Medical Education Policy: Special Review Process-ACGME only

Facility: CMC
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Sponsor: GMEC

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1. PURPOSE: The Graduate Medical Education Committee (GMEC) is responsible for the oversight of the quality of the Carilion Medical Center (CMC) sponsored graduate medical education programs. It is the responsibility of the GMEC to identify any ACGME accredited programs which are underperforming or that are at risk for underperformance and to develop a process to oversee the improvement process in these programs.

2. SCOPE: This policy applies to Graduate Medical Education programs sponsored by Carilion Medical Center and accredited by the ACGME.

3. DEFINITIONS:
    a. A Special Review Process (SRP) is conducted by the institution with oversight by the DIO and the GMEC that:
        i. Assists new programs and programs in states of transition to be in compliance with ACGME program standards as stated in the ACGME Institutional and Program Specific Program Requirements. These programs are deemed Category 1 programs.
        ii. Reviews programs who meet criteria for underperformance and develops a plan for program improvement to correct these areas of underperformance. These are considered Category 2 programs.
    b. The SRP is a fact-finding activity designed to engage Program Directors, managers, faculty and residents in improving the quality of their educational programs. The GMEC provides oversight of this process to assure compliance with the quality improvement plans developed by the programs.

    c. The Special Review Committee (SRC) conducts the process. Findings and recommendations developed through the review process will be recorded by its members. The committee will be appointed by the DIO and will consist of the following members:

i. Two faculty members from within the institution not from the program being reviewed, one of whom will be designated by the DIO as the Chair of the SRC.

ii. At least two residents or fellows from within the institution not from the program being reviewed.

iii. The Director of Graduate Medical Education or designee.

iv. A program manager selected from a program which is not being reviewed.

v. Other internal members may be appointed at the discretion of the DIO and may include members of Professional Development or other hospital departments with a role in resident education or support.

vi. External Consultants from outside the institution may be appointed at the discretion of the DIO.

d. Special Review Findings (SRF): The report of the findings of the Special Review Committee. (see attachment)

e. Special Review Action Plan (SRAP) is the response of the Program Director (PD) and faculty to the SRF. This action plan will include specific actions and timelines to correct areas of underperformance and estimated dates of resolution. (See attachment).

f. Special Review Report: The combination of the SRF and SRAP will constitute the Special Review Report (SRR) which will be presented to the GMEC.

g. Resident refers to all interns, residents, and fellows participating in CMC post-graduate training programs.

4. <u>PROCEDURE:</u>
   a. The GMEC will, by vote, determine which programs will require a special review based on the criteria set forth in Category 1 and 2.
   b. Criteria for a GME program to undergo a Special Review by a SRC appointed by the GMEC will include:
      i. Category 1 programs:
         1. Newly accredited programs.
            a. Programs will be reviewed within the second six months of the first year of the program accepting residents, or

prior to the ACGME site visit for continued accreditation, whichever comes first.

2. Programs with an unexpected or unplanned change in Program Director (PD).
    a. This review will occur at least twelve months but not more than eighteen months after the new PD has assumed their role as Program Director.
3. All programs will have a SRP conducted within one year of their scheduled 10-year self-study site visit.

ii. Category 2 programs

1. Programs with poor performance as measured by:
    a. ACGME status of Initial Accreditation with Warning
        i. Focused review based on citations
    b. ACGME status of Continued Accreditation with Warning
        i. Focused review based on citations
    c. ACGME status of Probationary Accreditation
        i. Focused review based on citations
    d. Any other adverse accreditation status as described by ACGME policies
    e. Notification from the ACGME of a pending “focused” review.
    f. Board Pass rate not achieving ACGME thresholds as defined in the specialty specific program requirements.
    g. Low production of scholarly activity by the residents or faculty as defined by the specialty or subspecialty program requirements, the Program Director or the DIO.
    h. Residents not meeting case log requirements set by the ACGME in the program specific requirements. This may mean one or several residents not meeting the target on one or more than one procedure or a significant variation amongst the residents.
    i. Programs with a significant decrease in core faculty as interpreted by the PD, DIO or Department Chair.

j. A recommendation for a SRP by the Annual Program Evaluation GMEC Subcommittee.

k. A SRP may be called at the discretion of the DIO. This can be based on ACGME survey results, feedback from Carilion Clinic leadership, or other criteria.

c. Special Review Process:

i. The DIO will appoint the SRC and determine the level of review required for the program.

