

Augusta University
House Staff Policies and Procedures

Policy

Source

HS 29.0 GMEC Special Program Review Policy

Graduate Medical Education Office

1.0 Purpose

The Medical College of Georgia (MCG) at Augusta University (AU) shall maintain a Graduate Medical Education Committee (GMEC) to develop institutional policies relating to the Graduate Medical Education (GME) Programs and monitor Accreditation Council for Graduate Medical Education (ACGME) compliance of training programs and adequacy of institutional support.

2.0 Subcommittee Charge

Under the direction of MCG's GMEC, the Special Program Review Subcommittee (SPRS) is responsible for the development, implementation, and oversight of the process for conducting Special Program Reviews (SPR) of all underperforming ACGME and non-ACGME accredited (i.e., NST) training programs. In accordance with ACGME Institutional Requirements, the GMEC has developed specific criteria to identify underperformance (see below). If criteria are met, a program is referred to the SPRS for completion of a SPR. Through the SPR process, the SPRS assists the program in identifying areas of weakness; developing associated performance improvement goals; proposing corrective actions; and establishing a timeline and process for GMEC monitoring of outcomes. The SPRS chairperson will make periodic and timely reports of SPRS activities to the GMEC for oversight and approval. The SPRS will be comprised of a mix of Program Directors / Associate Program Directors (or Faculty with GM expertise), peer-selected House Staff, non-physicians such as GME Administrative Staff or Program Coordinators, and potential *ad hoc* (as needed, non-voting) members as specified in the Subcommittee Charter.

3.0 Criteria for Initiating a Special Program Review

3.1 Internal Criteria

1. At the request of Hospital, Department, or Program Leadership if approved by the GMEC;
2. Concerns identified by the Program Evaluation and Assessment Subcommittee (PEAS) if approved by the GMEC;
3. Concerns identified and communicated to the GME office by a program's House Staff or Faculty if approved by the GMEC;
4. Concerns identified by a program's own Program Evaluation Committee (PEC) on their Annual Program Evaluation (APE) if approved by the GMEC;
5. Failure to submit required paperwork or data to the GMEC and/or ACGME Review Committee (RC) on or before appropriate deadlines;
6. An unusual pattern of House Staff and/or Faculty attrition; and
7. Other areas of non-compliance with ACGME requirements identified by the GMEC.

3.2 External Criteria

1. Automatic – Receipt of an ACGME program accreditation status of Initial Accreditation with Warning, Continued Accreditation with Warning, or other adverse accreditation statuses as described by ACGME policies;
2. Conditional – Receipt of an ACGME program citation for a specialty-specific certifying board examination pass rate below the minimum required by the ACGME per Common Program Requirements (CPR) in section V.C.3.a)-f);
3. Conditional – Receipt of an ACGME program citation for failure to meet specialty-specific clinical experience minimums in the Case Log System on the Accreditation Data System; and
4. Conditional – A pattern of poor performance on ACGME Resident/Faculty surveys to include:
 1. Three questions with 50% or lower compliance in any of the survey categories,
 2. A significant downward trend in ACGME survey results across multiple survey categories,
 3. Survey completion rate below 70% (Resident/Fellow) or 60% (Faculty),
 4. Overall program evaluation less than 3.0, and/or
 5. ACGME request for progress report related to concerns identified on the survey.

Note: Items noted as "Conditional" may not trigger initiation of an SPR if isolated in time or with respect to other indicators of program quality (e.g., other survey data, case log data). For example, if a program's

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specialty-specific certifying board examination pass rate does not meet minimum program requirements in a given year, but all other metrics are solid, the GMEC may choose to not initiate a full SPR. Nonetheless, programs may need to submit a document stating their quality improvement goals based on the criteria, corrective action, and the program's means for tracking corrective action. This document and the tracking method will be reviewed and approved by the SPRS and GMEC at their regularly scheduled meetings.

4.0 Types of Special Program Review

4.1 Special Program Review by the SPRS

If the criteria that triggered the SPR indicate major issues within a training program, the GMEC will direct members of the SPRS to complete a full SPR. This will include review of relevant program documentation and data as well as interviews with the Program Director (PD) and Program Coordinator (PC), a representative sample of Faculty, and a representative sample of House Staff from each level of training in the program.

4.2 Special Program Review by the GME Office

If the criteria that triggered the SPR indicate minor or technical issues within a training program, the GMEC will direct the DIO or delegate to complete a GME Office SPR. This will include review of relevant program documentation and data as well as interviews with the PD and any other pertinent individuals as determined by the DIO/delegate. The DIO/delegate will then report back to the SPRS and GMEC, and a determination will be made by the GMEC as to whether there is a satisfactory plan to resolve the issue(s) or whether a full SPR is required.

5.0 Special Program Review Team Membership

5.1 Full SPRs are conducted under the general oversight and supervision of the DIO or SPRS Chairperson. The DIO will appoint GME Office staff to support the work of each SPR team.

5.2 SPR team members are typically drawn from the SPRS and must be from outside the department wherein the program under review resides. Minimum team membership is three individuals, including at least one PD/APD/Faculty, one House Staff, and one additional member who may be a PD/APD, PC, House Staff, or *ad hoc* member. If a House Staff SPRS member from outside the department wherein the program under review resides is not available, an alternate may be selected by the House Staff Organization or DIO to serve on the team.

6.0 General Special Program Review Process

6.1 Criteria for SPR met by program.

6.2 GMEC reviews criteria and determines:

- a. If an SPR is warranted (e.g., for conditional criteria), and
- b. If a Full SPR vs. GME Office SPR will be completed.

