Protocols
Purpose

The ACGME requires that all institutions which sponsor ACGME accredited GME programs have an organized process to demonstrate effective oversight through a Special Focused Program Review (SFPR) process. The Graduate Medical Education Committee is responsible for the development, implementation and oversight of this special review process. It is to assess whether each program has defined, in accordance with the relevant Institutional and Program Requirements, the specific knowledge, skills, and attitudes required and provides educational experiences for the residents and to determine if any concerning trends have risen in a programs annual performance data or through complaints submitted to the ACGME, DIO or the Graduate Medical Education Ombudsman.

Policy

The Graduate Medical Education Committee is responsible to ensure that the process shall be in accordance with ACGME standards (Institutional Requirements). The GMEC identifies the need and process as stipulated in those standards. The GMEC receives an annual report summary of the findings, and establishes the actions to be taken to follow-up on the proposals brought forth by the Educational Review Subcommittee and plan accordingly for a Special Focused Program Review (SFPR).

The DIO and Director of Accreditation have the authority to call a Special Focused Program Review should they determine that a program is failing to comply with ACGME Institutional or Program Requirements defined by but not limited to the following:

1. Resident Formal Complaint to ACGME
2. Resident Formal Complaint to School of Medicine DIO, or Ombudsman
3. Adverse notification from ACGME
4. Notification of an ACGME Focused Visit
5. Concerns or trends noted in program data including WebADS, Program Surveys, and Annual Data submission.
6. Request by Program Director or Department Chairman
7. New Program Director
8. New Accredited Program  
9. Frequent Changes in Program Personnel  
10. Attrition  
11. GME Hotline Complaints/Concerns  
12. Duty Hour Issues

All ACGME Accredited Training Programs will participate in a Special Focused Program Review 2 Year Priors to their ACGME Scheduled Accreditation Visit.

Process

i. Timing:

Communication announcing the Special Focused Program Review (SFPR) review is to be disseminated from the Director of Accreditation to the program director, (cc: Department Chairman, Chair of GMEC and DIO) within one week of the GMEC vote. The Special Focused Program Review Date must occur no later than 3 months from the date GMEC has voted to approve the review.

ii. Members:

In collaboration with the Director of Accreditation, GMEC and the Educational Review Subcommittee Chair the DIO will assign members to the review team. No member can be from within the department/section of the reviewed program. Members of the team at a minimum-

1. One program director  
2. One GME/faculty member  
3. One resident/fellow  
4. Additional internal / external reviewers and administrators as determined by GMEC, DIO, or Educational Review Subcommittee Chair

iii. Interviews:

Interviews must be conducted with:

1. Program director  
2. Several core faculty  
3. At least three peer selected resident from each PGY level in the program. All residents if the program has less than 8 trainees.  
4. Medical Director or Designee from the programs primary teaching site.
5. Others as deemed appropriate by the GMEC, DIO, or Educational Review Subcommittee Chair

The review takes approximately 3 ½ hours. The Review Team will interview the Program Director and Coordinator for 1 hour, the Faculty for 1 hour and the Residents for one hour. The last ½ hour will be a wrap up with the program director should clarification on any information be needed.

iv. Content:

Documentation for Review may include the following:

1. Annual Program Performance Data Results from GME Office for the AY. (provided by GME Office)
2. Duty Hour Summary (provided by GME Office)
3. Updated Annual Program Report from WebAds
5. Goals and Objectives Rotation and Level Specific
6. Sample Evaluation Instruments
7. Program Letters of Agreements
8. Didactic Schedules
9. Call Schedules
10. Rotation Schedules
11. Clinic Schedules for both Faculty and Residents
12. Procedure Log Summaries of Residents and most recent graduates
13. Compliance - % of Evaluations Completed by Each Faculty Member
14. Clinical Competency Committee Meeting Minutes
15. Program Education Committee Meeting Minutes
16. Annual Program Evaluation (APE) – (most recent one completed by the PEC)
17. Transition/Handoff logs
18. *All Completed Faculty and Program Evaluation Instruments from the Academic Year
19. *Resident Files to be reviewed prior to interviews
20. Any other documentation the review team deem necessary for review.

All documentation must be submitted to the Director of Accreditation 3 to 4 weeks before the scheduled interview date.

*Residents’ Files and program documentation will be reviewed by a GME Officer a minimum of 1 month before the interviews. The GME Officer will
report to the review team in writing regarding the programs files and documentations at a minimum of 2 weeks before the interviews. If the documentation is not in order the review team will discuss this matter with the program director and coordinator during the interviews. A follow-up date will be given and the resident files and documentation will be reviewed again for completion.

v. Summary Reporting:

The Review Team will generate a Summary Report written by the Team Leader based on the assessment of the information provided in the documentation and the interviews. The report will address the following:

The name of the program reviewed; date of the assigned review; names and titles of review team members; brief description of how the process was conducted, including the list of the groups/individuals interviewed (residents must have been peer nominated) and the documents reviewed; sufficient documentation to demonstrate a comprehensive review following the review protocol; whether the program has come into compliance with all ACGME citations and concerns, have they remedied past areas of concern. The summary will follow the format / outline of the Program Requirements. Inclusive of if the programs are complying with patient safety and quality initiatives, duty hours, supervision and transitions of care policies. The review team will submit a list of Recommendations in the Summary report. The Program Director will review the Summary Report before the final version is submitted to the Educational Review Subcommittee and GMEC for approval. The program director may be asked to be present at the Subcommittee Meeting to discuss his/her response to the findings of the review team.

vi. Follow Up of the Report at GMEC Meetings

Once the Educational Review Subcommittee has discussed the findings they will make a recommendation to the GMEC for approval at the next scheduled meeting. The program director must send a written response regarding the deficiencies and a corrective plan of action. This letter is copied and included with the Minutes of the Evaluation Review Subcommittee and GMEC. Any Recommendations will continue to be followed up on until they have all been addressed and or corrected to the satisfaction of the committee.

IMPORTANT – The Summary Report has a section at the end requesting the following information
• Date Presented to Educational Review Subcommittee / GMEC

• Date of Program Director follow up to GMEC

• Action Taken by GMEC

• Long Term Update