

Graduate Medical Education Policy for Special Review of Accredited Graduate Medical Education Program

1.0 SCOPE:

- 1.1 This policy applies to all ACGME accredited residency and fellowship programs sponsored by Texas Health Resources (“Institution”).

2.0 PURPOSE:

- 2.1 To provide a process for effective oversight of any underperforming ACGME accredited graduate medical education program (“Program”) by the Designated Institutional Official (“DIO”) and the Graduate Medical Education Committee (“GMEC”).
- 2.2 To: (1) establish criteria for identifying underperformance and (2) address the procedure to be utilized when a residency/fellowship program.

3.0 POLICY STATEMENT:

- 3.1 The Institution shall have a Special Review process for oversight of underperforming Programs. The Special Review process shall include the criteria for identifying underperformance and a Special Review report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

4.0 POLICY GUIDELINES:

- 4.1 Criteria for Identifying Underperformance:
- 4.1.1 Underperformance of a Program can be identified through a wide range of mechanisms. These may include, but are not limited to:
- a. Deviations from expected results in Program standard performance indicators:
 - 1) Program attrition
 - 2) Program changes
 - 3) Scholarly activity
 - 4) Board pass rate
 - 5) Clinical experience
 - 6) Resident or faculty survey
 - 7) Milestones
 - 8) Competencies
 - b. 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;
- c. A Program's inability to demonstrate success in any of the following focus areas:
 - 1) Integration of residents and/or fellows into Institution's Patient Safety Programs;
 - 2) Integration of residents into Institution's Quality Improvement Programs;
 - 3) Establishment and implementation of resident or fellow supervision policies;
 - 4) Transitions in care;
 - 5) Clinical and educational work hours policy and/or fatigue management and mitigation; and
 - 6) Education and monitoring of professionalism
- d. Self-reported by the Program Director or Department Chair.

4.2 Special Review Procedures

- 4.2.1 Designation: When a residency or fellowship Program is deemed to have met one (1) or more of the established criteria for designation as an underperforming Program, the DIO and GMEC Chair shall schedule a Special Review. Special Reviews shall occur within sixty (60) days of a Program's designation as 'underperforming.'
- 4.2.2 Special Review Panel: Each Special Review shall be conducted by a panel including at least one (1) member of the GMEC who shall serve as Chair of the panel, one (1) additional faculty member, and one (1) peer-selected resident/fellow. Additional reviewers may be included on the panel as determined by the DIO/GMEC.
- 4.2.3 Preparation for the Special Review: The Chair of the Special Review panel, in consultation with the DIO and the GMEC Chair 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 Panel may ask the Program being reviewed to submit documentation prior to the actual Special Review meeting that will help the panel gain clarity in its understanding of the identified concerns.

- 4.2.4 The Special Review:
 - a. Materials and data to be used in the review process shall include:
 - 1) the ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements in effect at the time of the review;
 - 2) accreditation letters of notification from the most recent ACGME reviews and progress reports;
 - 3) reports from previous internal reviews of the program (if applicable);
 - 4) previous annual program evaluations;

- 5) results from internal or external resident/fellow surveys, if available; and,
 - 6) any other materials the Special Review panel considers necessary and appropriate.
- b. The Special Review panel will conduct interviews with the Program Director, key faculty members, at least one (1) peer-selected resident/fellow, and other individuals deemed appropriate by the GMEC.
- 4.2.5 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, a timeframe for accomplishment of goals, 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.
- 4.3 Monitoring of Outcomes:
- The DIO and GMEC shall monitor outcomes of the Special Review process, including actions taken by the Program and/or by the institution with special attention to areas of GMEC oversight, including:
- 4.3.1 the ACGME accreditation status of the Sponsoring Institution and its ACGME-accredited programs;
 - 4.3.2 the quality of the GME learning and working environment within the Institution, its ACGME-accredited programs, and its participating sites;
 - 4.3.3 the quality of educational experiences in each Program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements;
 - 4.3.4 the ACGME-accredited Programs' annual evaluation and improvement activities; and,
 - 4.3.5 all processes related to reductions and closures of individual Programs of the Institution, major participating sites, and the Sponsoring Institution.