PROCEDURE GME 20

Subject: INTERNAL AND SPECIAL REVIEWS Effective Date: NOVEMBER 2004

Applies to: HOUSTON METHODIST HOSPITAL – GME PROGRAMS

Originating Area:

GRADUATE MEDICAL EDUCATION COMMITTEE

Date Revised:

November 2024

Target Review Date: November 2027

I. <u>GENERAL STATEMENT</u>

The Graduate Medical Education Committee (GMEC) will conduct an Internal Review of any new ACGME or Nonstandard training programs (NST) Recognized or GMEC-Approved program submitted for initial accreditation. In addition, the GMEC must demonstrate effective oversight of underperforming Programs through a Special Review process with a defined protocol that establishes criteria for identifying underperformance and results in a report describing the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

This procedure describes the processes for both Internal and Special Reviews of ACGME and NST Recognized or GMEC-Approved Programs approved by the GMEC. Exhibit 1 depicts the role of these Reviews in the continuous quality improvement cycle of education.

II. DESCRIPTION OF INTERNAL REVIEW AND SPECIAL REVIEW PROCESS

A. Internal Review. An Internal Review will be conducted on any Program seeking initial accreditation from the ACGME. Internal Reviews will also be conducted for NST recognized or non-accredited Programs seeking GMEC approval. In addition to the materials requested for a new program under Procedure GME 21, the DIO may request other materials to be assembled for the Internal Review Panel by using the guidelines of the appropriate accrediting or approving agency, if available.

An Internal Review may also be conducted on any Program seeking significant organizational changes that require GMEC approval, including but not limited to: major changes in program structure or length of training; requests for exceptions to the Resident duty hours; and increases in Resident Complement (i.e., more than 20% increase in total resident Complement or more than 1 FTE increase at each year of training). The DIO will make the decision on whether to conduct a complete or modified internal review. For a modified Internal Review, the DIO will determine the materials to be assembled for the Internal Review panel and the process or agenda for the review.

- 1. <u>Scheduling Internal Review</u>: The Department of Graduate Medical Education will schedule all Internal Reviews, constitute all Internal Review panels, and provide clerical support. The Department will ensure that Programs are notified on time and that materials for the Internal Review have been assembled and distributed to the Internal Review Panel members.
- 2. <u>Selection of Internal Review Panel</u>: With the advice of the DIO, the Graduate Medical

Education Department will select no less than four individuals to review each Program. At a minimum, the Internal Review panel must consist of: the DIO (or GME Director), one Program Director, and one Program Coordinator. At the discretion of the DIO, an Internal Review Panel member may be selected from the Program, or one of its sponsored subspecialty Programs, being reviewed.

- 3. <u>Program Materials to be Submitted for Internal Review</u>:
 - A. For new ACGME programs: At least one month prior to the date of the Internal Review, the Program Director will submit the completed application through ADS, including all uploads required by ADS as well as any other documents required by the GME Office, and which are set forth in GME Procedure 21.
 - B. For new GMEC or NST Recognized programs: At least one month prior to the date of the Internal Review, the Program Director will submit the completed application to the GME Office, including all documents identified in the application as well as any other documents required by the GME Office and which are set forth in GME Procedure 21.
- 4. <u>Materials for Internal Review Panel</u>: The GME Office will distribute an Internal Review packet to the Internal Review panel members approximately 7-10 days prior to the Internal Review. The packet will include the documents listed in GME Procedure 21, as well as the ACGME Institutional Requirements and Program Requirements for the specialty (and subspecialties if appropriate) or other program requirements applicable to GMEC or NST recognized programs.
- 5. <u>Conduct of the Internal Review</u>: The purpose of all interviews will be to assess the Program's compliance with the GMEC, ACGME Institutional, Common Program, and Program-specific requirements, the completeness and accuracy of the submitted application, and the general educational and clinical experiences of the Residents. The Panel may interview the following individuals in separate sessions: Program Director, Department Chair or designee, Representative Faculty, and other individuals deemed appropriate by the Program or DIO.
- 6. <u>Assessing Compliance with ACGME Requirements</u>: The Internal Review panel will specifically appraise the Program's: educational objectives and effectiveness in meeting them; compliance with GMEC, ACGME Institutional, Common, and Program requirements; adequacy of resources to meet educational objectives and pertinent requirements; and effectiveness in addressing deficiencies, areas of noncompliance, and concerns identified by the Internal Review Committee.
- B. <u>Special Review</u>. The GMEC must demonstrate effective oversight of underperforming programs, both ACGME-accredited and GMEC-approved or NST recognized programs, through a Special Review process that addresses the following indicators of underperformance:
 - Potential problems identified by the RRC's review of annually submitted data to the ACGME

