

*GMEC approved July 3, 2024***Special Review Process (I.B.6)****ACGME Institutional Requirements**

I.B.6. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. ^(Core)

I.B.6.a) The Special Review process must include a protocol that: ^(Core)

I.B.6.a).(1) establishes a variety of criteria for identifying underperformance that includes, at a minimum, program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies; and, ^(Core)

I.B.6.a).(2) results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines. ^(Core)

I. Policy Statement

- a. To demonstrate effective oversight of underperforming residency or fellowship programs, this policy provides the Graduate Medical Education Committee (GMEC) an Institutional Process for Special Reviews.

II. Definitions

- a. Fellow: a physician in a program of graduate medical education, which may or may not be ACGME approved, who has completed the requirements for Board Certification within the specialty and employed by the University of Missouri. (ACGME Glossary of Terms)
- b. Resident: An individual who participates in an approved GME Program or a physician who is not in an approved GME Program, but who is authorized to practice only in a hospital setting (for example, has a temporary or restricted license or is an unlicensed graduate of a foreign medical school). For DGME and IME payment purposes, a Resident means an intern, resident, or fellow who is formally accepted, enrolled, and participating in an approved medical residency program including programs in osteopathy, dentistry, and podiatry as required to become certified by the appropriate specialty board. (CMS Guidelines for Teaching Physicians, Interns, and Residents and ACGME Glossary of Terms)

III. Process/Content

- a. Mandatory Review: In accordance with the Accreditation Council for Graduate Medical Education (ACGME) Sponsoring Institution Requirements, special reviews are required for:
- i. Program accreditation statuses of initial accreditation with warning, continued accreditation with warning, and adverse accreditation statuses as described by ACGME policies. (V.a.)



- b. Other Conditions That May Trigger Review: The GME Office, on behalf of the DIO, may request special reviews for:
- i. Programs with new or extended citations.
 - ii. Programs with learner (resident or fellow) complaints about mistreatment or other issues in the clinical learning environment.
 - iii. Complaints about the program from faculty, departmental, hospital or medical school leadership, students, or other personnel.
 - iv. Programs with low certifying examination pass rates.
 - v. Persistent work hours violations.
 - vi. Unexpected difficulty recruiting or retaining residents or fellows.
 - vii. For other issues at the discretion of the DIO and or GMEC.
 - viii. Any combination of the above.
 - viii. Any combination of the above.
- c. Special Review Team Assignments and Responsibilities of the Special Review Team and Program Under Review:
- i. Once the need for a special review is determined, members of the GMEC will be asked to serve on a Special Review Team as special review committee members. A Team will be comprised of program directors, and when available Assistant Deans, and a resident or fellow member of the house staff. The review team must be comprised of individuals who are not faculty, residents, fellows, or coordinators in the program under review. The special review team will have 45 days to complete their review and report their findings in writing to the GMEC. The report must include quality improvement goals a corrective action plan, and a proposed timeline.
 1. The special review team coordinator along with input from other team members will create interview questions for the review based on the specific review triggers.
 2. Resident/Fellow team members will take part in the interviews residents and or fellows and can be the sole interviewers when deemed appropriate.
 3. Program Director team members will interview faculty.
 4. The Associate Dean / DIO and/or Assistant Deans discuss findings with Program Director /Associate Program Director /Program Coordinator of the program under review.
 5. Special team members present findings and a report to GMEC for review/approval.
 6. A final special review report will be shared with other pertinent leadership (Chair).
 7. The final special review report must be included in the minutes of the GMEC.



ii. Program Responsibilities:

1. Programs will be required to make available documents such as: resident files, surveys, examination scores, Clinical Competency Committee meeting minutes, Annual Program Evaluation Committee Reports, program improvement documents, recruitment, resident, faculty, rotation and site evaluations, curricula and rotation descriptions, and other pertinent documentation, to the special review team upon request.
2. Programs will be required to make residents, faculty, and other program personnel available to the special review team for interviews or meetings as requested by the team.

d. Program Monitoring and Outcomes Following Special Review

- i. To monitor outcomes, the GME Office will assist the special review team and program director to establish a specific reporting structure in accordance with agreed upon timelines, based on the written outcomes.
- ii. The PD of the program under special review will be required to report follow-up outcome findings back to the GMEC as such findings are made available. These follow-up reports will be included in the GMEC minutes. It is understood that certain outcomes may require different timelines that may be influenced by ACGME or other reporting schedules. For example, if a review was triggered based on citations or adverse accreditation decisions from ACGME resident surveys, a PD could be asked to report back outcomes based on changes being made in the program within as little as a few months, with a need for a final report based on changes noted in the ACGME resident annual survey made available only after such resident surveys are completed and made available the following year (assuming progress is made).
- iii. 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.
- iv. 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 Institution leadership regarding potential changes needed that may include a recommendation of program closure.

IV. Attachments

- a. Not Applicable

V. References, Regulatory References, Related Documents, or Links

- a. Accreditation Council for Graduate Medical Education (ACGME) Accreditation Policies and Procedures



Administered By:

A handwritten signature in black ink that reads "Phil Byrne". The signature is written in a cursive, flowing style.

Phillip D. Byrne, EdD
Associate Dean of Graduate Medical Education