Policy#: 025.000
Policy Title: Special Review Committee
Sponsor: Sudhagar Thangarasu, MD; DIO
Approved by: Graduate Medical Education Committee

Purpose

The Graduate Medical Education Committee (GMEC) is responsible for the oversight of the quality of each Florida International University (FIU)—sponsored graduate medical education program. It is the responsibility of the GMEC to identify whether an ACGME accredited program is underperforming or is at risk for underperforming, and to develop a process to oversee the program's improvement process. This policy applies to all ACGME-accredited Graduate Medical Education programs sponsored by FIU.

Definitions

A. A **Special Review Process (SRP)** is conducted by the ad-hoc **Special Review Committee (SRC)** committee appointed by the DIO to:

i. Assist the underperforming program to achieve compliance with ACGME program standards as stated in the ACGME Institutional and Program Specific Requirements, IRC I.B.6 - The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. (Core).

ii. Engage (through an internal mock site visit) the Program Director, Program Coordinator, faculty, and residents in improving the quality of the educational program.

Iii. Assure compliance with the quality improvement plans developed by the programs.

B. **Committee membership and terms:**

i. Term:

This being an ad-hoc committee, all members of this committee serve for the duration of the SRP; the committee dissolves at the end of the SRP after submitting the **Special Review Report (SRR)** to the DIO.

ii. SRC Membership:

a) Each member should be from a program other than the one being reviewed.
b) Membership will include two (PDs or APDs) GMEC members from within the Sponsoring Institution, one of whom will be designated by the DIO as the Chair of the SRC.
c) Membership will include at least one resident/fellow from (another program not in special review) within the institution.
d) Membership will include the Director of the Office of Graduate Medical Education or Designee.
e) Other internal members may be appointed at the discretion of the DIO and may include members of senior leadership, experts/consultants in professional development or Human Resources or other hospital departments with a role in resident/fellow education or support.
f) External consultants from outside the institution may be appointed at the discretion of the DIO.

iii. Member selection process:

Initial request from OGME staff/DIO requesting volunteers, followed by individual requests if there are not enough volunteers to fill the roles. Senior residents in their final graduating year of training are preferred, and PDs/PCs can identify a senior resident, or a fellow based on their schedule availability and leadership skills fit for this committee. Resident/Fellow participation must not interfere with their clinical duties. Only those available during elective time or with adequate coverage should be considered.

C. Action Plan (AP)

AP is the response of the Program Director (PD) to the SRR. This action plan will include specific actions and timelines to correct areas of underperformance and estimated dates of resolution.

Procedure(s)

A. The GMEC will identify underperformance based on established criteria. This may include, but is not limited to, the following:

Performance Indicators

	Criteria	GREEN	YELLOW	RED
1	Accreditation Status	Continued	--	With Warning / Probation
2	Number of Program Citations	0	1 – 2	3 or more citations
3	Results of the most recent ACGME survey (March-April) of residents/fellows	All areas at or above specialty mean	1-3 areas non-compliant	>3 areas non-compliant
4	Results of the most recent Internal (Oct-Nov) annual survey of residents/fellows	≥90% positive, ≤5% negative	≥80% positive, ≤ 7% negative	<80% positive, >10% negative
5	Results of the most recent ACGME (March-April) survey of Faculty	All areas at or above specialty mean	1-3 areas non-compliant	>3 areas non-compliant
6	Resident/Fellows Attrition per AY	0 – 10%	11 – 20%	More than 20%
7	Specialty Board Pass Rates in the last 3 years	Meets criteria set by the ACGME Review Committee		Does Not meet criteria
8	Clinical & Educational Work Hours Compliance per AY	90 – 100%	80 – 89%	Below 80%
9	Core Faculty GME Specific Development Training per AY	100%	More than 50% Completion	Less than 50%

10	Faculty evaluation of residents performance completion rate per AY	Above 80% Completed within 2 wks from end of rotation	70 – 79% Completed within 2 wks	Below 70% Completed within 2 weeks
11	**Extenuating circumstance(s):** Examples- Suicide attempt/death of resident/fellow, Sudden resignation of PD or multiple faculties, Egregious behavior complaint on resident/fellow/faculty etc.	---	---	Will be discussed at GMEC and voted if SRP is needed.

