

Augusta University
House Staff Policies and Procedures

Policy
HS 29.0 GMEC Special Program Review Policy

Source
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) Program and monitor Accreditation Council for Graduate Medical Education (ACGME) compliance of Residency Programs and adequacy of Institutional support.

2.0 Subcommittee Charge

In fulfillment of the ACGME institutional accreditation requirement mandating oversight of the Special Program Review (SPR) process, the GMEC establishes a Special Review Subcommittee (SRC) to develop and implement a SPR policy; evaluate and approve SPR; and monitor SPR action item improvement work plans. The SRC chair will make periodic and timely reports of SRC deliberations and actions to the GMEC. The SRC will be comprised of a mix of residency Program Directors (PD)/Associate Program Directors (APD) residents/fellows non-physician administrators (1 member to include GME administrative staff or Program Coordinator (PC)), and potential ad Hoc members (as needed; ad Hoc members are non-voting members).

3.0 Initiating a Special Program Review

3.1 Internal Criteria

1. At the request of Hospital, Department, or Program administration after approval by the Designated Institutional Officer (DIO),
2. Concerns identified by the Program Evaluation and Accreditation Subcommittee (PEAS),
3. Concerns identified and communicated to the GME office by Residents or Faculty in a Program after approval by the DIO,
4. Failure to submit GMEC and or Resident Review Committee (RRC) required data on or before identified deadlines, and/or
5. Program-specific issues identified by the GMEC or its subcommittees after approval by the DIO

3.2 External Criteria

1. Concerns identified on Annual Program Evaluation (APE),
2. Board pass rate below minimum required by Common Program Requirements (CPR) for ACGME (CPR stipulates that a Program's aggregate pass rate for first time takers in the preceding three years must be higher than the bottom fifth percentile of Programs in the specialty, or at least 80% [V.C.3.a) July 1,2019]),
3. An unusual pattern of resident and/or faculty attrition,
4. Case log data from the ACGME of recent graduates indicating that minimum requirements are not being met, and/or
5. Concerns identified on ACGME resident/faculty surveys to include:
 1. Three questions with 50% or lower compliance with any of the survey categories,
 2. A pattern of significant downward trends since the last survey,
 3. Survey completion rate below 70% (Resident) or 60% (Faculty),
 4. Overall evaluation less than 3.5, and/or
 5. ACGME request for progress report related to concerns identified on the survey

4.0 Process

The GMEC will determine if a SPR is to be done by the SRC or if the GME Office (GME Office) will undertake the review based on the severity and extent of the identified issue.

4.1 Process for Special Review Committee

Effective Date:
6/15

Revision/Review Date:
1/16, 2/17, 5/19, 6/19, 8/20

Number:
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Each SPR is conducted by members of the SRC, acting under the direction of the GMEC, to review an ACGME-accredited Program in order to assess program compliance with the CPR; specialty-specific Program Requirements; and the ACGME Institutional Requirements.

Each review committee must include at least one Faculty and one Resident, and may include non-physicians. The review must follow the written protocol as approved by the GMEC. The start date, closure date, and pertinent findings of a SPR must be documented in the SRC and GMEC minutes.

While assessing the Residency Program's compliance with relevant ACGME program requirements, the SPR committee must appraise:

- Relevant educational objectives of the Program,
- Effectiveness of the Program in meeting these objectives,
- Any identified challenges or obstacles to the Program's ability to meet these educational objectives,
- Effectiveness of the Program in addressing of concern noted in previous ACGME communications and/or accreditation letters, previous APE, and any previous SPR (if applicable), and
- Effectiveness of the Program in implementing processes that link relevant educational outcomes with program improvement.

Materials and data to be used in the review process must include those Program documents specified in the SPR and any other data and/or documents the SPR committee considers of assistance in meeting its charge. The Committee is expected to interview the PD, the PC, and a representative sample of Faculty and Residents/Fellows from each level of training in the Program. Other staff within the clinical setting and other individuals from outside the Program may also be deemed appropriate for interview by the Committee.

The SPR Committee in conjunction with the Office of GME and the SRC may direct PD to resources to address identified issues or offer potential solutions to remedy noncompliance.

4.2 Process for GME Office SPR

The DIO or delegate will undertake the GME Office SPR. The DIO or delegate will interview PD and any other relevant individuals. The DIO or delegate will report back to the GMEC. A determination will be made by the GMEC as to whether there is a satisfactory plan to resolve the issue(s) in place or whether a SPR is required.

5.0 Staffing

The GMEC designates the Office of GME to coordinate the conduct of SPR of MCG residency Programs to assess compliance with ACGME institutional requirements and Program requirements, to evaluate how effectively the Programs are fulfilling their educational missions, and to report to the GMEC findings of the SPR.

SPR will be conducted under the general oversight and supervision of the DIO. The SPR Committee will be chaired by PD or Faculty from outside the Department wherein the Program under review resides. The DIO will appoint GME Office staff to support the work of each SPR Committee.

