Special Review Policy

Scope: All ACGME-accredited residency and fellowship programs sponsored by the UW School of Medicine.

Purpose: Special Reviews (SRs) are periodically conducted by the Graduate Medical Education Committee (GMEC) of underperforming programs, as identified by various program performance metrics monitored by the committee. The ultimate goals of Special Reviews are to improve the quality of UW GME training programs and to reduce the number of ACGME citations received by our programs. The SR process is designed to 1) critically assess and identify areas for improvement of the educational and clinical training experience provided to residents and fellows, 2) improve program compliance with ACGME requirements, and 3) guide programs in making corrective actions where necessary.

Policy: Programs may be identified as underperforming according to a variety of criteria, including but not limited to the results of the annual ACGME Resident/Fellow and/or Faculty Surveys, the Annual Program Evaluation (APE) process, or citations and/or areas for improvement received following the RRC’s annual review of accreditation data or an accreditation site visit [Institutional Requirement I.B.6.a.(1)]. If a program is identified as underperforming, the GMEC will assign a SR Task Force to conduct a focused or full review of the program and report back to the GMEC after which the program will be notified of the quality improvement goals and corrective actions recommended for the program, and the process by which GMEC will monitor the program’s outcomes. [Institutional Requirement I.B.6.a.(2)].

Process: The GMEC will determine if a full or focused SR is indicated, depending on the nature and number of areas of underperformance identified about a program. In general, a focused review will address and assess specific aspects of a program, whereas a full review will address and assess compliance with all applicable ACGME requirements.

Members of the SR Task Force may include GME administration, an outside program director or faculty member, an outside program administrator, an outside resident or fellow, and other members, as indicated. These individuals are selected on an ad hoc basis to ensure that no conflict of interest exists between the task force members and the program under review.

Documentation reviewed during the SR will vary based on areas of underperformance identified about the program. The GMEC will determine which materials and other data that will be reviewed by the task force during the review process, which may include:

1. ADS Program Information (formerly, Program Information Form)
2. Accreditation letters of notification from recent ACGME reviews and progress reports sent to the respective RRC, if applicable;
3. Previous Annual Program Evaluations (APEs), including Action Plans;
4. Recent ACGME Resident/Fellow and Faculty Surveys;
5. Recent annual written evaluations of the program by residents/fellows and faculty; and
6. Any other materials the SR Task Force considers necessary and appropriate.

The SR Task Force may conduct group interviews with residents/fellows representing each training level in the program, key clinical teaching faculty, program administration (e.g., program director, program administrator, others as indicated), and/or departmental leadership.
Procedures:

1. The GMEC will determine if a focused or full SR is indicated, as well as the composition of the SR Task Force, materials to be reviewed, and program constituents to be interviewed as a part of the review process.

2. The GME Office will alert the program of the SR, and will schedule interviews with the SR Task Force and applicable program constituents.

3. The program under review will provide all required documentation to the SR Task Force.

4. The SR Task Force will investigate areas of underperformance during its review documentation provided by the program and program interviews.

5. The SR Task Force will identify quality improvement goals and corrective actions recommended for the program, and the process for GMEC monitoring of outcomes in a written report to the GMEC and the program, which may include quarterly or semiannual progress reports to the GMEC.

6. The GMEC will monitor progress towards program improvement goals, and determine when corrective actions have resolved areas of underperformance.