

Policy: Special Review Process	Effective Date: 10/2017
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Authorized by: Graduate Medical Education Committee	Replaces: V1
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PURPOSE

To ensure effective oversight of underperforming programs by the sponsoring institution via the designated institutional official (DIO) and the GMEC as per the institutional requirements.

SCOPE

1. Department of Medical Education
2. Baptist Health Medical Center - North Little Rock
3. Baptist Health Medical Center - Little Rock
4. Baptist Health Medical Center - Conway

POLICY

1. Underperformance by a program can be identified through a wide variety of mechanisms. These may include, but are not limited to:
 - a. Deviations from expected results in standard performance indicators:
 - i. Program attrition –
 - (1) changes in program director more often than every 24 months;
 - (2) greater than one resident/fellow per year trainee attrition (withdrawal, transferor dismissal over a two year period
 - ii. Loss of major education necessities –
 - (1) changes in major participating sites (for reasons not to enhance educational experiences);
 - (2) major program structural changes
 - iii. Recruitment underperformance - unfilled positions over three years
 - iv. Scholarly activity (excluding typical and expected departmental presentations) – GMEC identifies inadequate scholarly activity for faculty or residents
 - v. Board passage rates –rate falls below specific specialty requirement
 - vi. Clinical experience data – Any significant changes in adequacy of clinical or didactic experience within the residency
 - vii. ACGME resident survey – Scores in the categories of duty hours, faculty, evaluation, educational content, resources, patient safety and teamwork that are labeled red
 - viii. ACGME faculty survey – Scores in the categories of faculty supervision and teaching, educational content, resources, patient safety and teamwork that are labeled red
 - ix. Milestones ACGME or narrative - Non-compliance with the milestones project as reported to the ACGME
 - b. Communication about or complaints against a program indicating potential

- egregious or substantive noncompliance with ACGME common, specialty/subspecialty specific program and/or institutional requirements or noncompliance with institutional policy.
- c. A program's inability to demonstrate success in any of the following focus areas:
 - i. Integration of residents into institution's Patient Safety Programs
 - ii. Integration of residents into institution's Quality Improvement Programs and efforts to reduce Disparities in Health Care Delivery
 - iii. Establishment and implementation of supervision policies
 - iv. Transitions in care
 - v. Duty hours policy and/or fatigue management and mitigation
 - vi. Education and monitoring of professionalism
 - d. Self-report by a program director or department chair
 - e. Request by residents, faculty, department chair or program director of a special review
2. A special review will occur when:
- a. A program has met three or more of the criteria established to initiate the review (focused or full review)
 - i. Special reviews shall occur within 30/60 days a program's designation as "underperforming".
 - b. A severe and unusual deficiency in any one or more of the established criteria (focused or full review)
 - c. There has been a significant complaint against the program to the ACGME (focused or full review)
 - d. One year after the ACGME accredited the program (full review)
 - e. Transferred program (from another institution) – (full review)
 - f. As periodically determined by the DIO
3. Two types of special reviews can occur:
- a. Focused review – meeting with the program director only and the panel/DIO to address specific issues i.e. yellow boxes on resident and/or faculty survey or an issue that would benefit from DIO/Program Director discussion
 - b. Full review – to follow protocol listed below
4. Special review panel: Each special review will be conducted by a panel comprised of individuals from the sponsoring institution but not from the program being reviewed. Membership will include:
- a. Representative from GMEC – at least one person
 - b. Members of the GME staff – DIO, Program Directors, Program Coordinators, or Institutional Staff
 - c. At least one peer selected resident
5. Preparation for the special review: materials and data to be used in the review process will include but not be limited to:
- a. ACGME common, specialty/subspecialty-specific program and institutional requirements in effect at the time of the review

- b. Accreditation letters of notification from the most recent ACGME reviews and progress reports sent to the respective ACGME RRC
 - c. Reports from previous internal reviews of the program (if applicable)
 - d. Reports from previous special reviews
 - e. Results from internal or external resident surveys if available
 - f. Any other materials the special review panel considers necessary
6. The special review panel will conduct interviews with the following members of the program under review:
- a. Program Director/associate program director (s)
 - b. Coordinator
 - c. Core/key clinical faculty
 - d. Residents/fellows with a minimum of one individual from each year of training.
 - e. Any other individuals deemed appropriate by the review panel
7. A clear and concise report of the special review will be completed within two weeks of the review by the panel. The chair and the GME staff representative will complete the first draft of the report using a standardized template for the panel to review. The report will include the following:
- a. Name of the program being reviewed with the date the review completed and a date when report accepted by GMEC
 - b. Names and titles of special review panel and level of training of residents participating
 - c. Summary of how the review process was conducted and a list of documents reviewed.
 - d. Listing of the findings and recommendations of the panel.
 - e. The recommendations should include a description of the quality improvement goals, any corrective actions designed to address the identified concerns and the process for monitoring of the outcomes including need for progress reports at GMEC meetings in the future
8. Monitoring of Outcomes
- a. The report will be presented by the chair of the special review panel at the subsequent GMEC meeting. The GMEC will review and discuss the findings. The program director will have the opportunity to respond to the findings in the report. A copy of the final report – including modifications by the GMEC will be provided to the program director.
 - b. The DIO and the GMEC will monitor outcomes of the special review process, including actions taken by the program and/or the institution.
 - c. The Program Director will be asked to provide a progress report to the GMEC addressing areas of concern found by the panel. The timeframe for this report will be suggested by the review panel and finalized by the GMEC. The GMEC may continue to ask for the program director to report on areas of concern on a regular basis until it is felt that the issues have been adequately addressed.
 - d. Upon completion of the special review process including addressing concerns identified during the review, a letter from the DIO to the program director will

be provided for verification by site visitors. This letter will not contain information from or conclusions drawn in the report other than the names and credentials of the review panel members.

RELATED POLICIES

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