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**Saint Louis University School of Medicine
Residency Training Programs**

**Annual Program Monitoring and
Special Review Policy**

I. Policy

The GMEC is responsible for oversight of all graduate medical education programs in accordance with ACGME requirements. This oversight includes, but is not limited to, ongoing monitoring of all ACGME accredited programs; the quality of the GME learning and working environment for each ACGME accredited program and participating site; the quality of educational experiences in each ACGME accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/sub-specialty specific Program Requirements; the provision of summary information of patient safety reports to residents, fellows, faculty and other clinical staff members*. One aspect of that monitoring is the conduct of an Annual Program Performance Review that minimally includes data from the Annual Program Evaluation the local and national comparative results of the yearly ACGME resident and faculty surveys, the development and maintenance of program policies, yearly action plans as well as other requested focused data. In addition, quarterly and semi-annual review of active citations, action plans or other programmatic data will be requested reviewed and systematically monitored. If the annual review suggests the need for increased program supports to achieve training goals, a more in-depth program review may be recommended. This is accomplished through the conduct of a "special review".

II. Special Reviews

Special Reviews are required for all new program applications and may also be triggered by notification from **ACGME** of an impending **New Program Accreditation** visit, a **randomly selected** site visit, or a required **Self-Study** visit.

Further, **Special Reviews** are indicated for those programs evidencing underperformance. Underperformance is defined and identified by a wide range of mechanisms. These include, but are not limited to, programs who do not meet standardized criteria; programs whose data represents a significant departure from national means or those programs whose data significantly departs from previous evaluations.

In addition, **Special Reviews** may be triggered by notification from **ACGME** of a **For Cause** site visit, and by recommendation of the GMEC based on serious concerns identified by faculty or trainees that potentially impact the programs or its accreditation. **Finally, Full or modified special reviews** may be done at the discretion of the GMEC and/or the DIO. When

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a residency/fellowship program requires a special review, the APE Sub-committee will arrange for and conduct this process in a timely manner and where appropriate will issue a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines.

III. Criteria for Identifying Underperformance

Evidence of underperformance or non-compliance with ACGME standards that are considered by the GMEC to risk a program's accreditation status may prompt a Special Review. This includes, but is not limited to any of the following:

Deviations from expected results in standard performance indicators:

- Resident evaluation of the program
 - Faculty evaluation of the program
 - Board pass rate
 - Resident or Faculty Survey
 - Milestones
 - Competencies
 - Clinical Experience
 - Loss of major participating site
 - Case log volumes measured by:
 - Any senior resident graduating without meeting 100% of requirement
 - GME APE Dashboard results, including declining performance over most recent 2 or more years
 - RRC notification to the program of citations or warnings considered by the GMEC to risk accreditation status
 - Major change in the program or department which may affect accreditation status
 - Request by a program director for review of his/her own program
- A program's inability to demonstrate success in any of the following focus areas:

Integration of residents/fellows into institution's Patient Safety Programs;
 Integration of residents/fellows into institution's Quality Improvement Programs and efforts to reduce Disparities in Health Care Delivery;
 Establishment and implementation of Supervision policies;
 Transitions in Care;
 Duty hours policy and/or fatigue management and mitigation; and

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Education and monitoring of Professionalism

Communications about or complaints against a program indicating potential egregious or substantive noncompliance with the ACGME Common, specialty/subspecialty-specific Program, and/or Institutional Requirements; or noncompliance with institutional policy.

The Program Director of any program receiving citations from ACGME on their annual reaccreditation letter is required to have a meeting with the DIO to review the citations and formulate the appropriate remediation plan. This may require remediation actions to be added to the semi-annual action plan to be monitored monthly by the GMEC.

Note Well: The special case of recruitment underperformance will be addressed in an addendum to this policy.

(a)Pre-Site Visit Special Reviews

Generally, site visits occur for three reasons: 1) initial accreditation of a program; 2) for-cause visits resulting from ACGME designated program concerns and 3) the newly established ACGME process of randomly selecting programs for a site visit. Pre-site visit special reviews are conducted for all ACGME site visits. The pre-site visit review encompasses all aspects of a special review as outlined above. In addition, this review requires creating and subsequent monitoring of the "site-visit binder", document assembly and preparation, and the specified visit schedule as outlined in notification letter from the ACGME designated site visitor. Strict adherence to all requests and specifications in the letter is critical.

In addition, preparation of the Program Director, Program Coordinator, faculty, and trainees for meeting with the site visitor is conducted. While preparatory meetings may be conducted by the GME staff, Special Review team members also may be asked to provide input to these pre-visit sessions.

IV.Special Review Team

The Special Review Team will be comprised of members outside of the reviewed program that include at least: one (1) program director (may be an associate program director), one (1) member of GMEC, one (1) resident, and the designated GME staff. The attendance of an administrative representative from an affiliated clinical site is encouraged but optional.

V. Overview of Special Review Process

Need for Special Review	ACGME notification of site visit GMEC designated review for underperformance Program Director, faculty, or trainee request review or raise concerns requiring GMEC review or oversight
Notification of Special Review Sent to Program	Formal notification of review issued to program director.
Review Team Selected	Review team selected to minimally contain faculty review team leader, additional faculty member, resident team member, designated GMEC staff.
Documents Sent to Review Team	All requested documents are sent to Review Team in advance of Review Team GMEC due date. Materials to be reviewed by Review Team include: <ul style="list-style-type: none"> • Annual Program Evaluation • Annual ADS update • All ACGME Correspondence • Semi-annual PEC minutes • Current Action Plan • Program and Institutional Requirements • Other Materials as Appropriate (e.g. Board Requirements)
Program Review	Review Team will meet with faculty and residents, review all materials and complete a report. The GME Review Coordinator will arrange meetings for the Review Team. See Sections 2.3a, 2.3b, 2.3c, 2.3d
Draft Special Review Report	GME staff sends draft report to Review Team and Program Director for review and comment. (See Template in Section 2.3e and 2.3f). A critical outcome of the report must include the process by which the GMEC APE committee will monitor outcomes related to program quality improvements goals and/or corrective actions.
Present Special Review Report	Final Special Review Report presented to GMEC by Review Team Leader or GME staff.
Send Follow-Up Letter	GMEC Chairman sends the Special Review Report outlining areas that need to be strengthened and the designated process for APE monitoring of corrective actions. If requested by the review team, a progress report or response to GMEC may be included in the Special Review Report. The GMEC and DIO may also request the program provide a follow-up report to the GMEC.
Review Follow-Up Report	Follow up report is presented to GMEC.

Addendum A: The special case of recruitment underperformance

Rationale: While all programs may occasionally fall short of filling their allotted complement, when a funded program fails to recruit even a single learner across several successive years, the cost/benefit ratio for sustaining that program and the reason for the recruitment underperformance must be examined.

I. Policy

Any funded program that fails to recruit at least one learner for three consecutive years must undergo a special review process to determine ongoing program viability.

As part of that review, the program must submit currently updated policies, an updated block diagram as well as updates of all rotational goals, objectives and teaching activities, and a plan to address ongoing recruitment.

If the program subsequently fails to recruit for years 4 and 5, a withdrawal of accreditation will be submitted to ACGME.