

UC Riverside, School of Medicine Policies and Procedures**Policy Title:** Special Program Review Protocol**Policy Number:** 950-09-017

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| Responsible Officer: | Associate Dean for Graduate Medical Education |
| Responsible Office: | Graduate Medical Education |
| Origination Date: | 12/2019 |
| Date of Revision: | 11/2021 |
| Scope: | UCR SOM Graduate Medical Education |

I. Policy Summary

The Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements requires that the Sponsoring Institution's Graduate Medical Education Committee (GMEC) must demonstrate effective oversight of its underperforming ACGME programs through a Special Program Review (SPR) process. This process must include a Special Program Review Protocol that establishes criteria for underperformance and results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes including timelines.

II. Definitions

N/A

III. Policy Text

N/A

IV. Responsibilities

N/A

V. Procedures**A. Special Review Process**

1. The DIO acting on behalf of the GMEC will notify the Program Director in writing of the intent to conduct a Special Program Review based on one or more criteria for program underperformance as identified in this protocol.
2. The DIO or designee will appoint members of the Special Review Committee (SRC) appropriate to the nature of the review based on the principle of minimizing conflicts of interests.
3. The Program Director will be responsible for submitting all requested documentation and for scheduling all interviewees as requested by the DIO, GMEC and the Special Review Committee within 21 days of the notification of the Program Director by the DIO.
4. The Special Review interviews will be completed by the Special Review Committee within 28 days of notification of the program director or unless delay is otherwise documented in the GMEC.

5. The Special Review Committee will submit a written report that describes the quality improvement goals, corrective actions and process for GMEC monitoring of outcomes for review and approval by the GMEC within 14 days of completion of the interviews. The reviewed and approval by the GMEC including any changes will be documented in the GMEC minutes.
6. The Program Director must submit a written Special Program Review Corrective Action Plan within 28 days of receiving the Special Review Report that must be reviewed and approved by the GMEC with requirements for additional monitoring, as needed, to resolve the areas of program underperformance.
7. The goal of the special review is to do a root cause analysis of the reasons for the performance of the program, provide feedback to the program to allow the program to develop a plan to improve quality and maximize accreditation length.

The Special Review goals are achieved through the following six-step process:

1. **Review** supporting materials and documents related to the program.
2. **Verify** information in those documents using multiple sources (e.g. program leadership, house staff).
3. **Evaluate** compliance with ACGME and UCR SOM requirements.
4. **Report** areas of strength, and
5. **Recommend** strategies for program improvement. Monitoring by GMEC for Continuous Program Quality Improvement”

B. Criteria For Program Underperformance

1. ACGME Letter of Notification of Accreditation indicating:
 - a. Accreditation with Warning
 - b. Probationary Accreditation
 - c. Proposed Withdrawal
2. Inquiry from ACGME Office of Resident Affairs
3. Annual ACGME Resident Survey or GMEC Resident Survey identifying compliance less than the national mean for the educational and clinical work hours domain including repeated noncompliance with GME educational and clinical work hours policy.
4. Annual ACGME or GMEC Resident and/or Faculty Survey results that fall below national norms for compliance in two or more domains.
5. Trending data from Annual ACGME or GMEC Resident or Faculty Surveys indicating concerns in the learning environment
6. Annual Program Evaluation and Improvement Plans that fail to satisfactorily address current citations, areas for improvement, resident engagement in quality improvement and patient safety, scholarly activity, faculty development, board certification passing rates (Board passing rate <75% on aggregate of three years for any residency/fellowship program) and/or recommendations from Special Reviews.
7. Two or more changes in Program Directors during the length of the training program.

