

Special Review Policy and Process

Wisconsin Northern & Central GME Consortium (WiNC)

Initial GMEC Approval:	04-20-2023
Last GMEC Review Date:	10-19-2023

Background:

The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. The Special Review process must include a protocol that:

1. Establishes criteria for identifying underperformance; and,
2. Results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

Purpose:

The purpose of this policy is to define; underperforming ACGME-accredited residency and fellowship programs, the GMEC special review processes, and methods to oversee and resolve the issues.

Policy:

The GMEC will establish criteria for identifying program underperformance, develop protocols to use for special reviews and provide reports that describe the quality improvement goals and corrective actions that the program will use and the process that the GMEC will use to monitor outcomes.

The Special Review Policy and Process is meant to identify programs at risk and provide improvement goals and monitor for outcomes as required by the ACGME. At times, however, WiNC or one of its sponsored programs may request a review that is not based on underperforming criteria. Examples may include mock site reviews prior to an ACGME site visit, or to help with achieving excellence in training similar to a RPS consult.

Procedure:

The GMEC will identify underperformance through the following established criteria, which may include, but are not limited to, the following:

ACGME Program Standing

1. Accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies.

Program attrition

1. Change in program director more frequently than every 2 years.

2. Greater than 1 resident/fellow per year resident attrition (withdrawal, transfer or dismissal) over a 2 year period.
3. Program leadership or core faculty openings extending beyond 2 years.

Loss of major education necessities

1. Changes in major participating sites.
2. Consistent incomplete resident complement.
3. Major program structural change.

Recruitment performance

1. Unfilled positions over three years.

Evidence of scholarly activity

1. Graduating residents – Lack of evidence of sufficient scholarly activity.
2. Faculty (Core) – Lack of evidence of sufficient scholarly activity.

Board pass rate – acceptable by ACGME specialty standards

Case logs/Clinical experience – acceptable by ACGME specialty-specific standards

WiNC surveys

1. Resident survey – Resident overall dissatisfaction with the program including but not limited to egregious single year issues and issues that extend over more than one year.

ACGME surveys

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2. Faculty survey – Less than 60% completion rate.

Non-compliance with responsibilities

1. Failure to submit milestones data to the ACGME.
2. Failure to submit data to requesting organizations or GMEC (ACGME/ABMS).

Inability to demonstrate success in the CLER focus areas

1. Patient Safety
2. Health Care Quality
3. Teaming
4. Supervision
5. Well-Being
6. Professionalism

Inability to meet established ACGME common and program specific requirements.

Notification from RC requests for progress reports and site visits, unresolved citations or new citations or other actions by the ACGME resulting from annual data review or other actions.

Special Review:

A special review will occur when:

1. A program has met three or more of the criteria established to initiate the review.
2. A severe and unusual deficiency in any one or more of the established criteria.
3. There has been a significant complaint against the program.
4. Newly accredited programs in its initial training year.
5. A program receives accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, or adverse accreditation statuses as described by ACGME policies. If a Special Review has recently occurred prior to the issuance of the accreditation status, another Special Review is not required.
6. Transferred programs from a different Sponsoring Institution.
7. At the request of the Program Director.
8. At the request of the DIO.

Process:

1. The DIO will schedule a Special Review to occur within 120 days of a program being identified as underperforming.
2. The Special Review Committee (SRC) will include the DIO and a faculty voting member of the GMEC who is not a member of the program under review. As the SRC deems necessary, the Chair of the department of the program under review and additional faculty and residents who are not members of the program under review, could also be included.
3. The members of the program to be interviewed should include, but are not limited to, the program director, other key faculty members and peer selected residents/fellows unless the SRC determines that residents/fellows will be interviewed in groups. Other individuals as determined by the SRC also could be interviewed.
4. The SRC will determine the type of review, focused or full, and the materials and data to be used during the Special Review.
5. The SRC will conduct the special review through review of materials, data and other information provided by the program and through interviews with identified individuals.
6. The SRC will prepare a timely written report to be presented to the GMEC for review and approval. At a minimum, the report will contain:
 1. A description of the quality improvement goals to address identified concerns,
 2. A description of the corrective actions to address identified concerns and
 3. The process for the GMEC to monitor outcomes of corrective actions taken by the program, including timelines.

Monitoring of Outcomes:

The GMEC will monitor outcomes of the Special Review by documenting discussions and follow up in the GMEC minutes.

For GMEC ACGME Reference

ACGME Institutional Requirements (2022)

I.B.6. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review

process. ^{Core}

I.B.6.a) The Special Review process must include a protocol that: ^(Core)

I.B.6.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}

I.B.6.a).(2) results in timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines. ^(Core)