6.3 DIO or SPRS Chairperson selects specific SPR team membership.

6.4 SPR team meets to discuss criteria for SPR initiation, review available program materials and data, request additional documentation and/or data, and formulate questions for use in the interview process.

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- 6.5 SPR team conducts interviews with program leadership, representative faculty, and representative House Staff.
- 6.6 SPR team meets to discuss and compile findings and recommendations.
- 6.7 SPR team lead prepares a written summary of SPR interview process, findings, and recommendations.
- 6.8 SPRS chairperson presents the written summary to the DIO and/or GMEC for input, and then to the program leadership.
- 6.9 Program leadership completes an action plan with program improvement goals, associated action items, and plans to measure and track improvement with 60 days of receipt of the SPR written summary.
- 6.10 SPRS and GMEC review the work plan and determine means for GMEC tracking of program completion of action items with vote of approval.
- 6.11 GMEC determines and votes regarding need for continuation of SPR process vs. closure of SPR.
- 6.12 If GMEC elects to continue the SPR, timelines for tracking action items and/or completion of a Follow-up SPR will be determined. This Follow-up SPR may be completed by the SPRS chairperson and/or delegate or a full SPR team. The Follow-up SPR may include a process similar to the full SPR review or a more limited set of interviews and document evaluation, depending on the needs of the program.
- 6.13 If GMEC elects to close an SPR, the DIO will submit a letter formally documenting this decision to the program leadership.
- 7.0 Program Information Evaluated
- The program and GME Office will collaboratively prepare a set of documents and materials to assess the condition of the training program. See 6.4. Materials will be electronically archived by the GME Office and made available to SPR team members for their review. Documentation will include the following as well as any other materials that the SPR team deems necessary to meet its charge:
- ACGME Resident/Fellow Survey results for past two academic years, if available
- ACGME Faculty Survey results for past two academic years, if available
- GME office "Mid-cycle" Survey results, if available
- Specialty-specific ACGME program requirements or NST Recognition requirements
- Relevant ACGME correspondence, including accreditation status letters and citations
- Relevant program policies
- APE documents for the past two academic years
- Resident/Fellow supplied list of the top 3 program strengths, as well as the top 3 areas for program improvement
- Sample interview questions

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8.0 File Audits

If necessary, the GME Office will conduct an audit of program files to ensure they meet ACGME and Institutional standards. Findings will be included in the final SPR Report.

9.0 Special Program Review Action Plans

An action plan addressing quality improvement goals, corrective actions, and the program's means for tracking corrective actions for any areas of concern identified in the SPR written summary must be submitted by the PD to the GME Office/SPRS Chairperson within 60 days of the receiving the SPR written summary. See 6.9. The SPRS will recommend methods for tracking of this action plan to the GMEC. To monitor progress towards resolving an action item, interim progress reports may be required by the PD to the SPRS and GMEC. If necessary, a SPR Follow-up will be scheduled and completed. Timing of this follow-up will be determined by the GMEC. See 6.12.

10.0 Final Special Program Review Report

At the completion of all SPR's, the final written report should contain the following:

- Name of the program reviewed
- Names and titles of the SPR team members including House Staff
- Dates of the review meetings and interviews
- Names and titles of program leadership participating in interviews (regular Faculty and House Staff will not be specifically listed)
- Brief description of the SPR Process and the documents reviewed (optional)
- List of questions included in interview (optional)
- Findings detailing the most critical areas of non-compliance or concern discovered through document review and interviews
- Recommendations produced by the SPR team to assist program in rectifying findings
- Action plan specifying program improvement goals, associated action items, and plans to measure and track improvement (supplied by program)
- GMEC's methods for tracking the program's progress with the action plan and continued improvement
- Specification of a follow-up timeline for further review or recommendation for closure

11.0 Special Program Review Closure

After review of the final SPR Report or any Follow-up SPR reports, the GMEC may elect to close a SPR. See 6.13. This determination does not require complete resolution of all program deficiencies, including those that were the criteria for SPR initiation. Rather, once a program demonstrates substantial improvement and a reliable process to ensure continued progress, the SPR may be closed. If the GMEC does elect to close a SPR, this will be communicated to the program leadership via a formal letter from the DIO.

12.0 Presentation to the GMEC

The SPRS Chairperson will regularly review all SPRS reports and actions with the GMEC for direct oversight and approval.

13.0 Special Program Review Confidentiality

The SPR process is a quality assurance activity that is confidential. The GMEC supports confidentiality and accepts responsibility to keep secure and confidential the information collected about a program during and after the SPR process. Final SPR Reports are confidential and will not be shared with specialty-specific RC site visitors unless required by ACGME. To confirm compliance with this protocol and relevant institutional requirements, final SPR

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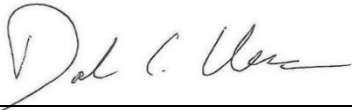
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Reports may be examined by the Institutional Review Committee to verify that we are following our SPR policy and protocol.


13.0 Sharing SPR Report Results with Faculty and House Staff

In order to complete the SPR process, the PD should share the results of the SPR with all House Staff and Faculty in the Program. Discussion of the report and any action items should take place as part of the Annual Program Review by the PEC and documented in the APE.



David Hess, M.D.
Dean, Medical College of Georgia

3/27/24
Date



Natasha M. Savage, MD
Senior Associate Dean, Graduate Medical Education and DIO

3/27/24
Date