

## University of Central Florida – HCA Florida Healthcare GME Annual Program and Special Review Policy (I.B.6)

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**Purpose:** The Graduate Medical Education Committee (GMEC) must demonstrate effective oversight of underperforming program(s) through a Special Review Process (I.B.6).

**Policy Summary:** The oversight protocol results in timely special reviews that describe quality improvement goals, corrective actions, and GMEC monitoring of outcomes with timelines.

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1. The Designated Institutional Official (DIO) reviews programs on a monthly basis with GME Leadership, including the hospital Directors of GME (DGME). This information is recorded on a GME Accreditation Dashboard which includes information regarding individual program's accreditation status, faculty (numbers, specialty needs, etc.), residents (in training and board scores, remediation, etc.), ACGME evaluations, work hours/supervision, and hospital/other. Items identified in the Annual Program Evaluation (APE) are also included as part of this dashboard as appropriate. Action items identified are recorded on this dashboard and followed up at least monthly, and the Accreditation Dashboard is reviewed by the GMEC monthly. This Accreditation Dashboard is one method used to identify underperforming or at-risk programs.
2. Programs that receive an adverse ACGME Accreditation status will be subject to a special review. Adverse accreditation status includes all programs with Initial or Continued Accreditation with Warning, Probation, or others described in ACGME policies.
3. Special Reviews may be initiated by the DIO for any program as deemed necessary. Special Reviews may also be requested by the Program Director for his/her program. This should be done through the DIO and the GMEC. Any GMEC voting member may also make a motion during a GMEC meeting for a program to undergo a Special Review.
4. Special Review Team consists of a minimum of three individuals appointed by the DIO, including at least one experienced program director (or associate program director) and one resident/fellow. Resident Advisory Council (RAC) representatives will be considered for the Special Review Team, although specialty or expertise may be considered when the DIO appoints the Special Review Team resident/fellow members. The committee

may include non-physician administrators as deemed appropriate. An appropriate balance of faculty, residents or fellows, and any administrators must be maintained. External reviewers may also be included on the review committee as determined by the DIO, but the majority of the Special Review Team, including the physician learners, should be from Consortium programs.

5. No member of the Special Review Team (faculty or resident/fellow) will be from the residency program(s) under review.
6. The Special Review Team will meet with the program director; faculty; residents/fellows; and key supporting personnel to include the program administrator and/or the DGME; and will review supporting documentation which includes ACGME Resident and Faculty Surveys, ADS, Common and Specialty-Specific Program Requirements, letters from the ACGME to the program, and previous Special Reviews or internal review documentation, reports of the Program Evaluation Committee (PEC) and Annual Program Evaluation (APE), and other relevant documentation, as determined by the DIO and/or the program director.
7. The Special Review Report will note deficiencies found, describe a plan for moving forward, and provide a timeline for expected completion. The Special Review Team will submit a written report, expected within 60 days (but may be extended for completeness or pending documentation such as the most recent ACGME Survey results) to the DIO and the GMEC and must include a description of the review process, its findings, and the recommendations of the panel.
8. All Special Review Reports will be reviewed by the GMEC and identified action items will be incorporated into the Accreditation Dashboard, and the status will be followed by the DIO and reported to the GMEC on a regular basis until the GMEC and DIO feel items have been adequately addressed.