Graduate Medical Education Committee
Special Review Policy

Policy

In compliance with ACGME requirements, the GMEC must develop, implement, and oversee a Special Review process for underperforming programs.

Procedure

Criteria for chartering a Special Review

A Special Review is initiated by the GMEC in response to issues threatening Program Accreditation or substantial concern regarding the program's administration, educational infrastructure or general program operations. The Compliance Subcommittee and the Internal Self-Study Subcommittee hold the authority for GMEC to charter a Special Review.

A Special Review is 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. Data routinely reviewed by the Compliance Subcommittee which could trigger a Special Review includes but is not limited to the following: ACGME letters of notification, program Case Log volume, Duty hours logs, and Resident/fellow and Faculty ACGME Surveys. A Special Review is chartered by the Internal Self-study subcommittee if a routine program internal self-study evaluation reveals underperformance that could lead to substantial accreditation issues regarding the program's educational infrastructure or general program operations. Data that is routinely reviewed by the Internal Self-study Subcommittee that could trigger a Special Review includes any program data reviewed by the Compliance Subcommittee in addition to other program indicators including but not limited to documentation from the program's Annual Program Evaluation (APE), and Clinical Competency Committee (CCC).

Composition

Special Reviews are conducted ad hoc by the GMEC via the GME Office. Special Reviews include members of the Internal Self-Study Subcommittee, other GMEC members, or GME faculty as needed to include the following representation: a program director or other faculty member from outside the program being reviewed, a resident/fellow from outside the program being reviewed, the Lexington VA Medical Center Associate Chief of Staff for Education (or designee) when applicable and the Assistant or Associate Dean for Graduate Medical Education/DIO. Others such as hospital administrative representatives may also be invited to participate.

Duties

Each Special Review should assess the reviewed programs:

- Compliance with the Common, specialty/subspecialty-specific Program, and Institutional requirements;
- Educational objectives and effectiveness in meeting those objectives;
- Educational and financial resources;
- Effectiveness in addressing areas of non-compliance and concerns in previous ACGME accreditation letters of notification
- Effectiveness of educational outcomes in the ACGME general competencies;

- Effectiveness in using evaluation tools and outcome measures to assess a resident's/fellow's level of competence in each of the ACGME general competencies; and
- Annual program improvement efforts in resident/fellow performance using aggregated resident/fellow data, faculty development, graduate performance including performance of program graduates on the certification examination, and program quality; and
- Resident performance relative to the milestones.

Materials and data to be used in the Special Review process must include:

- The ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements in effect at the time of the review;
- Accreditation letters of notification from previous ACGME reviews, self-studies, and progress reports sent to the respective RRC;
- Reports from previous special reviews of the program as applicable
- Previous annual program evaluations; and,
- Results from internal or external resident/fellow surveys, as available.

The Special Review committee must conduct interviews with:

- the program director and associate program director(s) as applicable
- an appropriate representation of core clinical faculty up to 10 individuals involved in house staff education and all applicable non-physician faculty
- peer-selected residents/fellows distributed across each level of training in the program based on the total complement using the following guidelines:
    - Total complement 0-8 requires all to be present
    - Total complement 9-20 requires 6-8 representatives
    - Total complement 21-40 requires 10-12 representatives
    - Total complement 41-60 requires 12-14 representatives
    - Total complement 61 or more requires 14 representatives, and
- other individuals deemed appropriate by the committee.

A verbal report from the committee to the Program Director must be provided at the time of the Special Review with a subsequent written report submitted to the Program Director with copies to the appropriate clinical chairperson and division chief (if applicable) containing, at a minimum:

- The name of the program reviewed;
- The date of the review;
- The names and titles of the review committee members;
- A brief description of how the Special Review process was conducted, including the list of the groups/individuals interviewed and the documents reviewed;
- Sufficient documentation to demonstrate that a comprehensive review followed the GMEC's Special Review protocol;
- A list of the citations and areas of non-compliance or any concerns or comments from previous ACGME accreditation letter of notification with a summary of how the program and/or institution subsequently addressed each item; and,
- A list of Special Review committee recommendations for quality improvement documented in three categories: areas of noncompliance, areas of concern, and areas of suggested enhancements.

The chartering of and report from each Special Review must be presented at the Compliance Subcommittee meeting as part of that committees responsibilities to the GMEC. Indication of the Special Review having been performed and the written report to be provided to the Program Director will be review by the Compliance Subcommittee who will then determine the timing for follow-up and subsequent reporting.

The Program Director must provide to the Compliance Subcommittee a corrective action plan for all areas of noncompliance and areas of concern on the written report as directed by the Compliance Subcommittee. Any need for additional resources must be indicated by the Program Director. The DIO and the Compliance Subcommittee, as part of it responsibilities to the GMEC, must monitor the response by the program to actions recommended by the Special Review process including appropriate updates on the corrective action plan.

On occasion, the GMEC and/or a program may elect to seek an additional, external review by persons outside the institution.

GMEC Approved: 11/27/2013