8. Newly Accredited Programs after six months of its initial training year but no later than 18 months after initial accreditation.
9. Request from the Designated Institutional Official
10. Request from the Program Director
11. As per majority vote of the GMEC for all other circumstances
12. One year prior to a ACGME Self-study Site Visit
13. Internal complaint from resident/faculty member for any program/fellowship
14. Attrition of resident/fellow/faculty
15. Concerns about a participating site

C. Special Review Committee Membership

1. Committee membership must include:
 - a. The DIO or designee
 - b. GME office staff including Institutional coordinator and Administrative assistant.
 - c. One Program Director or Associate Program from a Department other than the Department of the program under review unless special circumstances exist (see IV.B)
 - d. One resident/fellow from a Department other than the Department of the program under review unless special circumstances exist (See IV.B).
2. Special Circumstances regarding committee membership
 - a. Focused Special Reviews may be limited to membership to the DIO or designee with GME office support staff for assistance.
 - b. Membership of full or focused special reviews may also include additional GME Leadership personnel, Program Directors, Associate Program Directors and Residents and/or Faculty, Safety/Quality Officers, Program Coordinators or USC or LAC+USC administrators at the discretion of the DIO and/or GMEC.

D. Special Reviews Materials

1. The following documents must be reviewed for each special review:
 - a. Documentation supporting program underperformance
 - b. Most recent Letter of Notification (from ACGME)
 - c. Most recent ACGME Resident and Faculty Survey
 - d. Most recent GMEC Resident and Faculty Survey
 - e. Most recent Annual Program Evaluation and Improvement Plan
 - f. Program Requirements in effect at the time of underperformance
 - g. Additional documents appropriate to the criteria for underperformance as determined by the Special Review Committee

E. Special Review Interviews

1. Interviewees at a minimum must include:
 - a. Program Director (Program Coordinator is optional)
 - b. Minimum of three representative faculty or all faculty as determined by the program director (faculty must have direct contact with the residents/fellows and be familiar with the program). Programs with a

resident/fellow complement >50 may be required to provide additional faculty for the special review.

- c. All or peer-selected residents as follows
 - Resident/fellow complement < 10: all residents/fellows on duty the day of the interview
 - Resident/fellow complement >10 and <50: a minimum of three peer-selected residents/fellows from each year of training
 - Resident/Fellow complement > 50: a minimum of 4 peer- selected residents/fellows from each year of training

2. Special circumstances

- a. The Special Review Committee (SRC) may waive or reduce the requirement for one or more representatives (faculty or residents) at the discretion of the DIO or the Special Review Committee Chair
- b. The Special Review Committee may request more than the minimum faculty or residents and/or Department Chairperson

3. Interviews

- a. Peer-selected Residents/Fellows in a single group or divided by training year or individually as determined by the Special Program Review Committee without faculty or the program director present
- b. Faculty in a single group or individually as determined by the Special Program Review Committee without residents or program director present.
- c. Chairperson may be included in faculty interview and/or interviewed separately (preferred) as per Special Program Review Committee
- d. Program Director and program coordinator, if available for additional information and feedback from Special Review Committee members

F. Recommendations For The Day Of The Special Review And Writing Of The Report:

The SRC conducts the interviews in a single half-day simulating the ACGME site visit format allowing the process to be completed in an efficient manner. The SRC must conduct interviews with the program director, chair, chiefs/site directors (if applicable), faculty, peer-selected housestaff from each level of training in the program, the program coordinator and other individuals deemed appropriate. The purpose of the interviews is to verify the written information submitted by the program, explore topics in greater depth and clarify issues raised by the team. Multiple individuals are interviewed to confirm consistency in the program responses.

Sample Schedule:

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| 8:00-9:00 | SRC convenes to review on-site documents, discuss findings, concerns and identify questions to be discussed during the interviews. |
| 9:00-10:00 | Entire SRC meets with the program director. |
| 10:00-10:15 | Entire SRC meets with the chair. |

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| 10:15-10:30 | If applicable: Entire SRC meets with division chiefs and/or site directors. |
| 10:30-11:30 | Team leader and faculty member meet with the faculty, administrator meets with the program coordinator and/or administrative staff, resident meets with resident representatives. |
| 11:30-11:45 | SRC reconvenes to discuss remaining issues, questions or clarifications that should be addressed with the program director. |
| 11:45-12:00 | Entire SRC meets with the program director. |
| 12:00-1:00 | SRC conducts a summary discussion and plans the special review report. |

