

Medical College of Georgia at Augusta University  
House Staff Policies and Procedures

Policy

Source

HS 29.0 GMEC Special Program Review Policy

Graduate Medical Education Office

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1.0 Purpose

Per the Accreditation Council for Graduate Medical Education (ACGME), the Graduate Medical Education Committee (GMEC) must demonstrate effective oversight of underperforming program(s) through a Special Review (SR) process. The SPR process must include a protocol that 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 results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines. In addition, per ACGME, GMEC responsibilities must include the review and approval of GMEC subcommittee actions that address required GMEC responsibilities. Finally, per ACGME, subcommittees that address required GMEC responsibilities must include a peer-selected resident/fellow. The Medical College of Georgia (MCG) at Augusta University (AU) as a sponsoring institution with ACGME accreditation adheres to the aforementioned requirements as denoted in this policy.

2.0 Subcommittee Charge

Under the direction of MCG's GMEC, the Special Program Review Subcommittee (SPRS) is responsible for the development, implementation, and oversight of the process for conducting Special Program Reviews (SPR) of all underperforming ACGME and non-ACGME accredited (e.g., NST) training programs under their purview at MCG. In accordance with ACGME Institutional Requirements (IR), the GMEC has developed specific criteria to identify underperformance (see below). If criteria are met based on DIO and GMEC review, a program is referred to the SPRS for completion of a SPR. Through the SPR process, the SPRS assists the program in identifying areas of weakness; developing associated performance improvement goals; proposing corrective actions; and establishing a timeline and process for GMEC monitoring of outcomes. The SPRS chairperson will make periodic and timely reports of SPRS activities to the GMEC for oversight and approval. The SPRS will be comprised of a mix of Program Directors / Associate Program Directors (or Faculty with GME expertise), peer-selected House Staff (mandatory), non-physicians such as GME Administrative Staff or Program Coordinators, and potential *ad hoc* (as needed, non-voting) members as necessary.

3.0 Criteria for Initiating a SPR

3.1 Internal Criteria

1. At the request of Hospital, Department, or Program Leadership;
2. At the request of the GMEC's Program Evaluation and Accreditation Subcommittee (PEAS);
3. At the request of a program's House Staff, Faculty, or Program Evaluation Committee (PEC);
4. Failure to submit required paperwork or data to the GMEC and/or ACGME Residency Review and Recognition Committee (RRC) on or before deadlines;
5. An unusual pattern of House Staff and/or Faculty attrition;
6. Other areas of significant non-compliance with ACGME requirements.

3.2 External Criteria

1. Automatic – Receipt of an ACGME program accreditation status of Initial Accreditation with Warning, Continued Accreditation with Warning, or other adverse accreditation statuses as described by ACGME policies;
2. Conditional – Receipt of 3 or more new program citations;
3. Conditional – A pattern of poor performance on ACGME Resident/Faculty surveys including at least 2 of the following 4 items:
  - a. 3 or more survey topics with 50% or lower compliance in a single survey topic category;
  - b. A significant downward trend in ACGME survey results across multiple survey topic categories;
  - c. ACGME Survey completion rate below 70% (Resident/Fellow or Faculty);
  - d. Overall program evaluation less than 2.5.

*Note: Items noted as "Internal" or "Conditional" may not trigger initiation of an SPR if isolated in time or with respect to other indicators of program health (e.g., internal survey data, case log data, board pass rates,*

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Effective Date:  
6/15

Revision/Review Date:

1/16, 2/17, 5/19, 6/19, 8/20, 8/21, 8/22, 5/23, 3/24, 3/25

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*etc.). Initiation of an SPR for Internal or Conditional criteria is at the discretion of the GMEC after evaluating all factors. Nonetheless, programs may still be required to submit an Action Plan stating their program improvement goals, corrective actions, and the program's means for tracking progress including timelines to the GMEC. These Action Plans will be reviewed and approved by the GMEC at their regularly scheduled meetings.*

4.0 Types of SPR

4.1 SPR by the SPRS

If the criteria that triggered the SPR indicate major issues within a training program, the GMEC will direct members of the SPRS to complete a full SPR. This will include review of relevant program documentation and data as well as interviews with the Program Director (PD) and Program Coordinator (PC), a representative sample of Faculty, and a representative sample of House Staff from each level of training in the program.

4.2 SPR by the GME Office

If the criteria that triggered the SPR indicate relatively minor or technical issues within a training program, the GMEC will direct the DIO, associate DIO (ADIO), or delegate to complete a GME Office SPR. This will include review of relevant program documentation and data as well as interviews with the PD and any other pertinent individuals as determined by the DIO/ADIO/delegate. The DIO/ADIO/delegate will then report back to the GMEC, and a determination will be made by the GMEC as to whether there is a satisfactory plan to resolve the issue(s) or whether a full SPR is required.

