

ATRIUM HEALTH CABARRUS GRADUATE MEDICAL EDUCATION

POLICY AND PROCEDURE FOR IDENTIFYING UNDERPERFORMING PROGRAMS AND SPECIAL REVIEW PROCESS

Created: 8/23

Applies to: All graduate medical education (GME) residency or fellowship programs, regardless of accrediting body or status.

Background: Per ACGME Institutional Requirements (I.B.6): The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. The Special Review process must include a protocol that:

- establishes a variety of criteria for identifying underperformance that includes, at a minimum, program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies; and
- results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines.

Policy:

I. Criteria identifying Underperforming Programs:

- A. ACGME accrediting status of Continued Accreditation with Warning, Initial Accreditation with Warning, Probationary Accreditation, Accreditation Withheld, Withdrawal of Accreditation, Withdrawal of Accreditation under Special Circumstances or Administrative Withdrawal of Accreditation. Also, any status conferred by another accrediting body that the DIO interprets to be consistent with these categories.
- B. Multiple citations in one cycle, citations not resolved within one year and first-time citations and areas of concern/improvement that the DIO or GMEC interpret as warranting external investigation
- C. Pattern of resident and/or faculty ACGME survey results significantly below national and specialty means or that demonstrate significant decline over multiple years.
- D. Board pass rates below ACGME minimal acceptable standards
- E. Pattern of resident/fellow attrition
- F. Failure to meet critical GMEC (Annual Program Evaluation, etc.) ACGME and other accrediting body deadlines for submission of data

II. Special Review (SR)

- A. A Special Review will be initiated when a program meets one or more criteria for underperformance.
 - 1. On rare occasions a program may meet criteria for underperformance, but in the opinion of the DIO a special review is not necessary – ex. administrative citation in a program with Initial Accreditation addressed but not resolved until the program receives full accreditation. The DIO will notify the GMEC of any exemptions.

2. Special reviews may also be conducted based on:

a. Concerns identified and communicated to the GME Office, DIO or GMEC by residents, faculty, members of the GMEC, Atrium Health leadership or Atrium Health Departments (HR, Legal, etc.) that reasonably raise question of program performance.

b. Program Director's request

B. The Special Review Committee

1. DIO/Associate DIO (DIO) selects Special Review Committee (SRC) made up at minimum of DIO and Institutional Coordinator, and a faculty member (and usually a resident/fellow) within the Atrium Health system with additional members as deemed appropriate by the DIO. The DIO may serve as or appoint a Chair of the SRC.
2. The DIO will determine the extent of the review – *focused* only on areas of underperformance, or *full* program review, addressing all areas of accreditation requirements. The DIO will expand a focused review if evolving information indicates the need.
3. Depending on scope of review the SRC may be asked to review ACGME requirements (or appropriate accrediting body), accreditation notification and responses, recent Annual Program Evaluations and ACGME ADS submissions, findings of the Program Evaluation Committee (PEC,) program level Milestone data, internal and external resident and faculty surveys, program evaluations, specific program level rotation evaluations and other material necessary to conduct an appropriate review for the concern. Program should supply prior to review if requested.
4. Based on extent of the review and specific issues of underperformance, the Program Director, representative faculty, peer-selected trainees, program graduates and the Chair may be interviewed. (Trainees should be included in review unless DIO determines concern is strictly an administrative issue not impacting trainees – ex) program not meeting crucial deadlines)

C. Special Review Committee Report and GMEC Oversight and Monitoring of Outcomes

1. On completion of the review, the SRC will submit and present a report to the next meeting of the GMEC that includes improvement goals, recommended corrective actions, a timeline for achieving the goals and actions, and the recommended process and timeline for GMEC monitoring of SR outcomes. The Program Director may offer additional comments.
 2. The frequency of GMEC monitoring of outcomes of a SR will vary depending on the goals, action, and process timeline. Typically, the GMEC monitoring timeline will include at minimum a follow-up report by the Program Director to the GMEC at 3 months, and 1 year after review, but the SRC or the GMEC may request modification of that timeline based on the findings.
 3. In the event the reason for Special Review is accreditation status, SR designated timelines should be developed in advance of subsequent accreditation review by the relevant ACGME specialty Review Committee.
- 2 The GMEC in its oversight capacity will either vote to accept the review, plan and timelines as presented and may request alteration of the plan and/or timeline; or may determine additional information/scope is required prior to approval.

Erika Steinbacher, MD

Erika Steinbacher, MD
DIO
Atrium Health Cabarrus

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Date

Asha Rodriguez

Asha Rodriguez
Facility Executive
Atrium Health Cabarrus

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Date