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Graduate Medical Education

Approved by the GMEC (Graduate Medical Education Committee) on May 23, 2023

Effective Date: July 1, 2023

Review Date: July 2025

Next Review Date: August 2030

Policy Title: Special Review Protocol Policy

Policy Type: Sponsoring Institution Policy

Purpose: To ensure effective oversight of underperforming Graduate Medical Education programs by the Designated Institutional Official and the Graduate Medical Education Committee. Specifically, this policy will (1) establish criteria for identifying underperformance and (2) address the procedure to be utilized when a residency program undergoes a Special Review.

Criteria for Identifying Underperformance:

Underperformance by a program can be identified through a wide range of mechanisms. These may include, but are not limited to:

- Deviations from expected results in standard performance indicators:
 - Program attrition (> 10% for three consecutive years)
 - Program changes or clinical experiences that are concerning to the DIO/GMEC Chair
 - Loss of major participating sites
 - Case volumes that will not allow trainees to graduate
 - Unable to fill residency slots from the MATCH (including SOAP) for three consecutive years in a row
 - Scholarly activity of residents or faculty that are concerning to the DIO/GMEC Chair
 - Board pass rates (< 80% over a three-year period for more than 2 consecutive years)
 - Resident or faculty survey
 - Red/Yellow/Green Excel Monitoring Program
 - > 5 Red Areas or combination of > 10 red and yellow areas for two consecutive years in a row without significant improvement after review with the DIO (Designated Institutional Official) and GMEC Chair
- If programs have less than the delegate number above, the program may have to be placed on special review secondary to other areas that are of concern or egregious violations

- ACGME (Accreditation Council for Graduate Medical Education) Citations that are concerning to the DIO or GMEC
- CLER (Clinical Learning Environment Review) citations that are concerning to the DIO or GMEC chair
- Communications about or complaints against a program indicating potential egregious or substantive noncompliance with the ACGME Common, specialty/subspecialty-specific Program, and/or Institutional Requirements; or noncompliance with institutional policy;
- Self-report by a Program Director or Department Chair.
- Any ACGME disciplinary action taken against the program (warning/probation) which may result in either heightened monitoring or special review in consultation with the Program/GMEC and DIO.

Procedure:

1. **Designation:** When a training program is deemed to have met the established criteria for designation as an underperforming program, the DIO/Chair of the GMEC shall schedule a Special Review after discussion with the GMEC. The GMEC will annually review APE's including citations as well as overall performance on the faculty/resident survey. At this time, programs may be determined to need a special review. This will traditionally be conducted in the first quarter of the academic year after all items for review can be available. It may be at the discretion of the GMEC that ongoing monitoring may be conducted with the DIO/Chair of GMEC and the Program Director. If a Special Review is determined to be required, they shall be scheduled within 60-days of a program's designation as "underperforming."
2. **Special Review Panel:** Each Special Review shall be conducted by a panel including at least one member of the GMEC who shall serve as Chair of the panel, one additional faculty member from within OSU-CHS/OMECO, and one trainee. Additional reviewers may be included on the panel as determined by the DIO/GMEC. Panel members shall be from within the Sponsoring Institution but shall not be from the program being reviewed.
3. **Preparation for the Special Review:** The Chair of the Special Review panel, in consultation with the DIO/GMEC and/or other persons as appropriate, shall identify the specific concerns that are to be reviewed as part of the Special review process. Concerns may range from those that broadly encompass the entire operation of the program to single, specific areas of interest. Based on identified concerns, the program being reviewed may be asked to submit documentation prior to the actual Special Review that will help the panel gain clarity in its understanding of the identified concerns.
4. **The Special Review:** Materials and data to be used in the review process may include:
 - a. the 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 RRC;
 - c. previous annual program review;
 - d. results from internal or external resident surveys, if available; and,
 - e. any other materials the Special Review panel considers necessary and appropriate;
 - f. previous faculty surveys.

The Special Review panel may conduct interviews with the Program Director, key faculty members, at least one resident from each level of training in the program, and other individuals deemed appropriate by the committee.

- 5. Special Review Report:** The Special Review panel shall submit a written report to the DIO and GMEC that includes, at a minimum, a description of the review process and the findings and recommendations of the panel. These shall include a description of the quality improvement goals, any corrective actions designed to address the identified concerns and the process for GMEC monitoring of outcomes. The GMEC may, at its discretion, choose to modify the Special Review Report before accepting a final version.
- 6. Monitoring of Outcomes:** The DIO and GMEC shall monitor outcomes of the Special Review process. The program will be required to report on progress at the quarterly GMEC meeting. If the Program Director cannot be present, it is acceptable to report to the DIO/Chair of GMEC one week prior and allow them to report on the program's behalf. Items including actions taken by the program and/or by the institution with special attention to areas of GMEC oversight, can be considered in reporting:
 - a. the ACGME accreditation status of the Sponsoring Institution and its ACGME-accredited programs;
 - b. the quality of the GME (Graduate Medical Education) learning and working environment within the Sponsoring Institution, its ACGME-accredited programs, and its participating sites;
 - c. the quality of educational experiences in each ACGME accredited program that led to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements.
- 7. Resolution of Special Review**
 - a. Resolution of special reviews will typically occur in the first quarter of the academic year at which group APEs are conducted. This must be voted on by the GMEC and should demonstrate, to the satisfaction of the GME and the program, that concerning items are resolved.
 - b. Consideration for heightened monitoring may also be an outcome (as described below)

Heightened Monitoring

Procedure:

- 1. Designation:** There may be occasions when concerns are raised from various 360 outputs that draw concern from the Sponsoring Institution including but not

limited to the following:

- a. Changes or trends that are concerning to the SI in the ACGME Faculty or Resident Survey that do not rise to the level of a special review
 - b. SWOT analysis data that is concerning to the Sponsoring Institution
 - c. Concerns submitted anonymously or non-anonymously to the Sponsoring Institution
 - d. Internal Surveys (Graduate/Exit Information, etc)
 - e. Requests by the Program Director
2. **Process:** When a training program is deemed to have met the established criteria for designation as a program of concern which are concerning to the SI or the GME committee that do not rise to the level of a special review the DIO/Chair of the GMEC may recommend heightened monitoring. The GMEC will annually review APE's including citations as well as overall performance on the faculty/resident survey. At this time, programs may be determined to need heightened monitoring. This will traditionally be conducted in the first quarter of the academic year after all items for review can be available.

If trends are moving in the right direction for programs under special review but the SI feels there still needs to be ongoing monitoring, they may move programs to Heightened Monitoring.

3. **Monitoring of Outcomes:** The DIO, primarily with GME oversight shall monitor outcomes of the Special Review process. The program will be required to verbally report on progress semi-annually GMEC meeting.

If the Program Director cannot be present, it is acceptable to report to the DIO/Chair of GMEC one week prior and allow them to report on the program's behalf.

4. **Resolution of Heightened Monitoring**

Resolution of heightened monitoring will typically occur in the first quarter of the academic year at which group APEs are conducted. This must be voted on by the GMEC and should demonstrate, to the satisfaction of the GME and the program, that concerning items are resolved.

Sponsoring Institution Requirements:

1.15.a. The Special Review process must include a protocol that: (Core) 1.15.a.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, (Core)

1.15.a.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. (Core)