



**Purpose:**

- To define underperforming ACGME-accredited residency and fellowship programs.
- To define the GMEC special review processes, including criteria for convening a Special Review Committee (SRC).
- To define methods to oversee and resolve the issues.

**Policy:**

The GMEC will establish criteria for identifying program underperformance, develop protocols to use for special reviews and provide reports that describe the quality improvement goals and corrective actions that the program will use and the process that the GMEC will use to monitor outcomes.

A mock review may occur at the request of the Program Director or DIO. The purpose of a mock review is to provide useful information for a program to improve. The mock review report will be an internal program document and will not be monitored by GMEC, unless at the request of the Program Director or DIO. A mock review shall not be a substitute for a special review when a special review is indicated.

**Procedure:**

The GMEC will identify underperformance through the following established criteria, which may include, but are not limited to, the following:

Program attrition

1. Change in program director more frequently than every 2 years.
2. Greater than 1 resident/fellow per year resident attrition (withdrawal, transfer or dismissal) over a 2 year period.

Loss of major education necessities

1. Changes in major participating sites.
2. Consistent incomplete resident complement.
3. Major program structural change.

Recruitment underperformance

1. Unfilled positions over three years.

Evidence of insufficient scholarly activity

1. Graduating residents – Lack of evidence of sufficient scholarly activity.
2. Faculty (Core) – Lack of evidence of sufficient scholarly activity.

Low board pass rate

1. Below acceptable by ACGME specialty standards

Case logs/Clinical experience insufficient

1. Below acceptable by ACGME specialty-specific standards



ACGME surveys

1. Resident survey

- Less than 60% completion rate
- Resident overall dissatisfaction with the program, including but not limited to egregious single year issues and issues that extend over more than one year.

2. Faculty survey

- Less than 60% completion rate
- Faculty overall dissatisfaction with the program, including but not limited to egregious single year issues and issues that extend over more than one year.

Non-compliance with responsibilities

1. Failure to submit milestones data to the ACGME.
2. Failure to submit data to requesting organizations or GMEC (ACGME/ABMS).

Inability to demonstrate success in the CLER focus areas

1. Patient Safety
2. Health Care Quality
3. Care Transitions
4. Supervision
5. Well-Being
6. Professionalism

Inability to meet established ACGME common and program specific requirements.

1. Multiple significant RRC citations, notification from RRC of unresolved citations or new citations or other actions by the ACGME resulting in expedited reporting requirements, probation or any other significant adverse action.

**Special Review:**

A special review will occur when:

1. A program has met three or more of the above criteria.
2. A severe and unusual deficiency in any one or more of the established criteria.
3. There has been a significant complaint against the program.
4. Newly accredited programs in the second six months of its initial training year (full review).
5. A program receives accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, or adverse accreditation statuses as described by ACGME policies.
  - If a Special Review has recently occurred prior to the issuance of the accreditation status, another Special Review is not required.
6. Transferred programs from a different Sponsoring Institution.
7. At the request of the DIO or Program Director.



**Establishment of a Special Review Committee (SRC):**

The DIO will schedule a Special Review to occur within 120 days of a program being identified as underperforming.

The SRC will include the DIO and a faculty voting member of the GMEC who is not a member of the program under review. As they deem necessary, a resident member of the GMEC and additional faculty and residents who are not members of the program under review, could also be included. The members of the program to be interviewed should include, but are not limited to, the program director, other key faculty members and peer selected residents/fellows. Other individuals as determined by the Special Review Committee also could be interviewed. The DIO will determine materials and data to be used during the Special Review. The Special Review Committee will conduct the special review through review of materials, data and other information provided by the program and through interviews with identified individuals.

**Special Review Reporting:**

The Special Review Committee will prepare a timely written report to be presented to the GMEC for review and approval. This report should be presented to the GMEC no later than the next regularly scheduled GMEC meeting, unless otherwise directed by the DIO. At a minimum, the report must contain:

1. A description of the quality improvement goals to address identified concerns,
2. A description of the corrective actions to address identified concerns and
3. The process for the GMEC to monitor outcomes of corrective actions taken by the program, including timelines.

**Monitoring of Outcomes:**

The GMEC will monitor outcomes of the Special Review by documenting discussions and follow up in the GMEC minutes.