***SUNY Health Science Center at Brooklyn***

***Downstate Medical Center***

GRADUATE MEDICAL EDUCATION

POLICY AND PROCEDURE

Policy: GME Committee Protocol for GME Special/Focused Reviews

Under the new ACGME Institutional Requirements (approved July 1, 2013, effective July 1, 2014), the GME Committee (GMEC) must demonstrate effective oversight of underperforming programs through a Special Review Process that replaces the Internal Review process formerly required of all programs at mid-cycle between RRC site visits. The new procedure serves to assess a program’s compliance with all relevant ACGME/RRC requirements, provide a mechanism for more detailed evaluation where difficulties are perceived and facilitate improvement in the quality of programs, curricula, faculty/teaching and/or the clinical learning environment.

**Program Monitoring GMEC Subcommittee (PMC)**

The former Internal Review Subcommittee is newly designated as the Program Monitoring Subcommittee (PMC). The PMC is responsible for reviewing program performance data, annual reports and other material or program information that becomes known to the committee. The PMC is charged with identifying program of concern to be subject to Special Review according to a protocol that sets out criteria for recognizing underperformance based upon the “Annual Program Evaluation” (APE) and program response to issues identified by the APE and other data sources, including information from the DIO/GME Office, received complaints, communications from ACGME, etc.

 **Criteria for Initiating a Special Review**

1. Notice of concerns about underperformance conveyed to the Special Review Subcommittee by the GME Committee or DIO/GME Office.
2. Significant negative findings in the Annual Program Evaluation (APE) or data used for the APE including:
	* + Significant negative findings in ACGME Annual Resident/fellow and faculty surveys may be considered to be multiple questions (>5) with greater than 20% of responses in noncompliant range or greater than 40% noncompliance in a single established question or deteriorating trends over 2-3 years in more than one question category.
		+ Unsatisfactory performance on specialty board examinations for more than one consecutive year
		+ Unsatisfactory progress addressing previous ACGME Review Committee and/or SUNY Brooklyn Internal Review or Special Review citations
		+ Significant loss of clinical learning resources such as loss of a major participating site or multiple diagnostic or procedure categories indicating program experience in bottom 10th percentile compared to national norms
		+ Inadequate resident and/or faculty scholarly activity as defined by criteria described by the applicable Review Committee
		+ Recurring or unresolved duty hour, supervision or resident responsibility violations
		+ Evidence suggesting lack of adequate supervision
		+ Reports suggesting concerns regarding patient safety
		+ Multiple areas of complaints or concerns in aggregate resident or faculty written confidential evaluations of the program
		+ Program aggregate progress in resident Milestone achievement below national norms.

The PMC will determine if identified areas of underperformance warrant intervention beyond routine program surveys and reports. At its discretion the PMC investigation/intervention may include:

1. Request a written report or focused self-study document prepared by the program that responds to the identified deficiencies and proposes an action plan of correction.
2. Program Site Visit as per protocol described below by a Special Review Team (SRT) appointed by the PMC.
3. Program focused visit by representatives of the PMC, GME Office and/or any other designated participants to assess a specific focused area of concern

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**Special Review Team (SRT)**

A Special Review Team (SRT) will be appointed by the PMC to closely investigate alleged deficiencies. The SRT’s composition and operation will be based on the previous GMEC Internal Review Process that it now replaces.

**SRT Review Process**

1. PMC establishes time frame for site visit and a site visit date established by the GME Office
2. PMC appoints SRT whose membership must include at minimum:
* One GMEC member (to serve as chair) outside the department of the program under review.
* At least one additional SUNY HSC Brooklyn faculty member selected at large outside the department of the program under review.
* For programs with multiple affiliated sites, when feasible, one faculty based at an affiliate institution.
* At least one peer selected SUNY HSC Brooklyn resident/fellow from a department outside the program under review
* At least one administrative staff representative from the SUNY Downstate GME Office
* The program under review must designate one or two facultyas liaison to the review, usually the program director and/or the sponsoring department's chair.
* The DIO or an academic officer delegated responsibility as designated by the DIO.
* Additional reviewers from the above categories as deemed appropriate by the PMC or the DIO.
1. A written report or focused self-study document will be prepared by the Program Director in response to the identified deficiencies and program compliance with ACGME standards and describes the program’s prior action plan of correction and results of efforts to improve is shared with the SRT.
2. All data submitted to ACGME for annual review including:
	1. Annual webADS update
	2. Program and resident case and procedure logs
	3. Specialty board certification examination results
	4. ACGME Annual Resident Survey results
	5. ACGME Annual Faculty Survey results
	6. Program response to prior ACGME citations, concerns, complaints
	7. Program aggregate Milestone reporting data
	8. Report of faculty and resident scholarly activities (from ADS)
	9. Record of changes/attrition in program leadership and faculty
	10. Record of program resident selection and recruitment results
	11. Record of resident attrition or turnover
	12. Program graduate placement data
	13. Program duty hour, transitions of care and supervision data
	14. Documentation of resident involvement in patient safety and quality improvement activities
3. Site-Visit Document Audit conducted by GME Office staff to assess pertinentprogramfiles and documentation. Report will be shared SRT.
4. Clinical Working Environment Site-visit Report by GMEC Subcommittee on resident working environmentsat affiliated hospitals, if available. Subcommittee report will be shared with SRT.

**SRT Site-visit Interviews**

The SRT meets with program director, faculty and residents and, when appropriate, with persons in other programs or departments in regular interaction with the program under review. It may be necessary or convenient to divide the committee into teams to conduct interviews. However, each interview must be conducted with at least two members of the review committee present.

The review committee's list of persons interviewed should include:

1. Program director and sponsoring department chair;
2. Representatives of the program’s core faculty including at least three fulltime program faculty, without program leadership present;
3. Peer selected residents from all accredited program training levels, without faculty or chief residents present.
4. The internal review committee may, at its discretion, interview other persons including:
	* 1. Program administrator/coordinator
		2. Chief resident(s), without faculty present
		3. Chiefs of other relevant departments
		4. Nursing and other allied health professionals
		5. Faculty in other programs.
5. The SRT may, at its discretion, interview faculty and or residents individually and in strict confidence.

**Special Review Team Report**

* 1. SRT prepares a site-visit report of findings to be shared with program director for factual correction and response.
	2. The program is also asked at this time to submit a final action plan and time-table to correct identified deficiencies.
	3. SRT prepares final draft for presentation to the PMC.
	4. The final site-visit report will be reviewed by the Program Monitoring Subcommittee and its findings incorporated into its own separate report to the GMEC Executive Committee.
	5. Upon completion of the Special Review the PMC will report to the GMEC Executive Committee the program’s approved quality improvement goals, a final action plan for correction of identified deficiencies, a timeline for correction and the process that will be employed to monitor improvement outcomes.
	6. The PMC or the Executive Subcommittee will present the final SRT Report to the GME Committee at a regularly scheduled meeting for comment and approval.

The program will be required to submit a progress report to the GME Office addressing these recommendations for improvement at a time to be designated by the Special Review Team or the Program Monitoring Subcommittee. The PMC will review the progress/follow up report. The PMC will report all activities at the monthly GMEC meetings.

Approved by GMEC on January 15, 2014

Effective immediately.

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Chairman GMEC

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Associate Dean for GME, DIO