

Title: Annual Program Review and Special Program Review (SPR) Policy

Reference: ACGME Institutional Requirements (2021 rev), ACGME Common Program Requirements (2020 rev)

Enclosures: UTRGV Special Review Protocol and UTRGV Special Review Report Template

- I. Background:** The Accreditation Council for Graduate Medical Education requirements (ACGME) (ref a) states that the Graduate Medical Education Committee (GMEC) must demonstrate effective oversight through an Annual Institutional Review (AIR) process that includes several institutional performance indicators, of which include accreditation information including statuses and citations of each accredited program.

The GMEC must also demonstrate effective oversight of underperforming programs through a Special Review Process. The Program Review process must include a protocol that 1) establishes criteria for identifying underperformance and 2) results in a report that describes quality improvement goals, corrective actions, and processes for outcome monitoring. These reviews serve as an additional tool to ensure appropriate GMEC oversight of UTRGV programs.

II. Definitions:

1. Annual Program Review (APR) – a review of each Annual Program Evaluation (APE) and Action Plan conducted by the GMEC and APE Peer review.
2. Special Program Review (SPR) – a full or focused review of a program that GMEC determines is warranted based on concerns and/or areas of underperformance.
3. Full Special Review – a complete review to assess a program’s overall compliance with common and specialty specific requirements as well as program quality indicators.
4. Focused Special Review – a review to assess one or more specific areas regarding compliance of common and specialty specific requirements, or a concerning trend in program quality indicators.
5. **Annual Program Review Characterizations:**
 - a. In Substantial Compliance: A program that is in substantial compliance with ACGME requirements or has been assessed as having findings that are not expected to result in an ACGME citation and can be resolved before the next APR.
 - b. In Substantial Compliance with Concerns: A program that is in substantial compliance with ACGME requirements but has been assessed as having one or more significant findings which are expected to result in an ACGME Letter of Notification with a Citation or a request for a Progress Report, or expected to last beyond the duration of the academic year.
 - c. Not in Substantial Compliance. A program that is not in substantial compliance with ACGME requirements or has been assessed with one or more significant findings that may result in an accreditation status of “With Warning”, “Probation”, or other adverse action.

III. Annual Program Review

1. At least annually, the Graduate Medical Education Committee (GMEC) will conduct a review of each program

accredited by the ACGME to assess the program’s clinical learning environment, compliance with common and specialty requirements, and approve proposed corrective action items to improve the quality of resident education.

2. Program Directors will conduct a Peer Review of an assigned program after reviewing the program’s educational documents, to include:
 - a. Annual Program Evaluation (APE) report (to include corrective action plans)
 - b. ACGME Common and Specialty Program Requirements and FAQ
 - c. ACGME Letters of Notification and 10-year site visit results
 - d. ACGME Resident and Faculty Survey results
 - e. Annual ACGME WebADS update (to include citation responses)
 - f. Other relevant correspondence and documents
3. The GMEC Executive Subcommittee will prepare an Executive Summary listing active citations and responses, significant findings, and concerns, along with a recommended characterization of the program as “In Substantial Compliance”, “In Substantial Compliance with Concerns”, or “Not in Substantial Compliance”.

GME Type of Review and Underperformance Criteria			
Review	GMEC Characterization	Criteria and Triggers for review	Oversight & Follow Up
Periodic Program Review	In Substantial Compliance	Annual review of program as required for Annual Institutional Review	GMEC As needed
Focused Review	In Substantial Compliance with Concerns	Areas for improvement/concerning trends on ACGME Letter of Notification (LON)*	GMEC Will provide periodic summary progress updates to GMEC until issues are closed.
		Review Committee (RC) citation that does not require additional resources to resolve*	
		Deviations from expected results in program quality indicators: - Program attrition - Scholarly Activity productivity - Board Pass Rate - Case Logs and Clinical Experience - ACGME survey results - Competency & milestone evaluations	
		Inability to demonstrate progress in the ACGME CLER Focus Areas	
		Failure to comply with ACGME or GME Office/GMEC requests	
		Loss of participating sites or other loss of resources	
Special Review	Not in Substantial Compliance	Multiple areas in Focused Review Criteria above	GMEC Will provide periodic

		Concerns raised from any member of hospital leadership, residents, faculty or GME	summary progress updates to GMEC until issues are closed.
		Non-compliance with ACGME requirements or institutional policies	
		Review Committee citations that require additional resources to resolve	
		Review Committee requests for progress report or other clarifying information	
		Unfavorable Review Committee decision and/or adverse accreditation status (as described by ACGME policies), including: -Initial accreditation w/warning -Continued accreditation w/warning -Probationary accreditation -Non-voluntary reduction in complement	
		ACGME Notification of a complaint (in combination with other triggers or as per DIO investigation)	
		Review Committee notification for a Full or Focused Site Visit	

*These criteria may be determined by the GMEC to not merit focused review, depending on the nature/number of AFI(s)/citation(s); instead, review of the program’s action plan(s) to address areas of deficiency may be determined by the committee to be sufficient.