Outcomes for interviews:

1. Assess the level of understanding of program underperformance
2. Assess validity of program underperformance
3. Identify corrective action plans to date
4. Assess effectiveness of corrective actions plans to date
5. Engage interviewees regarding additional corrective action plans
6. Reconcile any discordance between groups
7. Provide formative feedback to program director as appropriate

G. Confidentiality Of Special Review Documents

The Special Program Review is a peer-review activity conducted by the GMEC functioning as a Subcommittee of the Attending Staff Association and its Executive Committee. Each Special Program Review Committee member will be required to sign a statement of confidentiality. Each report will indicate the following:

The information contained in this document and any attachment is privileged and confidential under state law, including Evidence Code section 1157 relating to medical professional peer review documents and Government Code Section 6254 relating to personnel records.

VI. Forms/Instructions

Appendix A: Special Program Review Report

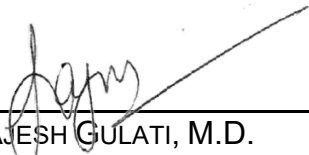
VII. Related Information

N/A

VIII. Revision History

N/A

Approvals:



RAJESH GULATI, M.D.
ASSOCIATE DEAN FOR GRADUATE MEDICAL
EDUCATION,
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11/16/2021

DATE

PAUL HACKMAN, J.D., L.L.M.
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DATE

DEBORAH DEAS, M.D., M.P.H
VICE CHANCELLOR, HEALTH SCIENCES
DEAN, SCHOOL OF MEDICINE

DATE

**Appendix A
Graduate Medical Education
Special Program Review Report**

I. Program (being reviewed):

Name of Program Director:
Name of Program Coordinator:
Name of Chair of Department:
Accreditation Status:
Resident complement:
Effective date of accreditation:
Self-study submission date:
Approximate date of next ACGME site visit (if known):
Date of Special Program Review Interviews:
Date Special Review Report Approved by GMEC:
Date of Corrective Action Report Due to GMEC:

II. Membership of Special Program Review Committee by name and position including year of training for any resident/fellow members:

III. Names of individuals interviewed by name and position including year of training for peer-selected residents/fellows or all residents/fellows in the program with <: 10 residents:

IV. Materials Reviewed

REQUIRED

Documentation supporting program underperformance Letter of Notification (by DIO or ACGME)
ACGME Resident and Faculty Survey
Annual Program Evaluation and Improvement Plan ACGME Program Requirements
Format of Interviews: as suggested by the DIO in collaboration with the GMEC or as decided by the Chair of Special program review committee

OPTIONAL (Check all applicable for this review)

- Board Passing Rates
- Block Diagrams
- Case logs Conference Schedule
- Evaluation tools GMEC Minutes
- Goals and Objectives
- Milestone Data
- QI/PS Projects and Outcomes
- Program Policies
- Resident/Faculty Call Schedules
- Resident Files
- Other: _____

- V. Format of Interviews: as suggested by the DIO in collaboration with the GMEC or as decided by the Chair of Special program review committee**
- VI. Circumstance(s) requiring Special Review**
- VII. Status of corrective action(s) to most recent Letter of Notification**
- VIII. Status of corrective action(s) to ACGME and/or GMEC Resident/Faculty Surveys:**
 - A. Overall Program Evaluation
 - B. Resources
 - C. Professionalism
 - D. Patient Safety and Teamwork
 - E. Faculty Teaching and Supervision
 - F. Evaluation
 - G. Education Content
 - H. Diversity and Inclusion
 - I. Clinical Experience and Education
- IX. Annual Program Evaluation and Improvement Plan**
- X. Concerns identified by the Special Program Review Committee from materials reviewed and interviews that must be addressed to the GMEC in a written corrective action plan:**
- XI. Summary Statement**
- XII. Recommendation for submission and GMEC monitoring of program director's corrective action plan to concerns identified in Section XI of this report:**