Departmental Policy Title	Special Program Review Policy - GME	Policy ID	11318
Keywords	Special, Program, Review, SPR, QAS, APE, GME		
Department	Graduate Medical Education (GME)		

I. Purpose of Policy

This policy defines the way in which the Quality & Accreditation Subcommittee (QAS) of the Graduate Education Medical Committee (GMEC) supports program quality improvement efforts for Accreditation Council for Graduate Medical Education (ACGME)-accredited graduate medical education programs at Dartmouth Hitchcock (DH).

II. Policy Scope

This policy applies to ACGME-accredited residency and fellowship training programs at DH.

III. Definitions

- **Designated Institutional Official (DIO):** The individual in a sponsoring institution who has the authority and responsibility for all the ACGME-accredited GME programs.

- **Graduate Medical Education Committee (GMEC)**: The designated institutional oversight body for all ACGME-accredited residency and fellowship training programs at DH.

- **Program Director:** The individual designated with authority and accountability for the operation of a residency/fellowship program, including compliance with all applicable ACGME program requirements.

- **Program Coordinator:** Oversees and directs all administrative activities associated with the training program. Assists the Program Director in ensuring that the training program is in full compliance with GME Office policies and procedures as well as relevant institutional policies and procedures, ACGME requirements and regulations and relevant professional standards and criteria.

- **Quality & Accreditation Subcommittee (QAS)**: The subcommittee of the GMEC responsible for the development, implementation, and oversight of quality improvement processes for ACGME-accredited GME training at program at DH.

- **Resident**: Any physician in an ACGME-accredited graduate medical education program including residents and fellows.

- **Special Program Review (SPR)**: Mechanism for GMEC oversight of program quality and accreditation of ACGME-accredited GME training programs that meet predefined criteria.

IV. Policy Statement

Special Program Review Criteria

The following criteria may be used by the QAS to identify a GME program for a SPR as well as the duration of time from the most recent SPR and type of SPR conducted.

Internal Criteria	External Criteria

1. At the request of hospital, department, section, or program administration.
 	
2. Concerns identified from internal metrics.
 	
3. Concerns communicated to the GME office or QAS by Residents or faculty.
 	
4. Concerns identified by the GMEC or its subcommittees.
	1. Annual submission of Accreditation Data System (ADS) information:
	
	   a. ACGME Case Log reports indicating minimum requirements not met by recent graduates.
	
	2. Annual ACGME Resident/Fellow Survey:
	
	   a. A pattern of significant downward domain trends and/or significant drop in compliance for questions/domains.
	
	   b. Survey submission rate below 70%.
	
	3. Annual ACGME Faculty Survey:
	
	   a. Pattern of significant downward category trends and/or significant drop in compliance for questions/domains.
	
	   b. Survey submission rate below 70%.
	
	4. ACGME Review Committee request for progress report.
	
	5. Board pass rate below 80%.
	
	6. Program with accreditation status of:
	
	   a. Initial Accreditation with Warning.
	
	   b. Continued Accreditation with Warning.
	
	   c. Probationary Accreditation.

Special Program Review Types

The QAS determines the type of SPR is required to address the identified concern(s).

- Notification Letter
- Focused SPR
- Full SPR

Notification Letter

QAS Chair provides a notification letter to the Program Director highlighting identified concerns. No further response to the QAS is needed by the Program Director.

Focus Review

QAS Chair and the GME Accreditation Consultant or their designees meet with the Program Director and Program Coordinator to review the QAS findings and action plans already proposed or being implemented

by the program. The Associate Program Director may attend as appropriate. No further response to the QAS is needed by the Program Director.

Full Review

QAS Chair or their designee notifies the Program Director that a Full SPR is needed normally in the first quarter of the academic year.

1. The GME Accreditation Consultant or their designee works with the program under review and SPR Interview Team members to schedule the review.

    a. Interviews normally occur during the first or second quarter of an academic year.

2. Required SPR Interview Team members include, at the minimum:

    a. Program Director* and/or DIO,

    b. Resident*,

    c. Program Coordinator*, and

    d. GME Office staff member.

    *Representatives must not be from the program under review.