IV. Annual Program Review Procedure

1. Program Directors will complete the Program Peer Review (PR) process for a peer program by reviewing the peer program’s Annual Program Evaluation and other supporting documentation as described in section III. The Program Director will prepare an Executive Summary to validate quality improvement goals and corrective action plans and recommend an oversight plan for GME approval.
2. The GMEC Executive Subcommittee will review each PR recommendation and vote to determine the final characterization of the program’s APR and approve quality improvement goals and corrective action plans, to include reporting timelines and monitoring of outcomes. At least annually, the GMEC will review open items from corrective action plans and request updates as necessary.
3. Annual Program Review Characterization and level of oversight:
 - a. Periodic Program Review (In substantial compliance) – programs will be reviewed at the next Annual Program Review. If there are concerns that arise outside the APR review timeframe, the Special Review (SR) Subcommittee will review and make additional recommendations as needed.
 - b. Focused Review (In substantial compliance with concerns) – programs will be monitored by the SR subcommittee with periodic progress updates to the GMEC until concerns that triggered the focused review have been resolved.
 - c. Special Review (Not in substantial compliance) – programs will be monitored by the GMEC with scheduled progress updates to the GMEC until concerns that triggered the special review have been

resolved.

V. Focused and Special Review Process

1. **General** – When a residency/fellowship program is deemed to have met the established criteria for designation as an underperforming program, the GME Office shall schedule a focused or special review.
2. **Focused Review** – As the Focused Review is a targeted review of a specific concern(s) of the program, the review process is less involved than a special review. The process for a focused review is described below.
 - a. **Focused Review Team:** Each focused review team will be composed of:
 - Special Review Committee Members
 - Member of relevant UTRGV GMEC subcommittee(s), may also be involved as appropriate
 - Additional participants at the discretion of the Designated Institutional Official (DIO)
 - b. **Preparation for Focused Review:** As this is a focused review, the SR Committee will determine a list of documents to review from UTRGV's Special Review Protocol document (encl 1). The program being reviewed must supply the documents the SR Committee deems necessary within the requested timeline.
 - c. **Interviews and Document Review:** The Focused Review team may administer surveys, conduct interviews of leadership (service and program), faculty, and residents/fellows as necessary to obtain additional information to render a more directed assessment of the noted findings.
 - d. **Review Outcomes:** The SR subcommittee will generate a focused review report, action plans, timelines, and monitoring procedures. The report will be submitted to the Program Director for review and feedback prior to submission to the GMEC Executive subcommittee for review. Once approved by the GMEC Executive subcommittee, the report and action plans will be sent to the GMEC for approval.
3. **Special Review** – As the Special Review is an in-depth review of the program, a separate detailed protocol is attached in enclosure (1), however a brief overview is described below.
 - a. **Special Review Team** – Each special review will be conducted by a panel comprised of individuals from the sponsoring institution not affiliated with the program being reviewed. Membership will include:
 - Designated Institutional Official (DIO) or designee
 - SR Chair: One program director/associate program director
 - At least one additional faculty GMEC member
 - At least one resident and/or fellow
 - As needed: a member of the GME staff, GME Director of Accreditation, GME Program Manager
 - Additional participants at the discretion of the DIO
 - b. **Preparation for the special review** – UTRGV's Special Review Protocol document (encl 1) has a list of all required documentation that must be sent to the special review team and/or be made available during the interviews.
 - c. **Interviews** – The special review panel will conduct interviews with the following members of the program under review:
 - Program director/associate program director(s)
 - Program Coordinator
 - Core/key clinical faculty
 - Residents/fellows with a minimum of one individual from each year of training
 - Any other individuals deemed appropriate by the review panel

- d. **Review Outcomes** – The Special Review Chair will generate a report, action plan, timeline(s), and monitoring procedures in conjunction with the other members of the SR subcommittee. The report will be submitted to the Program Director for feedback, input, or additional corrective action plans prior to submission to the GMEC Executive subcommittee for review. Once approved by the GMEC Executive subcommittee, the report and action plans will be sent to the GMEC for review and approval.

VI. Focused and Special Review Report

1. **Timelines:** Once a program has determined to be underperforming by the GMEC, the DIO will establish a focused/special review team. A clear and concise report of the review should be completed within two weeks of completion of document review and interviews by the focused/special review team. The SR Chair will complete the first draft of the report using a standardized template (encl 2) for the panel to review.
2. **Report format:** The Focused/Special Review team will utilize the UTRGV template (encl 2). The report includes the following information:
 - a. Type of review
 - b. Name of the program being reviewed with the date the review completed and a date when report is accepted by GMEC
 - c. Names and titles of special review team
 - d. Interviews conducted with roles and numbers of personnel interviewed
 - e. Overview of the review process and a list of documents reviewed
 - f. Listing of findings and recommendations of the panel.
 - g. Action Plan including quality improvement goals, corrective actions designed to address the identified concerns, level of oversight and timelines for progress reports to the GMEC, as well as deadlines for completion.
3. **Monitoring of Outcomes:**
 - a. The final draft report and action plans will be presented by the Special Review team Chair to the GMEC Executive subcommittee. Once approved, the review report and action plan will be presented to the GMEC for final review and approval. A copy of the final report – including modifications by the GMEC – will be provided to the program director.
 - b. The DIO and the GMEC will monitor outcomes of the focused/special review process, including actions taken by the program and/or the institution.
 - c. The Program Director will be asked to provide progress report(s) to the GMEC addressing areas of concern found by the panel. The timeframe for progress report(s) will be detailed in the final GMEC approved report and action plans. The GMEC may continue to ask for the program director to report on areas of concern on a regular basis until it is felt that the issues have been adequately addressed.
 - d. The GME Program Manager will ensure that the GMEC minutes reflect focused and special review updates including completion of reviews.
 - e. Upon completion of the focused/special review process, including addressing concerns identified during the review, a letter from the DIO to the program director will be provided for verification by site visitors. This letter will not contain information from, or conclusions drawn in the report other than the names and credentials of the review panel members.