

Policy Name: GME Special Review Policy	
Originating Officer (Title), Council, or Committee: Shelly Monks, Vice President and Chief Academic Officer, Designated Institutional Official	Effective Date: April 1, 2025
Approved By: Graduate Medical Education Committee	Last Reviewed Date: April 1, 2025
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1.0 Scope:

1.1 Applicable Entities:

This policy applies to:

- Texas Health Resources (Texas Health) and its member entities
- Excludes the Texas Health joint venture entities (except those listed in the Formulation and Adoption of System-Wide Policies and Procedures in Section 4.1.6 or in Section 4.1.7)

1.2 Applicable Departments:

This policy applies to all ACGME-accredited Graduate Medical Education programs (hereafter referred to as “Program”) sponsored by Texas Health Resources (“Institution”).

2.0 Purpose:

- 2.1 To provide a process for effective oversight of any underperforming ACGME-accredited Program by the Graduate Medical Education Committee and Designated Institutional Official (DIO).
- 2.2 To (1) establish criteria for identifying underperformance and (2) define the process that results in a timely report that describes the quality improvement goals, the corrective actions, and process for GMEC monitoring of outcomes including timelines.

3.0 Policy Statements:

- 3.1 At Texas Health, we are committed to creating a workplace where diversity is celebrated, and inclusion exists at all levels. As such, Texas Health does not tolerate discrimination in any form or any behaviors that are incompatible with our core values – Respect, Integrity, Compassion, and Excellence and Our Texas Health PromiseSM.

4.0 Provisions:

- 4.1 Established criteria for identifying underperformance of an ACGME-accredited Program sponsored by Institution.

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- 4.1.1 Receipt of notification letter from the ACGME with accreditation status of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACMGE policies.
- 4.1.2 Unfilled positions over three consecutive years.
- 4.1.3 Change in Program Director more frequently than every two years.
- 4.1.4 Two or more Residents/Fellows per academic year that withdraw or transfer from Program.
- 4.1.5 ACGME Annual Resident and Fellow Survey results with three or more questions, in three or more key areas of the survey are 10% or more below the Percent Specialty Compliant for two consecutive years.
- 4.1.6 Self-reported by the Program Director.
- 4.2 Process of the Special Review that results in a timely report that describes the quality improvement goals, corrective actions, and process for GMEC monitoring of outcomes including timelines.
 - 4.2.1 A Program Special Review will be triggered by the DIO and/or GMEC when a Program has met one or more of the established criteria identifying underperformance.
 - 4.2.2 A Special Review Panel shall include at least one CQMO GMEC member, one Resident GMEC member and the DIO or DIO designee. Additional members of the Special Review Panel may be added as determined by the DIO and/or GMEC.
 - 4.2.3 The Special Review Panel will conduct the Special Review through analysis of materials, data, and other information provided by the Program and through interviews with identified individuals.
 - 4.2.4 The Special Review Panel, in consultation with the DIO, GMEC and/or other persons as appropriate, shall identify the specific concerns that are to be reviewed as part of the Special Review. Concerns may range from those that broadly encompass the entire operation of the Program to a single, specific area of interest.
 - 4.2.5 Based on identified concern(s), the Program being reviewed may be asked to submit documentation that will assist the Special Review Panel gain clarity in its understanding of the identified concern(s) prior to the Special Review.

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- 4.2.6 The Special Review Panel will determine materials and data to be used during the Special Review. This may include:
- a. The ACGME Common and Specialty/Subspecialty-specific Program Requirements in effect at the time of the Special Review.
 - b. The ACGME Institutional requirements in effect at the time of the Special Review.
 - c. Accreditation notification letters from most recent ACGME reviews.
 - d. Reports from previous Special Review of Program, if applicable.
 - e. Previous Annual Program Evaluation documentation.
 - f. Results from ACGME Resident and Fellow and/or Faculty Survey and internal survey, if applicable.
 - g. Any other materials the Special Review Panel considers necessary and appropriate.
- 4.2.7 The Special Review Panel will conduct interviews with at minimum the Program's Program Director, Associate Program Director(s), Program Administrator(s), Core Faculty representatives, and at least one peer-selected resident from each level of training in the program and other individuals as deemed necessary and appropriate by the Special Review Panel. Separate meetings will be held with each group.
- 4.2.8 The Special Review will be completed within 90 days of the initial determination for the need of such review.
- 4.2.9 The Special Review Panel shall submit a written report to the DIO and GMEC to be presented to the GMEC for review and approval.
- 4.2.10 The GMEC, may at its discretion, choose to modify the report or request that the Program and/or Special Review Panel further clarify or expand the action plan(s).
- 4.2.11 The Special Review Panel written report will, at minimum, contain a description and timeline of:
- a. The quality improvement goals to address identified concerns.
 - b. The corrective actions to address identified concerns.

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- c. The process and cadence to monitor outcomes of corrective actions taken by the Program and/or by the institution.

4.2.12 The GMEC will monitor outcomes of the Special Review by documenting discussions and follow-up in the GMEC meeting minutes.

4.2.13 A copy of the Special Review Report Summary will be provided to the Program Director. The Program Director is required to attend the GMEC meeting to discuss the findings, outcomes and action plan(s).

4.2.14 The DIO or DIO designee and the CQMO will meet with the Program Director, Associate Program Director(s), Program Administrator, and Core Faculty to review the Special Review Report Summary to include the action plan(s), timeline, and ongoing review and monitoring of the action plan implementation and outcomes. It is at the discretion of the DIO or DIO designee to review the Special Review Report Summary with the Program residents.

5.0 Definitions:

5.1 CQMO – Chief Quality and Medical Officer

5.2 DIO – Designated Institutional Officials

5.3 ACGME – Accreditation Council for Graduate Medical Education

5.4 Graduate Medical Education Committee (GMEC) – Responsible for policy and oversight Graduate Medical Education.

5.5 Resident/Fellow – Trainee in a sponsored Graduate Medical Education program.

6.0 Responsible Parties:

6.1 Graduate Medical Education Committee

6.1.1 Implementation and oversight of the policy is the responsibility of the Graduate Medical Education Committee.

7.0 External References:

[ACGME Policies and Procedures](#)

8.0 Related Documentation and/or Attachments:

8.1 GME Special Review Report Summary Template