



Policy Number GME-2220-014
Date of Last Review Month Year: 06/2022
Date of Last Revision Month Year :
Policy Owner(s) Department GME

Institutional Requirement I.B.6
2022 Accreditation Council for
Graduate Medical Education (ACGME)

Graduate Medical Education: GMEC Special Review Process

I. Purpose

The purpose of this policy is to establish criteria and process to address underperforming Graduate Medical Education training programs.

II. Scope

All Ochsner sponsored Graduate Medical Education training programs.

III. Definitions:

- **Department of Graduate Medical Education (GME):** Responsible for the administration of all OLGMC sponsored residency and fellowship training programs
- **Resident:** Any trainee in an OLGMC sponsored residency or fellowship training program
- **Ochsner Lafayette General Medical Center (OLGMC)**
- **Designated Institutional Official (DIO):** Responsible for oversight of OLGMC Graduate Medical Education programs
- **Graduate Medical Education Committee (GMEC):** Committee responsible for policy and oversight of Graduate Medical Education sponsored by OLGMC, chaired by the DIO
- **Underperforming program:** Any OLGMC sponsored program that does not meet established standards of performance as determined by the DIO, GMEC and/or ACGME.

IV. Policy Statement:

- a. The OLGMC GME programs will monitor and provide oversight of all OLGMC sponsored residency training programs on an ongoing basis with formal assessment at least annually. Program performance will be assessed against national norms of performance, ACGME accreditation criteria, ACGME Clinical Learning Environment Criteria, Resident and Faculty satisfaction scores as well as expected clinical and academic outcomes. A program demonstrating deficiency in any of these criteria may be subject to the Special Review Process.
- b. Any program demonstrating ongoing, non-mitigated poor performance will be subject to specific recommendations from the GMEC related to direction and oversight of the program, changes in curriculum or delivery of the program or suspension of program activity until the performance of the program meets the expectations established by accrediting bodies and / or the GMEC.
- c. The Review process will be completed within 90 days of the initial determination for the need of such review.



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- d. The Special Review process will be conducted by a committee with members determined by the GMEC and the DIO.
- e. All findings, corrective action plans and ongoing timeline for monitoring program progress and ongoing performance will be reviewed, approved and monitored by the GMEC.

V. Special Review Procedure:

- a. Identification of Underperformance
 - 1. Issues indicative of underperformance may be identified through review of program educational outcomes:
 - A. Board Pass Rate
 - B. Milestone Assessment
 - C. Competency Assessments
 - D. Scholarly Activity Production
 - E. Lack of required clinical experiences as established by ACGME criteria/Letter(s) of Notification
 - F. Program attrition
 - G. Resident and / or Faculty ACGME Survey
 - H. Internal Program survey
 - I. Activities related to annual review of program
 - J. Direct communication or complaint
 - K. Self-reporting by Program Director, Department Chair or Core Faculty
- b. Preparation of program or institutional accreditation visit(s)
 - 1. Accreditation Site Visit prep review
 - A. New Program site visit
 - B. Self-study visit
 - 2. Periodic Program Monitoring as deemed necessary by the DIO and/or the GMEC
- c. GMEC Review: Relevant materials, communications regarding program performance issues will be initially reviewed by the DIO and presented to the GMEC at which time a determination will be made regarding the need for the Special Review Process to be initiated.
- d. Special Review Committee: The Special Review Committee will be composed of at least one faculty member from the Graduate Medical Education Committee (GMEC) who will serve as Chair of the committee. One peer selected resident member from the GMEC and Administrative Reviewer from the Office of GME. Additional reviewers may be included on the committee as determined by the GMEC.



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Committee members shall be from within the Sponsoring Institution but shall not be from the program being reviewed.

e. The Review Process:

1. The Chair of the Special Review Committee, in consultation with the DIO/GMEC, shall identify the specific concerns that are to be reviewed as part of the Special Review process. Concerns may range from those that broadly encompass the entire operation and administration of the program to single, specific areas of interest. Based on identified concerns, the program being reviewed may be asked to submit documentation prior to the actual Special Review that will assist the committee gain clarity in its understanding of the identified concerns.
2. The Special Review Committee will conduct interviews with representative faculty, program director, program manager, department chair and with the at least one peer-selected resident from each level of training in the program. Separate meetings will be held to assure that the residents have anonymity in their discussions.
3. Materials and data to be used in the review process shall include:
 - A. The ACGME Common, specialty/subspecialty-specific Program, Requirements in effect at the time of the review.
 - B. Institutional Requirements in effect at the time of the review.
 - C. Accreditation letters of notification from the most recent ACGME reviews and progress reports sent to the respective RRC.
 - D. Reports from previous internal reviews of the program; if applicable.
 - E. Previous Annual Program Evaluation & Improvement documentation.
 - F. Results from internal or external resident surveys.
 - G. Any other materials related to the area of reported underperformance, as necessary and appropriate.
4. Special Review Report: *Attachment 1* Special Review Committee will prepare a written report to the DIO and GMEC that includes:
 - A. A detailed summary of the findings of the committee's review.
 - B. The corrective action plan established in collaboration with the program director that specifically addresses actions to be taken and a defined timeline for implementation and re-assessment.
 - C. The GMEC, may at its discretion, choose to modify the report or request that the program further clarify or expand the action plan.
 - D. A copy of the report will be provided to the program director. He/she will be required to attend the GMEC meeting to discuss the findings, outcomes and action plan.



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- E. The GMEC will establish timelines for action plan implementation, re-assessment of the program and recurring reporting to the GMEC of progress to plan by the Program Director.
- F. The DIO and Special Review Committee Chair will meet with the Program Director, Department Chair and Associate Medical Director to review the final report and action plan. The timeline and process for ongoing review and monitoring of the action plan implementation and outcomes will also be reviewed.

Approved

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Policy History

Date of Issue: 06/2022



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ATTACHMENT #1

**OCHSNER LAFAYETTE GENERAL MEDICAL CENTER
GRADUATE MEDICAL EDUCATION**

Special Review Process Summary Report

Program Name	
Date of GMEC Special Review Process	
Date presented to GMEC	

Special Review Assessment Tools used:

- Program Self Study visit – most recent
- Annual Program Evaluation Document – (APE&I) - most recent year
- ACGME Resident Survey – aggregate date; if available
- ACGME Faculty Survey –
- New Innovations Annual Resident and Faculty Survey
- Summary of meeting w/ Program Director
- Summary of meeting w/ Program Coordinator
- Summary of meeting w/ Peer Selected Residents (from each level of training)
- Summary of meeting w/ Department Chair

I. Summary of meeting w/ Program Director:

II. Summary of meeting w/ Program Manager:



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III. Summary of meeting w/ Peer Selected Residents (from each level of training):

IV. Summary of meeting w/ Department Chair and/or Key Faculty:

V. Comments/Action Items Provided by GMEC:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeds Compliance/Demonstrates Innovation	Substantial Compliance	Minimum Compliance	Non- Compliance

Date Program's Progress Report Due to GMEC (if applicable):
