

## **SECTION SEVEN – INSTITUTIONAL POLICIES RELATIVE TO GME PROGRAMS**

**POLICY NO: 8.2**

**SUBJECT: Special Program Review**

- I. PURPOSE: To comply with ACGME Institutional Requirement 1.B.G effective July 2014**
- To maintain effective oversight of graduate medical education programs and the quality of the learning environment, it is necessary to review programs that may be underperforming.
  - The goal of the special program review process is to identify ways in which these programs can improve their outcomes
- II. SCOPE:**  
This policy applies to all sponsored graduate medical education programs at SPUH.
- III. CRITERIA FOR SPECIAL PROGRAM REVIEW:**
1. A program receives an adverse decision from the accrediting authority.
  2. A program receives continued accreditation with warning from the ACGME.
  3. Downward trend in two or more areas on resident and/or faculty ACGME surveys
  4. Persistent duty hour violations identified on three consecutive internal surveys or the ACGME Annual resident survey
  5. Change in the leadership (Chairman, Program Director) within two years of appointment.
  6. Loss of major teaching site
  7. Excessive rate of attrition of residents over the past three years or of core faculty over the past five years
  8. Failure to submit required documentation to the GME office, the ACGME or other accrediting bodies in a timely fashion
  9. The designated institutional official (DIO) has the ability to request a special review on the basis of internal survey results, focus group meeting results or other data
  10. A special program review may also be requested by the Chief Academic Officer or the chair of the department for the program.
- IV. RESPONSIBILITIES/REQUIREMENTS**
- A. Request for Special Program Review:** The request for a special program review must be submitted to the GMEC. The request must include the name of the program, the reason for the special program review, a supporting statement and the name of the requestor.
- The GMEC will review the request and then take one of three actions:
- Request further information
  - Recommend that the request be denied

- Recommend that the request be approved. In this case, the committee should identify any specific issues that should be the focus of the review, determine the timeframe in which the review is to be conducted and the deadline for the submission of the report of the special program review committee to the GMEC. The DIO will submit the proposed committee members for approval by the GMEC.

**B. Special Program Review Committee (SPRC) & its Composition**

**Special Program Review Committee (SPRC)** is charged with conducting a special program review in accordance with this policy. It is comprised of no less than one program director and one resident. Additional members may be appointed as necessary. Members are nominated by the designated institutional official and are approved by the Graduate Medical Education Committee. A separate committee is formed for each special program review that is conducted.

**C. What the Committee Does?**

1. At a minimum the committee shall meet with program director and the chair, **Key** faculty members & peer-selected residents from each level of training. The committee will use the following materials and data in the review process.
  - The ACGME Institutional, common and program specific standards
  - Letters of Accreditation from previous ACGME reviews and Progress report updates
  - Program Policies and Procedures
  - Case/Procedure Logs
  - Reports of Resident and Faculty ACGME web-based surveys
  - Previous Annual program evaluations
  - The SPRC has the right to request other necessary supporting documentation from the program depending on the nature of the special program review.
2. The SPRC will complete the written report (attached) report of the review which will contain, at a minimum, the following:
  - The name of the program or subspecialty program reviewed, the date special review was carried by GMEC and written report was presented to the GMEC;
  - The names and titles of the review committee members
  - A brief description of how the review process was conducted, including the list of the groups/individuals interviewed, their titles and the documents reviewed;
  - Sufficient documentation to demonstrate that a comprehensive review followed the GMEC's Special Program Review policy;
  - A list of the citations and areas of noncompliance or any concerns or comments from the previous ACGME accreditation letter of notification with a summary of how the program and/or institution subsequently addressed each item.

3. A written copy of the review report will be shared with the Program Director of the program being reviewed prior to submission to the Office of Medical Education and presentation to the GMEC. The chair of the SPRC shall present a summary of the committee's finding and recommendations (if any) at the next meeting of the GMEC.
4. The program under review has the right to submit a written response and will have the opportunity to respond at the GMEC meeting. A written response if submitted must be signed by the chair of the department and the program director.
5. The GMEC will then consider the SPRC's recommendations and vote to accept them or entertain other proposed motions. The committee's report and the final action of the GMEC are to be included in the minutes for the meeting.
6. The report and the response of the program are to be included in the next annual program evaluation submitted by the program.