5.0 SPR Team Membership

5.1 Full SPRs are conducted under the general oversight and supervision of the DIO, ADIO, or SPRS Chairperson. The DIO will appoint GME Office staff to support the work of each SPR team.

5.2 SPR team members are typically drawn from the SPRS and must be from outside the department wherein the program under review resides. Minimum team membership is three individuals, including at least one PD/APD/Faculty, one peer-selected House Staff (mandatory), and one additional member who may be a PD/APD, PC, House Staff, or *ad hoc* member. If a House Staff SPRS member from outside the department wherein the program under review resides is not available, an alternate may be selected by the House Staff Organization or DIO to serve on the team.

6.0 General SPR Process

6.1 Criteria for SPR met by program.

6.2 GMEC reviews criteria and determines:

a. If an SPR is warranted (i.e., for conditional or internal criteria), and

b. If a Full SPR vs. GME Office SPR will be completed.

6.3 DIO, ADIO, or SPRS Chairperson selects specific SPR team membership.

6.4 SPR team meets to discuss criteria for SPR initiation, review available program materials and data, request additional documentation and/or data, and formulate questions for use in the interview process. This may occur in-person or virtually to include through emails.

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- 6.5 SPR team conducts interviews with program leadership, representative faculty, and representative House Staff as required per type of SPR.
- 6.6 SPR team meets to discuss and compile findings and recommendations.
- 6.7 SPR team lead prepares a SPR Summary Report of the interview process, findings, and recommendations.
- 6.8 SPRS chairperson presents the SPR Summary Report to the GMEC for input and approval and then forwards it to the program leadership.
- 6.9 Within 60 days of receipt of the SPR Summary Report, the program generates an Action Plan with program improvement goals, corrective actions, and the program's means to measure and track improvement.
- 6.10 GMEC reviews the Final SPR Report at the next GMEC meeting and determines means for GMEC tracking of program completion of corrective actions and confirming program improvement.
- 6.11 At each subsequent GMEC, follow-up is discussed if necessary (i.e., new information is available).
- 6.12 GMEC determines and votes regarding the need for continuation of SPR vs. closure of SPR. This determination does not require complete resolution of all program deficiencies, including those that were the criteria for SPR initiation. Rather, once a program demonstrates substantial improvement and a reliable process to ensure continued progress, SPR may be closed.
- If GMEC elects to continue the SPR process, the follow-up SPR may be conducted in a manner to the original SPR, or through a more limited set of interviews and document evaluation by select SPR team members, depending on the needs of the program. Timing of the follow-up SPR will be determined by the GMEC.
  - If GMEC elects to close an SPR, the DIO will submit a letter formally documenting this decision to the program leadership.
- 6.13 The combined SPR Summary Report, program-generated Action Plan, GMEC means for monitoring these action plans, GMEC follow-up reports (if applicable), and GMEC vote for SPR closure will constitute the Final SPR Report.

7.0 Program Information Evaluated

The program and GME Office will collaboratively prepare a set of documents and materials to assess the condition of the training program. See 6.4. Materials will be electronically archived by the GME Office and made available to SPR team members for their review. Documents reviewed may include the following items as well as any other materials that the SPR team deems necessary to meet its charge:

Specialty/subspecialty-specific ACGME program requirements or NST Recognition requirements

ACGME Resident/Fellow Survey results for past two academic years

ACGME Faculty Survey results for past two academic years

GME Office "Mid-cycle" Survey results

Relevant ACGME correspondence, including Program Notification Letters

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Relevant program policies

APE documents for the past two academic years

ADS Updates for the past two academic years

Case Log data

Board Certification Rate

House Staff and Faculty Scholarship for the past two academic years as denoted in ADS

House Staff and Faculty attrition data

Resident/Fellow supplied list of the top 3 program strengths, as well as the top 3 areas for program improvement

8.0 SPR Confidentiality

The SPR process is a confidential quality improvement activity. The GMEC accepts responsibility to keep secure and confidential the information collected about a program during and after the SPR process. Final SPR reports will not be shared with specialty/subspecialty-specific Review and Recognition Committees or ACGME Field Representatives unless required by ACGME. However, to confirm compliance with this House Staff Policy and relevant IR, final SPR reports may be examined by the ACGME Institutional Review Committee.

9.0 Sharing SPR Report Results with Faculty and House Staff

In order to complete the SPR, the PD should share the results of the SPR process with all House Staff and Faculty in the program. Discussion of the Final SPR report should take place as part of the APE by the PEC.

  
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David Hess, MD  
Dean, Medical College of Georgia

3/23/25

Date

  
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Natasha M. Savage, MD  
Senior Associate Dean, Graduate Medical Education and DIO

3/23/25

Date