Policy on Special Review and Process

I. To ensure that the GMEC provides effective oversight of the quality of training provided by each residency program, a Special Review Policy and Process has been developed and approved by the GMEC according to the institutional requirements of the ACGME. The Special Review Policy and Process includes a list of the criteria used to identify any underperformance by the program(s), provide for the systematic review of the curriculum, training, faculty, program leadership and resources that might explain the failure to achieve a satisfactory level of performance, and describe the reporting process to the GMEC. The eventual report from this Special Review to the GMEC will include the identified deficiencies, an analysis of the reason(s) for unsatisfactory performance, a proposed corrective plan, and the plan for monitoring and reporting to the GMEC, including a timeline.

II. The Special Review Process is as follows:

a. The Office of Medical Education will perform an ongoing, continuous review of each program, using the criteria described below that will be used to measure program quality. The report will include the criteria listed below. If program performance falls below any one of the thresholds listed below, the Special Review Process will be triggered.

b. The following criteria will be used to measure program performance:

i. Accreditation Status: ANY adverse accreditation decision, including warnings and probationary status, will trigger a Special Review.

ii. Annual ACGME Survey Data: Survey data will be reviewed in detail for each program every year. Failure to perform at the 70th percentile in any domain will be reported to the GMEC, and failure to do so for two consecutive years in the same domain will trigger a Special Review.

iii. Work Hours: Failure to achieve compliance with the ACGME Work Hours for two consecutive years will trigger a Special Review.

iv. Board Passage Rate: The program will be expected to maintain a five-year rolling board passage rate of at least 80%. If the rolling board passage rate is less than 80%, a Special Review will be triggered.

v. Scholarly Activity: Residents and faculty in the program will participate in scholarly activity. Each resident will be expected to participate in an activity that qualifies as scholarly activity at least once during residency. This will be monitored and reported to the GMEC annually. Failing to achieve satisfactory scholarly activity for two consecutive years will trigger a Special Review.

vi. Resident Retention Rate: The resident retention, or residency completion rate, will be at least 75%. If the retention, or residency completion, rate is

less than 75%, the Program Director will report this to GMEC. The DIO or his/her designee will review with the Program Director, and depending on circumstances may trigger a Special Review.

c. In the event that deficiencies are identified in one or more of the above criteria, a Special Review will be triggered. The Program Director will discuss those deficiencies with the DIO and report them to the GMEC at the next scheduled GMEC meeting. The ensuing process will include the following:

i. An ad hoc working group will be composed by the DIO to conduct the Special Review. The ad hoc working group will include, at minimum, the Program Director from the residency program undergoing review; the Associate Program Director from the same program; one or more core faculty members from the same program; one or more residents from the same program; and one or more Program Directors from other programs.

ii. The Program Director from the program undergoing review will lead this working group. The formation of this ad hoc working group must be completed within seven (7) calendar days of report to the GMEC.

iii. All relevant materials and documents will be provided to the ad hoc working group. The ad hoc working group will conduct a detailed review and analysis of the materials and documents provided. The detailed review and analysis must be concluded within sixty (60) calendar days from its initiation.

iv. Once the analysis is completed, a concise summary of that analysis, as well as a corrective plan and timeline, will be provided to the DIO and the GMEC for review and approval at the next scheduled GMEC meeting. Once reviewed and approved by the GMEC, implementation of the corrective plan must be initiated immediately, if not already initiated.

v. The GMEC will monitor the progress and outcome of the approved correction plan. The Program Director or designee will provide progress reports every four months, with a detailed summary, including objective measurements of performance in correcting any deficiencies, at the end of the Academic Year to the June GMEC meeting. The initial report, any progress reports, and the final report will be included in the minutes of the GMEC.

vi. Any Special Review Plan will continue for a minimum of one (1) calendar year and may continue for up to five (5) years, depending on the deficiencies. Successful completion of a Special Review Plan will be reported to the GMEC and DIO. Closure will require GMEC approval.

III. The DIO will include a summary of any Special Reviews in the Annual Institutional Report (AIR) and in the Executive Summary of the AIR provided to the Governing Board.