*GMEC Approved: June 2014*

*GMEC Reviewed: February 2020*

SPECIAL PROGRAM REVIEW COMMITTEE REPORT  
(Attachment 8.2.1)

**1. PROGRAM REVIEWED:**

<b>ACGME ID #:</b>	<b>Program:</b>
<b>Program Director:</b>	<b>Coordinator:</b>

<b>Date of Most Recent RRC Site Visit:</b>	<b>Date of ACGME Accreditation Letter:</b>
<b>Date of Last Special Review:</b>	<b>Date of Next Self Study Site Visit:</b>
	<b>Most Recent Accreditation Status:</b>

**2. SPECIAL PROGRAM REVIEW**

<b>Review conducted:</b>	<b>Report Submitted to GMEC:</b>
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**3. SPECIAL PROGRAM REVIEW COMMITTEE (SPRC) PANEL:**

<b>Name</b>	<b>Title</b>	<b>Dept</b>

**4. MATERIALS USED AND REVIEWED BY SPRC**

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| <ul style="list-style-type: none"> <li>• The ACGME Institutional, common and program specific standards</li> <li>• Letters of Accreditation from previous ACGME reviews and Progress report updates</li> <li>• Program Policies and Procedures</li> <li>• Case/Procedure Logs</li> <li>• Reports of Resident and Faculty ACGME web based surveys</li> <li>• Other supporting documentation from the program as deemed necessary by SPRC depending on the nature of the special program review.</li> </ul> |
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**5. SPECIAL PROGRAM REVIEW CRITERA & PROCESS**

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**6. INTERVIEWES BY SPRC:**

Title	Name
<ul style="list-style-type: none"> <li>• Program Director</li> <li>• Associate Program Director/s</li> <li>• Program Coordinator</li> </ul>	
<ul style="list-style-type: none"> <li>• Faculty (Key) Members</li> </ul>	
<ul style="list-style-type: none"> <li>• Residents (from each training Level)</li> </ul>	

**7. SPRC APPRAISAL:**

- A. Description of the program, Meeting with the Program Director and Faculty**
- B. The educational objectives of program:**
- C. The effectiveness of program in meeting its objectives;**
- D. The program and the Institution’s ability to correct all citations, concerns and comments received from the ACGME at its last site visit – address each separately**
- F: The program’s ability to implement all improvement/correction plans from its previous Annual Program Evaluations:**
- E. The program’s ability to address current Special Review criteria and all recommendations for the applicable CRITERIA from its last Special Review (if applicable):**
- F. The adequacy of available educational and financial resources to support the program:**
- G. The effectiveness of each program in addressing areas of compliance with the Program and Institutional Requirements, the specific knowledge, skills, attitudes, and educational experiences required for the residents to achieve competence in the following:**
- Patient Care:

- **Medical Knowledge:**
- **Practice-Based Learning and Improvement:**
- **Interpersonal and Communication Skills:**
- **Professionalism:**
- **Systems-Based Practice:**

**H. Effectiveness of each program in using evaluation tools developed to assess a resident's level of competence in each of the six general areas listed above:**

**G. The effectiveness of each program in using dependable outcome measures developed for each of the six general competencies listed above:**

**I. The effectiveness of each program in implementing a process that links educational outcomes with program improvement:**

**J. The effectiveness of the program to develop a personal program of growth and improvement for the residents/fellows:**

**K. Meeting with peer selected residents:**

## **8. OBSERVATIONS & RECOMMENDATIONS OF THE SPRC PANEL**

**A. Strengths & Opportunities for Improvements in the Program:**

**B. Recommendations:**

**9. RESPECTFULLY SUBMITTED ON BEHALF OF THE SPRC**

	Chairman of SPRC	
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**10. GMEC ACTION**

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**11. FOLLOW-UP**