual Program Evaluation” JGME Sept 2011
5. ACGME APE template: <https://www.acgme.org/programs-and-institutions/programs/self-study/>
6. Suggested Annual Program Evaluation and Self-Study Action Plan and Follow-Up Template: <https://www.acgme.org/globalassets/PDFs/SelfStudy/ActionPlanTrackingForm.docx>