

Policy Title	Special Review Process
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POLICY	
PURPOSE	The purpose of this policy is to define and outline a process by which the GMEC demonstrates effective oversight of underperforming program(s) through a Special Review process, which includes a protocol that establishes criteria for identifying underperformance and results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.
SCOPE	<p>The policy applies to all MHS-sponsored GME residency training programs, both accredited and non accredited. The term "resident" refers to all medical graduate trainees (interns, residents, fellows) in all postgraduate GME training programs sponsored by MHS.</p> <p><i>Note:</i> In addition to being subject to specific policies and procedures required by all applicable accrediting bodies, GME Residents are also subject to policies and procedures applicable to MHS employees generally and enjoy those benefits of employment applicable to MHS employees of comparable classification.</p>
ACRONYMS	ACGME — Accreditation Council for Graduate Medical Education CAO — Chief Academic Officer CLER — Clinical Learning Environment Review CMO (H) – Chief Medical Officer of individual hospitals in MHS CMO (S) – Chief Medical Officer of MHS CPME – Council on Podiatric Medicine DIO — Designated Institutional Official GMEC — Graduate Medical Education Committee OAA – Office of Academic Affairs PD — Program Director PGY — Postgraduate Year MHS — Memorial Healthcare System RRC — Resident Review Committee
DEFINITIONS	N/A
PROCEDURES	<p>Criteria for Identifying Underperformance</p> <p>Underperformance by a GME program will include, but not be limited to, the following as applicable to the specific GME program:</p> <ol style="list-style-type: none"> 1. Program attrition (e.g., frequent change in PDs, high number of resident transfers or dismissals) over a 2-year period 2. Dissatisfaction with the program as demonstrated by resident and/or faculty surveys 3. Resident recruitment issues (e.g., consistently unfilled positions) 4. Faculty recruitment issues and/or attrition over a 2-year period 5. Unsatisfactory evidence of PD, faculty, and/or resident scholarly activity 6. Low board-pass rates that do not meet ACGME specialty standards 7. Case log data of recent graduates that indicates minimum requirements are not being met 8. Unanticipated, unexplained, or frequent program format/curricular changes (e.g., number of major participating sites)

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9. Inability to fulfill ACGME Common Program Requirements, as demonstrated by unsatisfactory self-study findings, ACGME corrective action or communication about a program that indicates substantive noncompliance
10. Notification from RRC, including but not limited to requests for progress reports, additional site visits, unresolved citations, new citations, concerns resulting from ACGME annual program review data or other adverse RRC action
11. Inability to demonstrate success in the CLER focus areas (i.e., patient safety, quality, care transitions, supervision, professionalism, and duty hours/fatigue management)
12. Noncompliance with responsibilities (e.g., failure to submit data to the OAA, GMEC and/or ACGME)
13. Self-report by a PD, faculty member, or resident
14. AIR Sub-committee Review of Annual Program Evaluation reveals deficiencies in three (3) or more of the GME metrics.

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1. The DIO will notify the PD of the need for a Special Review if one of the following is true:
 - a. Three or more indicators described above apply.
 - b. A severe and unusual deficiency in any one criterion exists.
 - c. There has been a significant complaint against the program.
 - d. ACGME or RRC concerns that are communicated to the DIO.
 - e. The DIO deems it necessary.
2. A Special Review Panel will be established and meet within 45 calendar days of PD notification. The Special Review Panel will include, at minimum:
 - a. A member of the GMEC, serving as the Chair of the Special Review Panel.
 - b. A peer faculty member (e.g., from a program other than the one under review or its subspecialty, if applicable).
 - c. A peer resident (e.g., from a program other than the one under review or its subspecialty, if applicable).
 - d. A representative from the OAA, providing staff support.
3. The Chair of the Special Review Panel, in consultation with the DIO and GMEC, as well as other persons as appropriate, shall identify the specific concerns to be reviewed as part of this process. The following materials and data will be included in the review:
 - a. ACGME Specialty, Common Program, and Institutional Requirements
 - b. Accreditation letters and other notification materials from the ACGME and/or respective RRC
 - c. Results from internal program reviews or self-studies
 - d. Interviews with the PD, key faculty members, at least one resident from each PGY (chosen by the DIO or Chair of the Special Review Panel), and other individuals deemed appropriate
 - e. AIR subcommittee data elements
 - f. Programs' Annual Program Evaluation (APE)
 - g. Resident academic files
 - h. ACGME survey results of residents and faculty
 - i. In training Exam or Board Scores

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	<p>j. Other materials the Special Review Panel may deem necessary and appropriate</p> <p>4. Within 14 business days of meeting, the Special Review Panel will submit a written report to the DIO and GMEC that includes, at minimum, a description of the review process and the findings and recommendations of the panel, including:</p> <ol style="list-style-type: none"> A description of the quality improvement goals. A description of corrective actions designed to address the identified concerns. The process for GMEC to monitor outcomes of corrective actions taken by the program. Date of re-review, if indicated <p>5. The GMEC may, at its discretion, choose to modify the Special Review Report before accepting the final version.</p> <p>6. The GMEC will monitor outcomes of the Special Review by documenting discussions and follow-up in the GMEC minutes.</p>
REFERENCES	ACGME Institutional Requirements, effective July, 2018 ACGME Common Program Requirement, effective July 2020 ACGME Program Specific Requirements – most recent as per RRC specialty
ORIGINAL ISSUE DATE	June 8, 2015
REVIEW/REVISION DATES	July 2020
POLICY OWNER	Office of Academic Affairs If any of the statements contained in this policy conflict with any verbal statements or agreements made by any representatives of MHS, then the statements contained in this policy shall control the outcome of any such conflict. Memorial reserves the right to modify this policy in whole or in part, at any time, at the discretion of the Healthcare System or as required by applicable law, regulation, or governing/accrediting body. Employees who have questions regarding information contained in this policy should contact the Office of Academic Affairs. This policy is intended to supplement standard MHS Human Resources (“HR”) policies. To the extent that this policy conflicts with any MHS HR policy, the standard HR policy shall govern and control.