

Georgia Regents University House Staff Policies and Procedures

Policy	Source
HS 29.0 GMEC Special Program Review Policy and Protocol	Graduate Medical Education Office

- A pattern of significant downward trends since the last survey
- Survey completion rate below 80%
- Resident overall evaluation less than 3.5
- Concerns identified by the QAS on the ACGME faculty survey
- Two questions with 50% or lower compliance within any of the survey categories
- A pattern of significant downward trends since the last survey
- Survey completion rate below the 70%
- Faculty overall evaluation less than 3.5
- ACGME request for progress report related to concerns identified on the Resident or Faculty Survey
- Failure to submit ACGME required data on or before identified deadlines

4.0 Process

The QAS will determine if an SPR committee will undertake the review (Committee SPR) or if the GME Office (GME Office SPR) will undertake the review based on the severity and extent of the identified issues.

4.1 Process for Committee SPR

Each Committee SPR is conducted by a committee designated by the QAS, acting under the direction of the GMEC, to review an ACGME-accredited program in order to assess program compliance with the *Common Program Requirements*; specialty-specific *Program Requirements*; and the ACGME *Institutional Requirements*.

Each SPR 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 QAS 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

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- Effectiveness of the program in addressing areas of concern noted in previous ACGME communications and/or accreditation letters, previous Annual Program Reviews, and any previous SPRs (if applicable)
- 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 program director, the program coordinator, a representative sample of faculty and residents 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 in conjunction with the Office of Graduate Medical Education and the QAS may direct program directors 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 be charged by the QAS with undertaking the GME Office SPR. The DIO or delegate will interview the program director and any other relevant individuals. The DIO or delegate will report back to the QAS. A determination will be made by the QAS as to whether there is a satisfactory plan to resolve the issue in place or whether a Committee SPR is required.

Protocol for Committee SPR

5.0 Staffing

The GMEC designates the Office of Graduate Medical Education (GME) to coordinate the conduct of SPRs of MHMH 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.

SPRs will be conducted under the general oversight and supervision of the Associate Dean for Graduate Medical Education (DIO). SPR committees will be chaired by program directors or faculty members

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from outside the department wherein the program under review resides. The DIO will appoint GME Office staff to support the work of each review committee.

5.1 Review Committee Membership

SPR Committee members must be drawn from outside the department wherein the program under review resides. Minimum committee membership is three individuals, including at least one program director or former program director and one resident. The committee may include non-physician administrators as deemed appropriate. An appropriate balance of faculty, residents, and any administrators must be maintained. External reviewers from outside MCG may also be included on the review committee as determined by the DIO.

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; 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 review committee chairs include providing committee leadership, reviewing the final wording in the draft report and participation in the closure meeting. Review committee chairs are also invited to participate in the presentation of the review report to the QAS.

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:

1. SPR Committee Roster
2. Previous SPR Reports and Work Plans
3. Electronic Surveys – current residents, faculty (and sample of recent graduates if deemed appropriate)
4. Interview guidelines
5. ACGME Resident Survey results for past two academic years
6. ACGME Faculty Survey results for past two academic years
7. Current resident and faculty rosters with contact information

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8. RRC Accreditation Requirements
9. Relevant RRC correspondence
10. Relevant program policies
11. Annual Program Review(s) for the past two academic years
12. A resident supplied list of the top 5 program strengths, as well as the top 5 areas for program improvement which will be created by the residents as part of the SPR

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 SPRs there must be a written report that contains, at 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 Quality and Accreditation Subcommittee
- Names and titles of the review committee members including identification of residents 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 non-compliance or concerns identified as action items for internal follow-up and review by the GMEC

8.0 Closure

GME Office staff and the chair of the review committee will meet with the program director 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 program director and Department chair by the GME Office within 48 hours of the SPR report's approval by the GMEC.

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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 program director to the GME Office within 30 days of the QAS's review and action. In order to monitor progress towards resolving an action item, interim progress reports may be required by the program director to the 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 QAS will report regularly to the GMEC on the progress of programs in following their action plans and submitting progress reports; areas of significant concern 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. 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.

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13.0 Sharing SPR Report Results with Faculty and Residents

In order to complete the review process, the program director should share the results of the review with all residents and faculty in the program. Discussion of the report and any action items should take place as part of the Annual Program Review and Improvement process.

Protocol for GME Office SPR

14.0 Staffing

The GMEC designates the Office of Graduate Medical Education (GME) to coordinate the conduct of SPRs of MHMH 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. GME Office SPRs will be conducted under the direct oversight and supervision of the Senior Associate Dean for Graduate Medical Education (DIO).

15.0 Program Information

The DIO or his delegate will review the information that generated the SPR with the Program Director and other relevant parties. Other information that may be accessed to undertake the review could include any of the following:

- Previous SPR Reports and Work Plans
- Electronic Surveys – current residents, faculty (and sample of recent graduates if deemed appropriate)
- ACGME Resident Survey results for past two academic years
- ACGME Faculty Survey results for past two academic years
- RRC Accreditation Requirements
- Relevant RRC correspondence
- Relevant program policies Annual Program Review(s) for the past two academic years

16.0 GME Office Special Program Review Report

For all GME Office SPRs the DIO or his/her delegate will report back to the QAS. The report will include information regarding issues around the identified area of concern. The program director's work

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plan to address the issue will be relayed. This information will all be reflected in the minutes of the QAS. If questions remain a Committee SPR could then be initiated by the QAS.

17.0 Continuous Quality Improvement

A work plan addressing corrective measures must be produced by the Program Director. This work plan must be submitted to the GME office within 30 days of the initiation of the GME Office SPR. This work plan must be addressed in the annual program review document that is submitted annually to the GME office.

18.0 Presentation to the GMEC

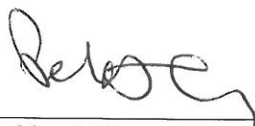
The QAS will report regularly to the GMEC on the action plans; areas of significant concern and recommendations requiring immediate action; and examples of exemplary practices. Minutes of the GMEC must reflect action taken on each SPR report.

19.0 Documentation for RRC

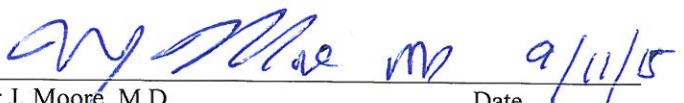
Upon GMEC acceptance of a program's action plan, the GME Office will provide the program with a letter confirming completion of the SPR process for verification by site visitors. The confirmation letter will not contain information from or conclusions but will simply note that the GME office conducted a SPR.

20.0 Sharing SPR Findings with Faculty and Residents

In order to complete the review process, the program director should share the results of the review with all residents and faculty in the program. Discussion of any action items should take place as part of the Annual Program Review and Improvement process.

 9/11/15
Date

Peter F. Buckley, M.D.
Dean, School of Medicine

 9/11/15
Date

Walter J. Moore, M.D.
Senior Associate Dean, Graduate Medical Education and VA Affairs

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