3. Interviews normally last from 30 to 60 minutes and should occur on the same day using the following format.

    a. Initial meeting with the Program Director and Program Coordinator

        i. Associate Program Director(s) may attend if applicable.

    b. Meeting with the core faculty

        i. Half the number of core faculty listed in ACGME Accreditation Data System should attend.

        ii. If the Associate Program Director(s) attend(s) the initial meeting, they cannot attend this meeting.

    c. Meeting with the Residents

        i. Minimum of at least 1 peer selected Resident from each training level for small programs and 2 for larger programs but prefer the majority of Residents attend.

        ii. Depending on the number of Residents attending, interviews may be done by training level.

    d. Closing meeting with the Program Director and Program Coordinator

        i. Associate Program Director(s), if applicable, and Department Chair and/or Section Chief may attend.

4. SPR Interview Team prepares the SPR report. The SPR report must at the minimum contain the following:

    a. Name of Program reviewed,

    b. Interview date(s),

    c. Names for the SPR Interview Team members,

    d. Rationale for the Full Review,

  e. Brief description of the interview process,

  f. Findings from the interviews,

  g. Date to submit action plan(s), and

  h. Date to submit monitoring progress report.

5. The Program Director submits an action plan normally within two months from receiving the QAS SPR report.

6. The Program Director provides a progress report normally within 3 months from the submission of their action plan. At that time, the QAS determines whether continue monitoring is needed.

GMEC Oversight

QAS is a subcommittee of the GMEC charged with carrying out the GMEC responsibility for oversight of underperforming programs through a special review process (ACGME Institutional Requirement I.B.6).

The QAS Chair or their designee presents the annual program review findings to the GMEC normally in the first quarter of the academic year identifying the programs requiring a SPR. During the fourth quarter of the academic year, the QAS Chair or their designee provides an update to the GMEC on the status of the active SPRs.

SPR Process Timeline
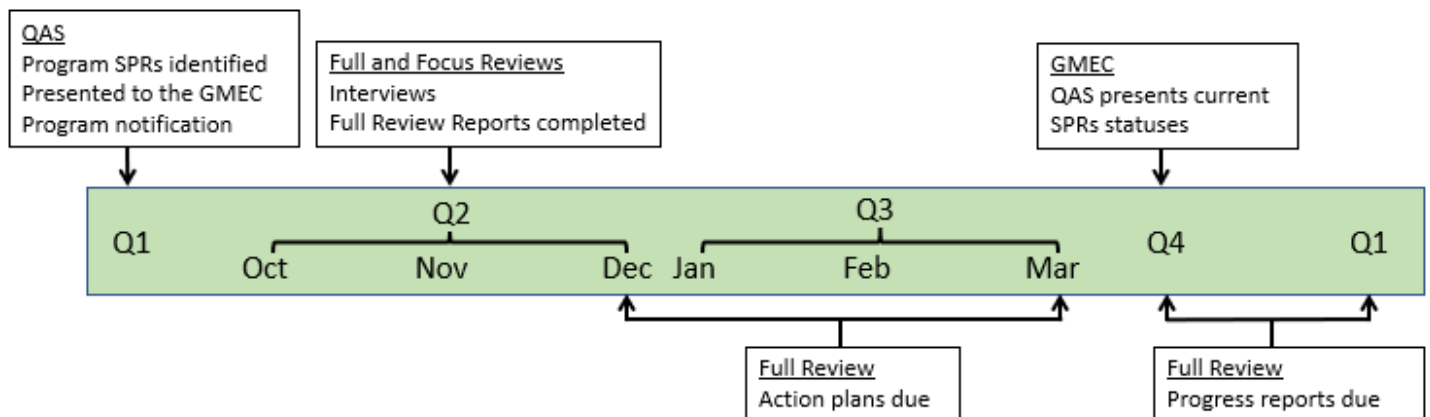
Confidentiality

- The SPR process is a quality assurance evaluation that is protected pursuant to NH RSA 151:13a and RSA 329:29a.

- SPR reports and action plans are confidential and are not shared with ACGME Review Committee site visitors.

- SPR reports may be included, if requested by ACGME, in the documentation provided to ACGME for an institutional site visit to verify that the SPR policy was followed.

V. References

  ACGME Institutional Requirements (2023).

Responsible Owner:	Graduate Medical Education (GME)	Contact(s):	Karen Miller
Approved By:	Chief Medical Officer - D-H Lebanon; GMEC Approver Group; Office of Policy Support - All Other Documents	Version #	7
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