

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 as described by ACGME policies, including initial or continued accreditation with warning and probation.
2. Egregious single year issue or significant downward trend in two or more areas over a three-year period on ACGME resident or faculty surveys.
3. Persistent significant work hour violations identified on three consecutive internal duty hours surveys.
4. Change in the leadership (Chairman, Program Director) within two years of appointment.
5. Loss of major teaching site.
6. Excessive rate of attrition of residents over the past three years or of core faculty over the past five years.
7. Failure to submit required documentation to the GME office, the ACGME or other accrediting bodies in a timely fashion.
8. 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.
9. 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 SRC will complete a timely written report of the review that describes the quality improvement goals, the corrective actions and the process for GMEC monitoring of outcomes, including timelines. The reports should contain:
 - 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: August 2025