

**BHRS POLICY 24-01: Graduate Medical Education (GME)**  
**Attachment B: Special Review Process**

**Authority:** ACGME Institutional Requirements section I.B.6

The Accreditation Council of Graduate Medical Education (ACGME) Institutional Requirements require that the Graduate Medical Education Committee (GMEC) have a Special Review Process to provide oversight for underperforming programs. Per the Institutional Requirements, the process, “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.”

**Criteria of Underperformance**

Criteria for underperformance includes but is not limited to:

1. Serious concerns about patient or resident / fellow safety
2. Deviations from expected results in standard performance indicators:
  - a. Program attrition
    - i. changes in program director more often than every 24 months;
    - ii. greater than one resident/fellow per year trainee attrition (withdrawal, transfer or dismissal over a two-year period).
  - b. Loss of major education necessities
    - i. loss of a major participating site without an adequate replacement;
  - c. Recruitment underperformance
    - i. any unfilled positions over three years
  - d. Scholarly activity (excluding typical and expected departmental presentations)
    - i. GMEC identifies inadequate scholarly activity for faculty
    - ii. GMEC identifies inadequate scholarly activity for residents/fellows
  - e. Board passage rates
    - i. Board pass rate (USMLE or ABPN) falls below 50% averaged over 2 years
  - f. Clinical experience data
    - i. Any significant changes in adequacy of clinical or didactic experience within the residency/fellowship
  - g. ACGME resident survey
    - i. Scores in the categories of duty hours, faculty, evaluation, educational content, resources, patient safety and teamwork that are significantly below historical scores and/or significantly below the national or specialty mean listed on the evaluation.
  - h. ACGME faculty survey
    - i. Scores in the categories of faculty supervision and teaching, educational content, resources, patient safety and teamwork that are

significantly below historical scores and/or significantly below the national or specialty mean listed on the evaluation.

- i. Milestones ACGME or narrative
  - i. Non-compliance with the milestones project as reported to the ACGME.
- j. Inability to demonstrate success in the CLER focus areas (Patient Safety, Health Care Quality, Care Transitions, Supervision, Duty Hours, Fatigue Management and Mitigation, and Professionalism)

## Process

1. Reporting
  - a. At any point, a resident, fellow, or faculty member can report concerns for a possible underperforming program using the Confidential reporting provisions listed in the Graduate Medical Education Policy #24-\*\*\*, section X.a.i.
2. Investigation
  - a. The DIO or the DIO's designee will investigate the program and complete a report within 30 days of the initial date the concern was reported.
    - i. The report may include a recommendation of whether the program should be placed in the underperforming program category, but the final determination will be made by the GMEC.
    - ii. The GMEC will review the report at the next GMEC meeting and vote on whether the program should be placed in the underperforming program category.
    - iii. If the GMEC determines that the program is not underperforming then this will be noted in the GMEC minutes.
      1. The GMEC can determine whether to re-investigate the program at a later date.

## Remediation of Underperforming Programs

If a program is identified as an underperforming program then:

1. The GMEC will determine if the underperforming program needs to be reported to the ACGME.
2. The DIO will recommend and the GMEC will confirm an "Improvement Coordinator," a faculty or staff member to oversee a corrective action plan.
3. The Improvement Coordinator will provide updates on the status of remediation plan at every GMEC meeting.
4. If a program does not show improvement within 12 months then the GMEC will determine next actions, which could include:
  - a. Removal or replacement of the program director
  - b. Voluntary program closure
  - c. Requests to the ACGME for guidance and support
5. If the corrective action plan is successful then the underperforming program will be placed on a probationary status for 6 months.

- a. The program will continue to make strong efforts to address the concerns over the next six months to prevent any return to underperformance.
- b. If all concerns are adequately addressed at the end of the probationary period then the underperforming program will be removed from that status.