B. Criteria to trigger a GMEC agenda item to vote for Special Review Process:
   a. Any 2 indicators in RED or
   b. Any 1 indicator in RED plus any 2 indicators in YELLOW or
   c. Any 3 indicators in YELLOW

C. The DIO will assemble a Special Review Committee (SRC) within 15 working days of the GMEC vote and the mock site visit or the SRP will be done withing 15 working days after the SRC is convened.

   The SRC will include the following materials (policies and data specific to the program in SRP) for review as part of the SRP; however, other materials may be requested by the committee. The following materials should be provided to the SRC for review ten days prior to the mock-site visit meeting.

   1. Faculty and Residents/Fellows enlist five strengths and opportunities to improve in the program.
   2. Full copies of resident and faculty survey results, including the well-being surveys.
   3. Updated program details from the Accreditation Data System (ADS) printed out as PDF.
   4. Past three years of scholarly activities, (just lists/links; copies of articles/posters not required.)
   5. Past year's annual didactics schedule and attendance data.
   6. Duty hours data.
   7. Block diagram
   8. Miscellaneous: Awards, recognitions of both faculty and residents in the past year.
   9. Faculty development sessions with attendance data.
   10. Current Annual Program Evaluation (APE) report.
   11. Evaluation of resident/fellow by faculty - completion rate (total and % completed within 2 weeks at end of rotation).
   12. Evaluation of faculty by residents - completion rate and summarized narratives pages for the current academic year only.
   13. Two or more samples of Semi-annual (December) evaluations and annual evaluations (May-June) completed (2 samples for each year of training)
   14. Latest available ITE results.
   15. Two samples of completed 360-degree evaluation of residents/fellows.
   16. List of committees participated by residents/fellows and faculty.
   17. QI projects lists and statuses.
   18. Wellbeing initiatives and activities.
   19. Resident/Fellow handbook

20. Jeopardy policy or details if it is included in the handbook.
21. Leave policy
22. Remediation/Disciplinary action policy

D. The SRC will conduct two meetings (virtual or in-person or hybrid if applicable for timeliness and efficiency of the SRC):

i. Meeting #1 – this meeting will take approximately 30 minutes:
The SRC will meet with the Designated Institutional Official (DIO) for orientation, members roles and responsibilities, timelines, review the highlights of the initial findings from the materials in the SRC folder.
This meeting can be scheduled for the same day as meeting #2, just prior to starting meeting #2 or a few days ahead if needed.

ii. Meeting #2 – this meeting will take approximately 4.5 hours:
The SRC interview sessions will be in the following template:

First 30 minutes	Special Review Committee huddle • DIO • SRC chair • Two GMEC physician members (PDs or APDs from another program) • Director of GME or Designee • Accreditation Manager or Designee • A senior resident or fellow from another program
60 minutes	• SRC members (without resident/fellow member) • PD of the program in special review • APD(s) of the program in special review • PC(s) of the program in special review
40 minutes	SRC members (without resident/fellow member) with five Faculty Members in the program in special review
30 minutes	SRC Chair and senior resident/fellow member with residents/fellows of the graduating class (sometimes with the class in pre-final year of training for programs with more than three years of training)
30 minutes	DIO and senior resident/fellow member with residents/fellows in class(es) other than first and final year of training
30 minutes	GMEC faculty member of SRC and senior resident/fellow member with residents/fellows in first year of training
45-60 minutes	All Committee members debrief

b. The SRC Chair will submit the SRR within ten (10) business days of meeting #2 to the Designated Institutional Official (DIO)

c. The DIO reviews the report with the Program Director and includes any relevant comments before presenting it at the next monthly GMEC meeting for review and approval.

d. At a minimum, the SRR will contain:
i. Citations or Areas for Improvement (AFIs)
ii. A summary of relevant findings
iii. Recommended Action Plan(s)
iv. Timeline

e. The Program Director will review and adopt recommendations for the continued improvement of the quality of the program with the final intended outcome of resolving the deficiencies in performance metrics that triggered the SRP.

E. Monitoring of Outcomes
   a. The GMEC will monitor the outcomes of the AP as follows:
      i. The program will provide quarterly progress reports on the AP to the GMEC until performance indicators are in compliance as per the indicators noted above.

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