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## **NSU KPCOM GME POLICY ON SPECIAL REVIEW PROTOCOL**

### **PURPOSE:**

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirements I.B.6. Special Review Protocol*:

*I.B.6. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. (Core)*

*I.B.6.a) The Special Review process must include a protocol that: (Core)*

*I.B.6.a).(1) 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, (Core)*

*I.B.6.a).(2) results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines. (Core)*

### **DEFINITIONS:**

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated April 15, 2020; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

### **PROCEDURE:**

The GMEC will identify underperformance through the following established criteria, which must include, but are not limited to, the following:

#### Inability to meet established ACGME common and program specific requirements

1. Program accreditation Status of Initial Accreditation with Warning.
2. Program accreditation Status of Continued Accreditation with Warning
3. Adverse accreditation statuses as described by ACGME policies

#### Program attrition

1. Greater than one resident/fellow per year resident attrition (includes withdrawal, transfer, or dismissal).

#### Loss of major education necessities

1. Consistent incomplete resident complement, or
2. Major program structural change.

#### Recruitment performance

1. Unfilled positions over three years.

#### Board pass rate

1. Downward trend in board passage rate, or
2. Unacceptable by ACGME specialty standards.

#### Case logs/Clinical experience

1. Unacceptable by ACGME specialty-specific standards.

#### Resident Survey

1. Compliance below the national average for any aspect of duty hour rules.
2. Downward trends in more than two categories other than duty hours.
3. Resident overall dissatisfaction with the program including but not limited to egregious single year issues and issues that extend over more than one year.

#### Faculty Survey

1. Minimum of 70% completion rate.
2. Downward trend in more than two categories.

#### Non-compliance with responsibilities

1. Failure to submit milestones data to the ACGME and to the GMEC.
2. Failure to submit data to requesting organizations or GMEC (ACGME/ABMS).

#### Inability to meet established ACGME common and program specific requirements notification from RRC

1. Requests for progress reports and site visits.
2. Unresolved citations or new citations.
3. Other actions by the ACGME resulting from annual data review or other actions.

#### **SPECIAL REVIEW:**

The GMEC will discuss whether a residency/fellowship program is underperforming and thereby subject to special review. If so determined, the DIO/GMEC must initiate a special review within 30 days of a program being identified as underperforming.

The special review will be conducted by a Special Review Committee (SRC). The SRC will include, at minimum, the DIO, an administrative member of the GMEC, a faculty member and resident from the GMEC – though not from the program under review. Additional members may be included on the SRC as determined by the DIO/GMEC. The DIO will chair the SRC.

The SRC will determine materials and data to be used during the Special Review. At minimum, the materials are to include:

1. The ACGME common, specialty, subspecialty-specific program, and Institutional Requirements in effect at the time of the review,
2. Accreditation letters of notification from the most recent ACGME reviews and progress reports sent to the respective RRC,
3. Previous Annual Program Evaluations (APE),
4. Results from ACGME faculty and resident surveys, and
5. Any other materials the SRC considers necessary and appropriate.

The SRC will conduct interviews with the Program Director, key faculty members, at least one peer selected resident(s) from each PGY level of training in the program, and other individuals deemed appropriate by the committee.

The SRC will prepare a written report to be presented to the GMEC for review and approval. At a minimum, the report will contain:

1. A description of the quality improvement goals to address identified concerns
2. A description of the corrective actions to address identified concerns
3. The process for the GMEC to monitor outcomes of corrective actions taken by the program.

#### Monitoring of Outcomes

The DIO, in conjunction with the GMEC, will monitor outcomes of the Special Review. The subject program will provide quarterly progress reports to the GMEC until the deficiency is deemed remediated by the DIO/GMEC.

*Initial Approval by GMEC on July 7, 2017*

*Second Approval by GMEC on June 26, 2018*

*Reviewed and Approved by GMEC on April 8, 2021*