Graduate Medical Education Committee
Special Review Policy

Purpose:
In compliance with ACGME requirements, the Graduate Medical Education Committee (GMEC) must demonstrate effective oversight of underperforming programs through a Special Review process. The Special Review process must include a protocol that establishes a variety of criteria for identifying underperformance and results in a timely report that describes quality improvement goals, corrective actions, and the process for GMEC monitoring of outcomes, including timelines.

Procedure:
GMEC and GMEC Compliance Subcommittee hold the authority to charter a Special Review.

A. Criteria for chartering a Special Review

1. A Special Review is chartered by the GMEC or the GMEC Compliance Subcommittee in response to issues threatening program accreditation or substantial concern regarding the program's administration, educational infrastructure or general program operations.
2. The GMEC Program Review Subcommittee may refer concerns or a request for a special review to the GMEC or the GMEC Compliance Subcommittee should routine review of an Annual Program Evaluation (APE) prompt concern regarding program underperformance serious enough to trigger a special review.
3. A Special Review may also be chartered by the Compliance Subcommittee if routine review of program accreditation data indicates underperformance that could lead to substantial accreditation issues during the current or future academic years.

B. Criteria used to identify underperformance or concerns substantial enough to warrant a special review include:

1. ACGME program accreditation decision of Initial Accreditation with Warning, Continued Accreditation with Warning or adverse accreditation statuses as described by ACGME policies if a special review has not already been performed on the program relevant to the issues resulting in the negative accreditation outcome
2. Lack of substantial compliance with ACGME program requirements evidenced through a significant number of new or extended citations

3. Significant non-compliance or significant year to year decrease in compliance in ACGME annual resident or faculty survey data
4. Significant noncompliance in ACGME graduate case log volumes such as multiple residents not meeting minimums in multiple case log categories
5. Significant or repetitive noncompliance in program work hours trends relative to ACGME requirements
6. Excessive program leadership or faculty turnover
7. Other significant or repetitive noncompliance with ACGME accreditation requirements
8. Serious or repetitive complaints or concerns relative to program administration or functioning or the learning environment

C. Composition

1. Special Reviews are conducted by the GMEC via the DIO and the GME Office through a team of reviewers reviewing program data, documents, and conducting interviews of residents, faculty, and individuals as relevant to the program's underperformance.
2. The Special Review team should include the following representation:
    a. at least one program director or faculty member from outside the program being reviewed,
    b. a resident from outside the program being reviewed,
    c. a GMEC Compliance Subcommittee member, and,
    d. the DIO or a designee.
    e. Others including hospital administrative representatives may also be invited to participate and the GME Accreditation Manager or other GME Office staff will participate ad hoc to assist with data retrieval/organization of materials for review.

D. Duties

Each Special Review should include an assessment of the below areas as relevant to the underperformance concerns prompting the special review underperforming program's:

1. Compliance with the ACGME program requirements
2. Effectiveness in addressing areas of non-compliance and/or concerns in previous ACGME accreditation letters of notification
3. Educational objectives and effectiveness in meeting those objectives
4. Educational and financial resources impacting underperformance, if applicable
5. Resident/fellow performance as measured through case log volumes, milestone achievement, and board certification rates
6. Faculty performance as measured through resident of faculty evaluations

E. Materials and data to be used in the Special Review process must include:
1. The ACGME program requirements in effect at the time of the review
2. The program's most recent ACGME letter of notification
3. The program's most recent ACGME resident and faculty survey data
4. Reports from previous special reviews of the program as applicable
5. At a minimum the program's most recent annual program evaluation and action plan
6. Results from internal or external resident/fellow surveys, as available
7. Faculty evaluation data aggregates

8. Resident milestone data, as applicable
9. Board certification data

F. The Special Review team must conduct interviews with:
   1. The Program Director and Associate Program Director(s) as applicable
   2. A representative sample of core clinical faculty, other non-physician faculty or staff involved in resident education or clinical work
   3. A representative sample of residents distributed across each level of training in the program
   4. Other individuals deemed necessary or appropriate

G. Upon completion of the special review, the DIO or designee must provide the Program Director with a verbal report of findings. A subsequent written report must be submitted to the GMEC Compliance Subcommittee and the Program Director with copies to the appropriate clinical site and department/division leader(s) containing, at a minimum:
   1. The name of the program reviewed
   2. The timeframe during which the special review was conducted
   3. The reason the special review was conducted
   4. The names and titles of the special review team members
   5. A brief description of how the Special Review process was conducted, including a list of the groups or individuals interviewed and the documents reviewed
   6. The program's ACGME accreditation status and if applicable, a list of the citations and areas of non-compliance or any concerns or comments from most recent ACGME accreditation letter of notification with a summary of how the program is addressing each area
   7. A summary of the special review findings
   8. A list of recommendations for quality improvement and corrective actions
   9. The process for GMEC monitoring of actions resulting from the special review

H. The chartering of and report from each Special Review must be presented at the Compliance Subcommittee meeting as part of that committee's responsibilities to the GMEC. The Compliance Subcommittee may suggest changes or additions to the special review report's GMEC monitoring process/schedule.

I. Upon receipt of the Special Review report, the Program Director, in collaboration with clinical site and/or department/division leadership as applicable, must provide a corrective action plan in response to the special review report recommendations regarding quality improvement and corrective actions. The GMEC and the GMEC Compliance Subcommittee, as part of its responsibilities to the GMEC, is responsible for ongoing monitoring of the program and verification that the program's corrective actions are complete.

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