Protocol for Oversight of GME Programs

Institutional Requirements (I.B.6.a.1 -2)

I.B.6. The GMEC must demonstrate effective oversight of underperforming programs 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 criteria for identifying underperformance; and, (Core)
I.B.6.a).(2) results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes. (Core)

Oversight of GME Programs by the GMEC

All ACGME accredited programs will undergo an Annual Review by the Education Monitoring Subcommittee (EMS) of the GMEC. This process will review, at a minimum, the following information to determine satisfactory ongoing compliance of the programs. The information required for the EMS review will be gathered via WebADS, prior collection of data by the Office of the Associate Dean for GME, via the programs’ Annual Program Evaluation (APE) minutes or by other program-level documentation as requested.

1. Letter of notification and updated responses to prior RRC citations (WebADS)
2. Responses to progress reports requested by the RRC or the EMS (GME Office)
3. Resident and Faculty Anonymous Surveys (GME Office and WebADS)
4. Most recent Annual Program Evaluation (APE) minutes including action plan as documented in the Annual Program Review (APR) Summary. See attached template in Appendix Y of the Consortium Operating Principles. (APE minutes)
5. Quarterly duty hour violation summaries (GME Office)
6. Significant changes in patient volumes (Included in APE minutes)
7. Case log deficiencies for graduates (Included in APE minutes)
8. ABMS Board pass rates, if available (Included in APE minutes)
9. Major changes in program structure as outlined in the Common Requirements section II.A.4.n. (1-10) (WebADS and/or APE minutes)
10. Attrition rates since last Annual Review: program director, faculty, trainees (Included in APE minutes)
11. Milestone results as reported to RRC (Pending)
12. PSQI Institutional Milestones progress that includes:
   a. Number of incoming house staff who completed the Basic Safety module/total number of incoming house staff
   b. Report of completion of Institutional Milestones by graduating house staff
   c. Report of house staff PSQI projects including:
      i. Name of project
      ii. Name of faculty mentor/supervisor
      iii. Brief description
      iv. Description of how project addresses identified hospital PSQI initiatives
v. Description of how project results will impact patient safety or quality improvement in clinical learning environment.  

*(Provided by the program)*

13. All policies including Program Evaluation Committee (PEC) and Clinical Competency Committee (CCC) descriptions must be included in the initial cycle. *(Provided by the program)*

a. Selection Process for new house staff
b. Process for house staff, faculty and program evaluation

c. Expectations for Promotion/Graduation to the next PGY level and/or completion of training
d. Disciplinary/Dismissal Policy: the written process used by the program to determine the appropriate course of action for disciplinary decisions and academic decisions that may lead to remediation, extension of training and non-reappointment. The program policy must describe the standard process used by the training program to discuss a trainee's behavior related to disciplinary issues and/or poor academic performance. The GME Consortium policy on Complaints and Academic and Disciplinary Decisions should be used by the trainee after all division and department resources have been exhausted. These institutional policies provide an appeals process for the trainee in the event they decide to grieve the programs’ decision.

e. Policies and procedures on Duty Hours that includes expectations for monitoring house staff compliance, and documentation of coverage for fatigued house staff
f. Policy on Moonlighting
g. Written Lines of Supervision addressing resident/fellow responsibilities for patient care, progressive responsibilities for patient management and faculty responsibility for supervision
h. Effect of Leaves of Absence from Training

14. Any other concerns that are brought to the attention of the EMS *(Upon request by EMS)*

Should any of these indicators suggest the need, the EMS may request a progress report from the program or decide that a Special Review (see below) is required to investigate the concern.

In addition, each program will undergo an in depth Monitoring Review by the EMS every 4 years. This Monitoring Review will consist of a review of all of the above data, interviews with house staff, Key clinical faculty and review of the program’s policies and other supporting documents as described in attachment X. Interviews will be conducted by a team consisting of the Chair of the EMS, one program director and house staff member from non-affiliated programs, and a support staff member. The report of this committee will be reviewed by the EMS to determine if any further actions must be taken to assure the program’s substantial compliance with all program requirements.

**Special Review Process**

Should the EMS determine at any time that one of the above indicators suggests substantial noncompliance by the program the EMS will perform a Special Review of the program with the intent of investigating the cause of concern. The review will consist of a review of the above indicators and all
needed supporting documentation, and interviews with the program director, faculty and house staff. These interviews will be conducted by a team consisting of the Chair of the EMS, one program director and house staff member from non-affiliated programs, and a support staff member. This team will generate a report that will be reviewed by the EMS. The EMS will note areas that require improvement and request follow up by the program. The program will utilize the EMS report to generate a written plan with its quality improvement goals and plans for corrective actions. This plan will be submitted to the EMS for review and to determine the need for scheduled followup. At a minimum, the program will undergo its next scheduled annual review as above, at which time progress on its action plan will be assessed.

The results of all Annual Reviews, Monitoring Reviews and Special Reviews completed by the EMS will be submitted to the full GMEC at the next regularly scheduled meeting for review, comment and approval.
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