



030- GMEC Special Review Protocol

Title:	GMEC Special Review Protocol	Index Number:	FM-GMEC-030		
Scope of application:	All Graduate Medical Education (GME) Programs	Original Date:	Reviewed on:	Next Review Date:	
		12.03.2024	12.03.2024	12.03.2026	

1. Purpose

- 1.1. To ensure that the Special Review Process, as required by ACGME-I Institutional requirement, includes a protocol that establishes criteria for identifying adequate performance; and results in a report that describes the quality improvement gals, corrective actions and process for GMEC outcomes
- 1.2. To ensure compliance with the ACGME-I's institutional requirement that holds the GMEC responsible for the effective oversight of the underperforming ACGME-I accredited program(s) through a Special Review Process.

2. Procedure

2.1. Criteria for Special Review

- 2.1.1. Special Reviews are conducted by the GMEC via the DIO and the GME Office through a team of reviewers reviewing program data, documents, and conducting interviews of residents, faculty, and individuals as relevant to the program's underperformance.
- 2.1.2. The GMEC will automatically initiate a special review if the program receives Initial Accreditation with Warning, Continued Accreditation with Warning or Adverse Accreditation Status
- 2.1.3. The GME Office, on behalf of the DIO, may request special reviews from the GMEC for programs at risk of underperforming or in violation of ACGME-I and Institutional requirements through following established criteria that include but is not limited to:
 - Program attrition, if the program has excessive change in program leadership, physician faculty, and/or residents/fellows more frequently than every 2 years
 - ACGME-I Surveys: if a program has significant non-compliance or significant year to year decrease in compliance in the ACGME-I annual resident or faculty survey data



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- Non-Compliance with ACGME-I program requirements; evidenced through a program's significant or repetitive noncompliance in new or extended citations, program work hours and/or residents'/fellows' case logs/clinical experience
- Significant non-compliance with responsibilities; such as failure to submit residents' milestones data or annual update on ADS or other required submit data to the GMEC and ACGME-I.
- Loss of major education resources such as changes in major participating sites or consistent unfilled resident complement
- Lack of evidence of sufficient resident and core faculty scholarly activities
- Inability to demonstrate success in the CLER focus areas such as Patient Safety; Health Care Quality; Teaming; Supervision; Well-Being; and Professionalism
- Annual Program Evaluation and Improvement Plans that fail to satisfactorily address required elements, such as current citations, areas for improvement, and/or issues raised from prior Special Reviews.
- Significant year to year decrease in residents'/fellows' performance in internal or in-service examinations and/or certifying boards;
- Serious or repetitive complaints concerns from residents, faculty, Medical Center or Medical School leadership, students or other personnel relative to program administration or functioning or the clinical learning environment.
- Program Director complaints about mistreatment or other issues related to clinical learning environment.
- Other special circumstances at the discretion of the DIO and/or majority of the GMEC

2.1.4. Special reviews may be deferred at the recommendation of the DIO with the approval of the GMEC

2.2. Special Review Team

2.2.1. Special Reviews are initiated by the GMEC via the DIO and the GME Office through a team of reviewers reviewing program data, documents, and conducting interviews of residents, faculty, and individuals as relevant to the program's underperformance.

2.2.2. The GMEC will assign a Special Review Team once a special review is initiated.



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- 2.2.3. The Special Review Team will be comprised of:
- Two program directors
 - A program coordinator
 - A resident or fellow
 - DIO or a delegate
 - Others including medical center representatives, may also be invited to participate and the GME Office staff may participate as ad hoc.
- 2.2.4. The faculty members, resident/fellow, GME coordinator should not be from the program under review.
- 2.2.5. The Chair of the Special Review team is appointed by the GMEC with the support of the DIO/GMEC Chair.
- 2.2.6. The Special review team must access the areas relevant to the underperforming concerns or violations that prompted the special review addressed in sections 2.1.2. and 2.1.3. above.
- 2.2.7. The program must provide the special review team with use the relevant material and data including but not limited to the ACGME-I program requirements, the program's ACGME-I letters of notification, milestones data and ACGME-I resident and faculty survey data, reports from previous special reviews (if applicable), programs' annual program evaluation and action plan, resident/fellow, faculty and program rotation evaluations data, resident files, recruitment; curricula and rotation descriptions, and other pertinent documentation, to the special review team upon request.
- 2.2.8. The Special review team will create interview questions for the review based on the specific review triggers. The Special team members must conduct interviews with the,
- Program director and associate program director as applicable
 - Residents or sample of residents from all levels of training
 - Core faculty or representative sample of core faculty or any other staff involved in resident education or clinical work
 - Other individuals deemed necessary or appropriate

2.3. Final report:

- 2.3.1. The team will 30 days to complete their review and report their findings in a report to the GMEC.
- 2.3.2. The report must include quality improvement goals, a corrective action plan, and a proposed timeline as required by ACGME-I.



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2.3.3. Special review team will present its findings in a report to GMEC for review/approval. The final report will be shared with other program's pertinent leadership (Chair, division head, program director). The final special review report must be included in the minutes of the GMEC. The report must contain at a minimum:

- The name of the reviewed program
- The timeframe during which the special review was conducted.
- The reason for the special review
- The names, titles of the special review team members
- A list of the documents collected and reviewed on the program;
- A brief description of how the special review was carried out, including the list of the groups/individuals who were interviewed and documents reviewed
- The program's accreditation status and a list of the citations, areas of non-compliance, or concerns or comments from previous ACGME-I letters of notification with a summary of how the program addressed each citation or area of non-compliance or concern listed in the last ACGME-I accreditation letter
- A summary of the special review findings
- A list of recommendations for quality improvement and corrective actions
- The process or timeline for GMEC monitoring of actions resulting from the special review

2.4. Program Monitoring

- 2.4.1. Upon receipt of the Special Review report, the Program Director, in collaboration with the department/division leadership, must provide a corrective action plan in response to the special review report recommendations regarding quality improvement and corrective actions.
- 2.4.2. To monitor outcomes, the GME Office will assist the special review team and the program director to establish a specific reporting structure in accordance with agreed upon timelines, based on the written outcomes.
- 2.4.3. The program director must follow the timeline to submit the follow-up outcome findings back to the GMEC. These follow-up reports will be included in the GMEC minutes.
- 2.4.4. Programs demonstrating sufficient improvement and/or resolution of problem within the specified review timeline will be released from GMEC special review with documentation of this decision recorded in the GMEC minutes. The GMEC is responsible for ongoing monitoring of the program and verification that the program's corrective actions are complete.
- 2.4.5. Programs failing to demonstrate sufficient improvement will continue to be reviewed by the GMEC. For programs failing to demonstrate sufficient improvement under the initial timeline, unlikely to achieve improvement, the DIO may consider meeting with the Department Chair, Dean, and/or Sponsoring



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Institution leadership regarding potential changes needed that may include a recommendation of program closure.

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030- GMCC Special Review Protocol

Signatures

Reviewed and Approved by	Name	Signature	Date
Assistant Dean for Graduate Medical Education (GME) & Chair of Graduate Medical Education Committee (GMCC)	Salah Zeineldine, MD		13.03.2024
Executive Associate Dean for Medical Education	Kamal Badr, MD		13.03.2024