5.1 Review Committee Membership

SPR Committee members will be from the SRC and must be drawn from outside the Department wherein the Program under review resides. Minimum committee membership is three individuals, including at least one PD/APD or former PD/APD, and one resident/fellow. The Committee may include non-physician administrators as deemed appropriate. An appropriate balance of faculty, residents/fellows, and any administrators must be maintained.

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5.2 Review Committee Responsibilities

Specific duties for SPR Committee members include participating in a meeting to kick-off the process; reviewing Program materials and data; interviewing Faculty and Residents/Fellows; preparation of a written summary of the interviews for inclusion in the final review report; and providing feedback on the draft report. Additional responsibilities for SPR Committee Chair include providing committee leadership, reviewing the final wording in the draft report, and participation in the closure meeting. SPR Committee Chair is also invited to participate in the presentation of the review report to the SRC and the GMEC.

6.0 Program Information

As part of the SPR process, the Program and GME Office will collaboratively prepare a set of materials to document various aspects and elements of the training Program. Materials will be electronically archived by the GME Office and made available to Committee members for their review. Documentation will include the following and any other materials that the SPR Committee deems necessary to meet its charge:

- Electronic Surveys – current Residents/Fellows, Faculty (and sample of recent Graduates if deemed appropriate)
- Interview questions.
- ACGME Resident/Faculty Survey results for past two academic years
- ACGME Faculty Survey results for past two academic years
- Current Resident/Fellow and Faculty rosters with contact information
- RRC Accreditation requirements
- Relevant RRC correspondence
- Relevant Program policies
- APE for the past two academic years
- Resident/Fellow supplied list of the top five Program strengths, as well as the top five areas for Program improvement

7.0 File Audit

The GME Office will conduct an audit of Program files to ensure they meet standards when deemed appropriate. Findings will be included in the final review report.

7.1 Special Program Review Report

For all SPR there must be a written report that contains, as a minimum, the following:

- Name of the Program reviewed, the dates of the review, closure date, and date of review and approval of the report by the GMEC.
- Names and titles of the review committee Members including identification of Residents/Fellows and indication of PGY level.
- Brief description of the Special Review Process including who was interviewed (specific names will not be included in the final report to protect confidentiality but will be maintained in the GME office for verification purposes) and the documents reviewed.
- List of the areas of noncompliance or any concerns or comments from the previous ACGME accreditation letter and last site visit and/or SPR with a summary of how the Program and/or Institution addressed each one
- Sufficient documentation to demonstrate that a focused review was conducted and was based on the GMEC's SPR protocol
- Identification of any areas of noncompliance or concerns identified as action items for internal follow-up and review by the GMEC

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8.0 Closure

DIO or delegate of GMEC, GME Office staff, and the Chair of the SPR Committee will meet with the PD to share findings of the draft report and discuss next steps including presentation to, and approval by, the GMEC and any action item follow-up that may be indicated. The final report will be sent to the PD and Department Chair by the GME Office within 48 hours of the SPR report's approval by the GMEC.

9.0 Continuous Quality Improvement

A work plan addressing corrective measures to any action items identified in the SPR report must be submitted by the PD to the GME Office within 60 days of the SRC's review and action. In order to monitor progress towards resolving an action item, interim progress reports may be required by the PD to the SRC and GMEC. The GME Office will provide work plan completion status reports to the GMEC. The GMEC can decide upon any additional action if a Program is noncompliant with submitting progress reports.

10.0 Presentation to the GMEC

The SRC will report regularly to the GMEC on the progress of Programs in following their action plans and submitting progress reports, areas of significant concerns and recommendations requiring immediate action, and examples of exemplary practices. Minutes of the GMEC must reflect action taken on each SPR report.

11.0 Documentation for RRC

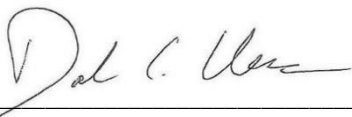
Upon GMEC acceptance of a Program's SPR report, the GME Office will provide the Program with a letter confirming completion of the SPR process for verification by site visitors, as applicable. The confirmation letter will not contain information from or conclusions drawn in the report other than the names and credentials of Committee Members.

12.0 Confidentiality

The SPR process is a quality assurance program evaluation that is protected pursuant to quality assurance protection. The GMEC supports confidentiality and accepts responsibility to keep secure and confidential the information collected about a Program during and after the review process. A confidential cover page must always accompany reports related to the review process, indicating the presence of quality assurance protection. SPR reports are confidential and must not be shared with RRC site visitors. To confirm compliance with this protocol and relevant institutional requirements, SPR reports may be included in the institutional review document and may be reviewed by the Institutional Review Committee at the time of institutional accreditation review to verify that we are following our SPR policy and protocol.


13.0 Sharing SPR Report Results with Faculty and Residents

In order to complete the review process, the PD should share the results of the review with all Residents/Fellows 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 Program Evaluation Committee (PEC) and documented in the APE.



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

7/1/21
Date



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

7/1/21
Date