GMEC Program Oversight through Program Review

GMEC approved: July 2014
GMEC revised and approved: October 2016

Policy
The GMEC is responsible for oversight of all graduate medical education programs in accordance with the ACGME. This oversight will consist of program reviews dependent on program performance.

Standard Program Reviews

- **Periodic Program Reviews**
  These reviews will be conducted at the mid-point of a program’s ACGME accreditation period

- **Pre-Self Study Review**
  These reviews will be conducted two years prior to a program’s projected self-study date.

- **Mock Self-Study**
  These reviews will be done at some point immediately prior to the scheduled self-study date.

Corrective Program Reviews

Special reviews (IR I.B.6)

The GMEC conducts special reviews of all underperforming accredited residency and fellowship programs (see § 0 “2.1 GMEC Composition and Responsibilities (IR I.B.4.).

Criteria for identifying underperformance

One or more of the following criteria that deviates from expected results may result in the scheduling of a Special Review:

- Initial Accreditation Status – in preparation for self-study
- Adverse ACGME Accreditation Status, e.g. accreditation with warning, probationary accreditation, withdrawal of accreditation, reduction in complement
- Unfavorable annual communication from ACGME (LON), e.g. new citations, new concerning trends, extended citations
- Resident or Faculty complaint to the ACGME
- Resident or Faculty complaint to the GME office
- Program attrition – Faculty and/or Resident
- Program changes
- Deficiencies in scholarly activity
- Board pass rate not meeting the ACGME specialty RRC required rate
- Clinical experience deficiencies (patient or procedural logs – quantity and/or quality)
- Resident annual ACGME survey (negative trends/non-compliance)
- Resident annual GME survey (negative trends/non-compliance)
- Faculty annual ACGME survey (negative trends/non-compliance)
- Faculty annual GME survey (negative trends/non-compliance)
• Milestones and competencies – negative trends
• Concerns from APE
• Other indicators at the discretion of the DIO and GMEC

A program’s inability to demonstrate success in any of the following focus areas:

• Integration of residents/fellows into institution’s patient safety programs, program attrition
• Integration of residents/fellows into institution’s quality improvement programs and efforts to reduce disparities in health care delivery
• Establishment and implementation of supervision policies
• Transitions in care
• Duty hours policy and/or fatigue management and mitigation Education and monitoring of professionalism

The special review process results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

**Focused Reviews**
Focused reviews may be done at the discretion of the GMEC and may involve one or more criteria of an underperforming program but may not trigger a Special Review.

**Procedure**
When a residency/fellowship program is deemed to have met the established criteria for designation as an underperforming program, the DIO/chair of the GMEC shall schedule a special review. Special reviews shall occur within 90 days of a program’s designation as “underperforming.”

**Special Review Panel**
Each special review shall be conducted by a panel including at least one member of the GMEC, who shall serve as chair of the panel; one additional GMEC member and one resident/fellow. Additional reviewers may be included on the panel as determined by the DIO/GMEC. Panel members shall be from within the sponsoring institution but shall not be from the program being reviewed or, if applicable, from its affiliated subspecialty programs.

**Preparation for the Special Review**
The chair of the special review panel, in consultation with the DIO/GMEC and/or other persons as appropriate, shall identify the specific concerns to be reviewed as part of the special review process. Concerns may range from those that broadly encompass the entire operation of the program to single, specific areas of interest. Based on identified concerns, the program being reviewed may be asked to submit documentation before the special review that will help the panel gain clarity in its understanding of the identified concerns.

**The Special Review**
Materials and data to be used in the review process shall include:
- The ACGME common, specialty/subspecialty-specific program and institutional requirements in effect at the time of the review
- Accreditation letters of notification from the most recent ACGME reviews and progress reports sent to the respective RRC
- Reports from previous special reviews of the program (if applicable)
- Previous annual program evaluations
- Results from internal or external resident surveys, if available
- Any other materials the special review panel considers necessary and appropriate.

The special review panel will conduct interviews with the program director, key faculty members, at least one resident from each level of training in the program and other individuals deemed appropriate by the committee.

**Special Review Report**
The special review panel shall submit a written report to the DIO and GMEC that includes, at a minimum, a description of the review process and the findings and recommendations of the panel. These shall include a description of the quality improvement goals, any corrective actions designed to address the identified concerns and the process for GMEC monitoring of outcomes. The GMEC may, at its discretion, choose to modify the special review report before accepting a final version.

**Monitoring of Outcomes**
The DIO and GMEC shall monitor outcomes of the special review process, including actions taken by the program and/or by the institution with special attention to areas of GMEC oversight.