- Potential problem areas identified during a GMEC administrative oversight process including but not limited to annual program evaluation review, ADS update review, information discovered during an adverse academic action
- Factors underlying deterioration in a program's performance, including but not limited to:
 - Decrease in board pass rate, particularly below the RRC's established rate
 - Increase in resident, faculty, or program director attrition
 - Increase in the number of Adverse Academic Actions against the Program's residents
- Repeated problems identified through the assessment of the results of the Internal GME Annual Resident and Faculty Surveys
- Repeated problems identified on the ACGME Resident and Faculty Surveys
- Continued citations or areas in need of improvement identified through the review of ADS data by RRCs
- Complaints against a program
- Failure of the program to address duty hour violations
- Failure of the program to make significant progress on the previous year's action plans described in the written Annual Program Evaluation

The DIO will identify additional materials to be given to the Special Review Panel based on the reasons for conducting the Review. Materials to be reviewed may include:

- ACGME Common, specialty/subspecialty Program and Institutional Requirements;
- ACGME Letters of Notification;
- Prior Annual Program Evaluations and resultant action plans;
- ACGME and GME resident and faculty surveys;
- Other materials the GME Director or DIO deems necessary and appropriate.

The composition of the Panel and the interviews to be conducted will follow the description for Internal Reviews except the Panel will also include peer-selected residents from each level of training. The DIO may also request that another academician or Hospital Senior Administrator may be asked to be a member of the Special Review Panel.

- C. <u>Written Report of Internal and Special Reviews</u>: The Internal Review Panel will compose a written report that describes its findings and will submit a succinct summary for inclusion in the GMEC minutes. Each report must include the following:
 - The name of the Program reviewed
 - The date of the Review
 - The names and titles of the Review Panel members with identification of Resident members
 - A brief description of how the Review was conducted, including the materials reviewed and the names and titles of those interviewed
 - A discussion of the specialty-specific Program (or Subspecialty) Program Requirements
 - A list of deficiencies, areas of noncompliance, or concern from the ACGME, previous Internal Reviews, or the Program's Annual Program Review
 - The report of a Special Review must describe:
 - i. the quality improvement goals
 - ii. the corrective actions
 - iii. the process for GMEC monitoring outcomes

- D. <u>Documentation of Internal or Special Review</u>: The GME office will keep the report on file.
- E. <u>Presentation of Internal and Special Review Reports to GMEC:</u> The Chair of the Review panel will present its report at the Accreditation and Oversight Subcommittee meeting followed by the next GMEC meeting after the Review. The GMEC will formally approve the report and may make additional recommendations for correcting deficiencies. Copies of the complete Internal Review report as approved by the GMEC and signed by GME Director will be sent to the Program Director and Chair, who must acknowledge receipt of the Internal Review report but may offer corrections or clarification. The final report of each Review with recommendations and response from the Program Director will be filed in the GME Office for incorporation into the Annual Institutional Review. The GMEC, with support from the GME Office, will be responsible for monitoring areas of noncompliance and the Program's progress toward correcting deficiencies.

F. Action Plan:

- If the Internal identified deficiencies or areas of noncompliance, the GMEC and DIO will assist the Program Director in developing an Action Plan for correction. The GMEC will also monitor the Program's progress in correcting the identified deficiencies.
- 2. If the Special Review identified deficiencies or areas of noncompliance, the GMEC and DIO will assist the Program Director in developing an Action Plan for correction with a timely formal follow-up to assess their progress.

IV. COMMITTEE REVIEWING OR APPROVING PROCEDURE:

1. Graduate Medical Education Committee [11 November 2004] [revised 13 July 2006] [9 February 2009] [October 11, 2018] [May 2022] [13 November 2024]

AUTHORITATIVE REFERENCES:

Accreditation Council for Graduate Medical Education Institutional, Common Program, and Program-Specific Requirements.

Exhibit 1.1 Internal Review Process of Houston Methodist-Sponsored GME Programs

