POLICY		Policy No: IS-017
Subject: Special Review Policy and Protocol	Initial Approval: 6/29/15 Last Revision Approved: 4/28/2063	Page 1 of 4

I. PURPOSE

Consistent with the ACGME Institutional Requirements, the Sponsoring Institution will maintain a Special Review process to ensure effective Graduate Medical Education Committee (GMEC) oversight of underperforming ACGME-accredited programs.

In accordance with ACGME Institutional Requirement 1.15, the GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process that includes a protocol which: (1) establishes a variety of criteria for identifying underperformance that includes, at a minimum, program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies; and (2) results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines.

The GMEC is responsible for the development, implementation, and oversight of this Special Review process for all ACGME-accredited graduate medical education programs sponsored by the sponsoring institution.

II. POLICY

The sponsoring institution will:

- Identify underperforming programs using criteria that meet or exceed ACGME requirements;
- Conduct Special Reviews using a standardized protocol to evaluate and address program performance;
- Develop and implement quality improvement (QI) goals and corrective actions; and
- Ensure GMEC oversight of outcomes, with the status of each Special Review reviewed at least quarterly by the GMEC and documented in GMEC minutes.

In addition, the Sponsoring Institution requires that all programs moving from Initial Accreditation to Continued Accreditation undergo a Special Review to comprehensively review and ensure compliance with ACGME requirements.

III. SPECIAL REVIEW PROTOCOL

1. Criteria for Identifying Underperformance

Underperformance by a program may be identified through a variety of mechanisms. These criteria include, but are not limited to, the following:

1.1 ACGME-Required Criteria

A program will be designated as underperforming and will undergo a Special Review when it receives any of the following ACGME accreditation statuses:

- Initial Accreditation with Warning;
- Continued Accreditation with Warning;
- Any adverse accreditation status as defined in ACGME policies, including but not limited to: Accreditation Withheld, Probationary Accreditation, Withdrawal of Accreditation, Expedited Withdrawal of Accreditation, Administrative Withdrawal of Accreditation, or Reduction in Resident Complement.

1.2 Sponsoring Institution–Defined Additional Criteria

A Special Review may also be initiated for any program that demonstrates one or more of the following indicators of underperformance:

- Significant gaps identified on the annual ACGME resident or faculty surveys;
- Significant gaps identified on internal sponsoring institution resident or faculty surveys;
- Board pass rates that fall below the minimum required by the relevant ACGME Review Committee;
- Persistent deficiencies in ACGME case log data or other ACGME-required clinical experience metrics indicating that minimum requirements are not being met;
- A pattern of resident and/or faculty attrition that raises concern about program stability or the learning and working environment;
- Failure to submit ACGME-required data (for example, ADS Annual Update, Milestones, required ACGME surveys, or other ACGME data elements) on or before ACGME-established deadlines;
- Concerns identified by the GMEC through the Annual Program Evaluation (APE), the Annual Institutional Review (AIR), or other GMEC oversight activities;
- Concerns identified and communicated to the GME office by residents, faculty members, or program leadership regarding the quality of the educational program or the learning and working environment;
- Recurrent or significant deficits in day-to-day work, such as supervision, scheduling, workload distribution, communication, or operational processes that adversely affect patient safety, the learning and working environment, or achievement of educational outcomes;
- A request from the ACGME (for example, a request for a progress report related to surveys or other concerns);
- Self-report of significant concerns by the DIO, program director, or other institutional leaders.

1.3 Additional Triggers for Special Review

A Special Review may also be conducted under any of the following circumstances:

- At the request of the DIO;
- At the request of a program director;
- At the request of the GMEC.

2. Process and Timelines

2.1 Initiating a Special Review

When a program meets one or more underperformance criteria, or when a Special Review is requested by the DIO, program director, or GMEC, the DIO will designate the program as underperforming and initiate a Special Review. Special Reviews shall be initiated within 60 days of a program's designation as underperforming or the triggering event, such as receipt of a warning or adverse accreditation status.

2.2 Composition of the Special Review Team

Members of the Special Review team may include:

- The DIO, who will typically serve as captain of the team, unless a conflict of interest requires designation of an alternate captain;
- GME staff (for example, institutional GME leadership or coordinators);
- At least one program director or faculty member from another residency program within the Sponsoring Institution, not directly associated with the program under review.

Additional members, such as residents or fellows from outside the program under review or other institutional leaders, may be included at the discretion of the DIO and/or GMEC to ensure appropriate expertise and perspective.

2.3 Preparation for the Special Review

The Captain of the Special Review panel, in consultation with GME staff and other appropriate individuals, will identify the specific concerns to be addressed and request relevant program and institutional documents. These may include, but are not limited to:

- The most recent ACGME letters of notification and any progress reports;
- Annual Program Evaluations (APEs) and any program Self-Study findings;
- Recent ACGME resident and faculty survey results;
- Case log data and board pass rate information;
- ADS Annual Update data;
- Internal survey results or other data relevant to the identified concerns.

Programs may be asked to submit documentation in advance of the Special Review to help the panel understand the issues and prepare for interviews.

2.4 Conducting the Special Review

The Special Review panel will review all relevant documents and data and conduct interviews with the program director, key faculty members, residents or fellows (ideally at least one representative from each level of training), and other individuals as appropriate, such as the program coordinator and departmental or site leadership. The panel will assess the program's performance in relation to the ACGME Institutional Requirements, Common Program Requirements, specialty- or subspecialty-specific Program Requirements, and local sponsoring institution policies and expectations.

3. Quality Improvement Goals and Corrective Actions

Following the Special Review, the panel will collaborate with the program director and, as needed, institutional leadership to develop clearly defined quality improvement goals that address each area of underperformance, specific corrective actions to be taken by the program and/or participating sites, identification of any resources or support needed, and timelines for implementing corrective actions and achieving stated goals. These elements will be incorporated into the Special Review report and will form the basis of GMEC monitoring.

4. GMEC Monitoring of Outcomes

The GMEC will provide ongoing oversight of programs that have undergone a Special Review. The status of each Special Review will be reviewed at least quarterly by the GMEC until all quality improvement

goals and corrective actions are satisfactorily completed. Monitoring activities will be documented in the GMEC meeting minutes and may include progress on implementation of corrective actions, review of updated performance indicators such as survey results, case logs, attrition data, Annual Program Evaluations, and accreditation letters, and any needed adjustments to the action plan or timelines. Special Review outcomes and ongoing progress may also be incorporated into the Annual Institutional Review (AIR) and related action plans, as appropriate.

5. Special Review Report

The Special Review panel will submit a written report to the DIO and GMEC that includes, at a minimum: (1) a description of the review process, including documents reviewed and interviews conducted; (2) a summary of findings, including areas of strength and areas of concern; (3) quality improvement goals linked to each area of underperformance; (4) corrective actions to be taken by the program and/or institution, including responsible parties; (5) resources needed, if any; and (6) a detailed timeline for implementation, achievement of goals, and GMEC monitoring of outcomes. The GMEC may request revisions or additions to the Special Review report before accepting a final version. Acceptance and subsequent monitoring will be documented in the GMEC minutes with appropriate references to ACGME Institutional Requirements.