


Title: Graduate Medical Education - Special Review Protocol

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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.

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- 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.

c. **Special Review Team Assignments and Responsibilities of the Special Review Team and Program Under Review:**

- i. **Special Review Team:** 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 Special Review Team will be comprised of two program directors, a program coordinator, 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 Associate DIO will serve as the Chair of the Special Review Team and may count as one of the two program directors assigned to the team. The Special Review Team will have forty-five 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 as well as a proposed timeline.
 1. The Special Review Team Chair, with input from other team members, will create interview questions for the review based on the specific review triggers.
 2. Resident/Fellow team members may take part in the interview of residents and/or fellows, and can be the sole interviewers when deemed appropriate by the Chair of the Special Review Team.
 3. Program Director team members will interview faculty.
 4. The Committee Chair will meet with the Program Director/Associate Program Director /Program Coordinator to discuss the committee findings.
 5. The Special Review Team will submit their findings via a final report to the DIO and GME Office to be presented to the GMEC

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with discussion of the special review and report being included in the GMEC meeting minutes.

6. The final report will also be shared with other pertinent leadership (Department Chair, Division Chief).

ii. Program Responsibilities:

1. Programs will be required to make documents available 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 under review with establishing a specific reporting structure in accordance with agreed upon timelines, based on the written outcomes.
- ii. The program director under review will be required to report follow-up outcome findings back to the GMEC, as such findings are 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(s) within the specified review timeline will be released from GMEC special review with documentation of this decision recorded in the GMEC minutes.

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- 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, or unlikely to achieve improvement, the DIO may consider meeting with the Department Chair, Dean, and/or hospital leadership regarding making potential changes that may include, but not be limited to, changing program leadership or 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