

Name of Policy:	GME: Special Reviews of Residency Programs	 Reviewed/Revised date: 12/5/2023 Original effective date: 05/1997	
Policy Number:	3364-86-009-00		
Approving Officer:	Dean, College of Medicine and Life Sciences		
Responsible Agent:	Director, Graduate Medical Education		
Scope:	UT College of Medicine Residency Programs		
<input type="checkbox"/>	New policy proposal	<input checked="" type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

POLICY

The University of Toledo’s Graduate Medical Education Committee (GMEC) will provide oversight of underperforming programs through a Special Program Review (SPR) process. The Graduate Medical Education Committee is responsible for the development, implementation and oversight of this special review process.

PURPOSE

To ensure effective oversight of underperforming Graduate Medical Education programs by the Sponsoring Institution via the Designated Institutional Official and the Graduate Medical Education Committee. Specifically, this policy will (1) establish criteria for identifying underperformance and (2) address the procedure to be utilized when a residency/fellowship program undergoes a Special Program Review.

PROCEDURE

Criteria For Identifying Underperformance:

Underperformance by a program can be identified through a wide range of mechanisms. These may include, but are not limited to:

- Deviations from expected results in standard performance indicators:
 - Program Attrition
 - Program Changes
 - Scholarly Activity
 - Board Pass Rate
 - Clinical Experience
 - Resident or Faculty Survey
 - Milestones
 - Competencies
- Accreditation results from the RRC that do not reflect Continued Accreditation (e.g. Continued Accreditation with Warning)

- Communications about or complaints against a program indicating potential egregious or substantive noncompliance with the ACGME Common, specialty/subspecialty-specific program, and/or Institutional Requirements; or noncompliance with institutional policy;
- A program's inability to demonstrate success in any of the following focus areas:
 - Integration of residents/fellows into institution's Patient Safety Programs;
 - Integration of residents/fellows into institution's Quality Improvement Programs;
 - Establishment and implementation of Supervision policies;
 - Transitions in Care;
 - Clinical Work and Education Hours policy and/or fatigue management and mitigation; and
 - Education and monitoring of Professionalism
- At the request of a Program Director or Department Chair.

Special Program Review (SPR) process:

1. **Designation:** When a residency/fellowship program is deemed to have met the established criteria for designation as an underperforming program, the DIO/Chair of the GMEC shall schedule a Special Review.

2. **Special Review Panel:** Each Special Review shall be conducted by the DIO/Chair of the GMEC and any additional members deemed appropriate. The DIO/Chair of the GMEC may serve as the Chair of the Special Review.

3. **Preparation for the Special Review:** The Special Review Panel shall identify the specific concerns that are to be reviewed as part of the Special Review process. Concerns may range from those that broadly encompass the entire operation of the program to single, specific areas of interest. Based on identified concerns, the program under review may be asked to submit documentation prior to the actual Special Review that will help the panel gain clarity in its understanding of the identified concerns.

4. **The Special Review:** Materials and data that may be used in the review process:

- the ACGME common, specialty/subspecialty-specific program, and institutional requirements in effect at the time of the review;
- accreditation letters of notification from the most recent ACGME reviews and progress reports sent to the respective RRC;
- reports from previous special reviews of the program or reports from self-study visits (if applicable);
- previous annual program evaluations;
- results from internal or external resident surveys, if available; and,
- any other materials the Special Review Panel considers necessary and appropriate.

The Special Review panel may choose to conduct interviews with the Program Director, key faculty members, at least one resident from each level of training in the program, and other individuals deemed appropriate by the committee.

5. **Special Review Report:** The Special Review Panel shall submit a written report to the GMEC that includes, at a minimum, a description of the review process and the findings and recommendations of the panel. These shall include a description of the program improvement goals, any corrective actions designed to address the identified concerns, and the process for GMEC monitoring of outcomes, including timelines. The GMEC may, at its discretion, choose to modify the Special Review Report before accepting a final version.

6. Monitoring of Outcomes: The DIO and GMEC shall monitor outcomes of the Special Review process, including actions taken by the program and/or by the institution with special attention to areas of GMEC oversight, including:

- the ACGME accreditation status of the Sponsoring Institution and its ACGME-accredited programs;
- the quality of the GME learning and working environment within the Sponsoring Institution, its ACGME-accredited programs, and its participating sites;
- the quality of educational experiences in each ACGME accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements;
- the ACGME-accredited programs’ annual program evaluation and Self Study(ies); and,
- all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution.
- ACGME-accredited programs’ implementation of institutional policies for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually;
- The provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that this information is being provided.

General Review of Programs and/or Program Documentation

Each Program’s policies and documentation, i.e. resident files, meeting minutes, etc.. The general review of the program and documentation will be completed by the GME office. If any major concerns or deficiencies are noted, the program may have a special review, utilizing the Special Review Panel at that time.

<p>Approved by:</p> <p><u> /s/ Shaza Aouthmany, M.D.</u> Chair, Graduate Medical Education Committee</p> <p><u> /s/ Christopher Cooper, M.D.</u> Dean, College of Medicine and Life Sciences</p> <p><i>Review/Revision Completed by:</i> <i>Graduate Medical Education Committee</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none"> • None <p>Review/Revision Date: Revised 4/00, Revised 2/02, Revised 4/02, Reviewed 4/04, Revised 6/05, Revised 3/6/07, Reviewed 3/3/09, Reviewed 3/1/11, Reviewed 3/5/13, Revised 8/12/14, Reviewed 8/9/16, Reviewed 8/7/18, Revised 6/4/19, Revised 12/5/2023</p> <p>Next review date: 12/5/2025</p>
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