1. Category 1 programs will require a comprehensive review of the program.

2. Category 2 programs will require a focused review to address the identified deficiency.

ii. The Chair of the SRC will convene the initial meeting of the SRC to review with the committee its purpose, goals and procedure for conducting a Special Review.

iii. Document Review: The SRC may review the following documents during the review process. Category 1 reviews will require review of all the following documents. Materials for category 2 reviews will be determined by the SRC.

a) Accreditation standards to include the ACGME Institutional Requirements, The Common Program Requirements, and the specialty or subspecialty Program Specific Requirements in effect at the time of the review for the program under review.

b) The most recent and immediate past accreditation letters from the ACGME with attention to previous citations and concerns.

c) Program correspondence to the ACGME with attention to progress reports from previous citations.

d) The most recent Annual ADS Updated submitted for the program.

e) All current PLAs.

f) The program's past Annual Program Evaluations and work plans for at least the last 3 yrs.

g) Competency-based goals and objectives for required educational rotations.

h) Clinical and Educational Work Hours compliance reports.

i) Results from ACGME resident surveys, if available.

j) Results from ACGME faculty surveys

k) Policies:

1. Program Evaluation Committee Policy, along with minutes from the most recent 3 committee meetings
2. Clinical Competency Committee Policy, along with minutes from most recent 3 committee meetings (These meeting minutes will only be reviewed by the SRC Chair due to the confidential nature of the content)
3. Transitions of Care Policy
4. Supervision Policy including circumstances requiring faculty involvement (VI.A.2.c))
5. Clinical and Educational Work Hours Policy
6. Well-Being Policy including coverage of patient care (VI.C.2.a))

l) Summary case log reports, as applicable, from either ACGME or MedHub

m) Program AIMS and/or Self-Study Summary (either from ACGME site or the document that was completed and submitted to the ACGME)

n) Block Diagram

o) Annual Conference Schedule

iv. Interview Process:

a) A date for the SRP will be set by the GME office which is acceptable to the PD, Program Manager and the members of the SRC.

b) The entire SRC will be present for all interviews, as scheduling allows. Interviews with the different individuals or groups may not be conducted conjointly. Interviews will be conducted with:

a. The Program Director
b. Associate PD
c. Program Manager (may be included in the PD interview)

d. Key faculty members as identified by the PD and Chair of the SRC. At least one faculty member from each Major Affiliated site (i.e. the SVAMC) must be interviewed.

e. At least one resident from each level of training, to include the Chief Resident(s). More than one resident from each year may be selected if approved or requested by the Chair of the SRC.

f. Other individuals within the institution or affiliated training sites may be interviewed at the request of the SRC and with the approval of the Chair of the SRC.

d. Special Review Report

i. The report by the SRC and the Special Review Action Plan will constitute the final Special Review Report.

ii. At a minimum the Special Review Report will contain the following information:

1. The findings of the SRP.
2. The quality improvement goals determined for the program.
3. The corrective actions the program will take to achieve these goals with a timeline for implementation.
4. The process the GMEC will follow to monitor for these outcomes.

iii. The SRF will be completed by the Chair of the SRC and will be based on the findings of the review with input from the committee members.

iv. The completed initial SRF will be distributed to the DIO and the PD for review and comment. If the PD or DIO identify factual errors in the report, they may ask for the report to be amended prior to further distribution and presentation of the report to the GMEC.

v. The Chair of the SRC will make final determinations on all requested corrections and amendments prior to distribution and presentation of the final report to the GMEC.

vi. After the initial SRF are developed, the chair of the SRC will meet with the PD to review the committee's findings.

vii. The PD will develop the Special Review Action Plan (SRAP) to address the noted areas in need of improvement. This plan will include the specific steps to address the deficiencies and target dates of completion.

viii. The SRF and the SRAP will be presented to the GMEC by the SRC chair and the PD.

ix. The PD will be required to report to the GMEC at least every six months on the program's progress, or as requested by the GMEC. The GMEC will monitor the progress of the program in achieving correction of the cited areas of deficiency noted in the Special Review Report. The GMEC will stop monitoring the program once all deficiencies have been corrected.

Name	Title	Dept./Committee	Date
Donald W. Kees, MD	DIO	GMEC	March 18, 2014
Donald W. Kees, MD	DIO	GMEC	June 14, 2016
Donald W. Kees, MD	DIO	GMEC	August 20, 2019
Donald W. Kees, MD	DIO	GMEC	June 15, 2021
Arthur Ollendorff, MD	DIO	GMEC	July 18, 2023