TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
School *of* Medicine

Policy and Procedure

SOM OP: 50.24, **GME Special Review Policy**

PURPOSE: The purpose of this School of Medicine (SOM) Graduate Medical Education (GME) Policy and Procedure is to establish a protocol for effective oversight of underperforming programs.

REVIEW: This SOM Policy and Procedure shall be reviewed within each year by the TTUHSC Graduate Medical Education Coordinating Council. Revisions will be forwarded to each campus GMEC for comment and the Office of the Dean for approval and publication.

POLICY/PROCEDURE:

1. The Graduate Medical Education Committee (GMEC) will initiate a Special Review of programs that are underperforming.

2. The criteria to initiate a Special Review are:

a. Any adverse decision or accreditation status change by the Resident Review Committee;

b. Any unplanned site visit by the Resident Review Committee;

c. Lack of progress on Resident Review Committee Citations;

d. Non-compliance with Program Performance Indicators (Attachment #1); and,

e. Any significant concern brought to the GMEC.

3. The Special Review committee will be appointed by the GMEC chair and made up with the following members:

a. One faculty member not from the department that is under review;

b. One resident not from the department that is under review;

c. Additional internal and external reviewers, or administrators deemed applicable by the DIO, or determined by the GMEC.

4. The Special Review Committee will convene within a timeline deemed appropriate by the GMEC, and the following is the process:

Interviews will be conducted with the following program personnel:

a. The Program Director,

b. The Department Chair,

c. At least one core faculty member,

d. At least one peer selected resident/fellow from each PGY level in the accredited program,

e. The coordinator, and

f. Other individuals as deemed applicable by the GME Special Review Committee depending on circumstances of the review.

5. The GME Special Review Committee is expected to have a written report within one month after the committee has conducted their interviews. The report will be presented to the GMEC and will outline the areas of non-compliance, review of the action plan undertaken by the program, and recommended further corrective action of the GME program. The GMEC will receive reports quarterly on the progress of the Special Review by the Program Director, or on a timeline determined by the GMEC.

The written report should contain the following, at minimum:

- The name of program reviewed;
- Date of the review;
- Names and Titles of review committee members;
- A brief description of how the Special Review process was conducted, including the list of program members interviewed and documents reviewed;
- A list of the citations and areas of non-compliance from previous ACGME letter of notification with a summary of how the program addressed each item; and
- A list of committee recommendations for further corrective action.

Special Review Policy
Program Performance Indicators

Attachment #1

Performance Indicator #1: Program Attrition
- Change in Program Director more often than once every 24 months.
- Decrease in core faculty >10% each year for two years.
- Residents withdrawing, transferring, and dismissed >5% for two consecutive years.

Performance Indicator #2: Program Changes
- Greater than two major participating sites have been added or removed.
- Greater than an increase or decrease in resident numbers by 20%.
- Major structural changes as identified by the GME Committee.

Performance Indicator #3: Scholarly Activity
- GME Committee identifies inadequate scholarly activity for both/either faculty and learners.

Performance Indicator #4: Board Pass Rates
- Board Pass Rate below RRC mandated minimum for a consecutive two year period.

Performance Indicator #5: Clinical Experience Data (Core)
- Any significant changes in adequacy of clinical or didactic experience within the Residency.

Performance Indicator #6: ACGME Resident Survey
- A compliance rate below 75% in a consecutive two year period for any category surveyed by ACGME including Resources, Professionalism, Patient Safety and Teamwork, Faculty Teaching and Supervision, Evaluation, Educational Content, Diversity and Inclusion, and Clinical Experience and Education.

Performance Indicator #7: ACGME Faculty Survey
- A compliance rate below 75% in a consecutive two year period on any of the categories identified from a faculty survey.

Performance Indicator #8: ACGME or Narrative Milestones
- Non-compliance of the following items: WebAds, Milestones, Compliance of Surveys, Annual Reporting and Case Logs.

Performance Indicator #9: CLER
- Areas of concern from the most recent CLER visit specific to hospital/clinic unit of a program