



David Geffen  
School of Medicine



## **UCLA GMEC PROGRAM REVIEW POLICY**

### **PURPOSE**

The ACGME's Institutional Requirements charge the GMEC with demonstrating effective oversight of programs to ensure compliance with ACGME and UCLA GME requirements. This process must include a protocol that:

- establishes criteria for identifying underperformance; and,
- results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

### **SCOPE**

This policy applies to all UCLA-sponsored ACGME-accredited residency and fellowship programs at risk for underperformance, violation of ACGME requirements and other special circumstances.

### **POLICY**

#### **Special Review**

Criteria for initiating a special review include one or more of the following:

- A. ACGME Letter of Notification of Accreditation indicating:
  1. Accreditation with Warning
  2. Probation
  3. Proposed Withdrawal
- B. Inquiry from ACGME Office of Resident Affairs
- C. Annual ACGME Resident Survey identifying program compliance of less than 80% in the clinical work hours domain.
- D. Annual ACGME Residents and/or Faculty Survey program means equal or below 70% in domains excluding those domains in which the majority of the programs have equal to or less than 70%.
- E. Trending data from Annual ACGME or GME Resident or Faculty Surveys indicating concerns in the learning environment

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- F. Annual Program Evaluation and Improvement Plans that fail to satisfactorily address required elements, such as current citations, areas for improvement, and/or issues raised from prior Special Reviews.
- G. Two or more changes in Program Directors during the length of the training program.
- H. Request from the Designated Institutional Official, including review based on concerns raised by Residents or Faculty.
- I. Request from the Program Director.
- J. As per majority vote of the GMEC for all other circumstances.

**Special Review may be deferred at the recommendation of the DIO with approval by the GMEC.**

### **PROCEDURE**

- I. Special Reviews include the following components:
  - a. Analysis of the following documents:
    - 1. Documentation supporting program underperformance
    - 2. Most recent Letter of Notification
    - 3. Most recent ACGME Resident and Faculty Survey
    - 4. Most recent GME Resident and Faculty Survey
    - 5. Most recent Annual Program Evaluation and Improvement Plan
    - 6. Program Requirements in effect at the time of underperformance
    - 7. Additional documents appropriate to the criteria for underperformance as determined by the Special Review Committee
  - b. Interviews with those involved and/or potentially affected including Residents, Core Faculty, and other key individuals as identified
  - c. Review and discussion by the Special Review Committee resulting in recommendations and remediation action plans.
    - i. Action Plans will be developed by the program under review and will include recommendations to the Special Review Committee
    - ii. Action Plans must contain reporting structure, monitoring procedures, and implementation timelines.
    - iii. Actions Plans must include a description of the improvement goals, corrective actions, and the process for GMEC monitoring of outcomes.
- II. The Special Review Committee reports to the GMEC for approval of the proposed Action Plan, and for ongoing monitoring by the GMEC to ensure Action Plan completion and effectiveness.
- III. The Special Review Committee shall consist of a GMEC faculty representative, GMEC resident representative, and GME staff representative.

### **FORMS**

**SPECIAL PROGRAM REVIEW REPORT TEMPLATE**

**I. Program Identification**

**Program:**  
**Accreditation Status:**  
**Next Self-study date:**  
**Resident complement:**  
**Date of Special Review Interviews:**  
**Date Special Review Report Approved by GMEC:**

**II. Membership of Special Program Review Committee by name and position including year of training for any Resident/Fellow members:**

**III. Names of individuals interviewed by name and position including year of training for peer-selected Residents/Fellows:**

**IV. Materials Reviewed**

**REQUIRED**

Documentation supporting program underperformance  
Letter of Notification  
ACGME Resident and Faculty Survey  
GMEC Resident and Faculty Survey  
Annual Program Evaluation and Improvement Plan  
ACGME Program Requirements

**OPTIONAL (Check all applicable for this review)**

Board Passing Rates	_____
Block Diagrams	_____
Case Logs	_____
Conference Schedule	_____
Evaluation Tools	_____
GMEC Minutes	_____
Goals and Objectives	_____
Milestone Data	_____
QI/PS projects and outcomes	_____
Program Policies	_____
Resident/Faculty Call Schedules	_____
Resident Files	_____
Other _____	_____

**V. Format of Interviews**

- VI. Circumstance(s) requiring Special Review**
- VII. Status of corrective action(s) to Letter of Notification**
- VIII. Status of corrective action(s) to ACGME and/or GME Resident/Faculty Surveys**
- IX. Annual Program Evaluation and Improvement Plan**
- X. Concerns identified by the Special Program Review Committee from materials reviewed and interviews that must be addressed to the GMEC in a written corrective action plan**
- XI. Summary Statement**
- XII. Recommendation for submission and GMEC monitoring of Program Director's corrective action plan to concerns identified in Section X of this report**

## **CONFIDENTIALITY OF SPECIAL REVIEW DOCUMENTS**

The Special Program Review is a peer-review activity conducted by the GMEC functioning as a Subcommittee of the Attending Staff Association and its Executive Committee. Each Special Program Review Committee member will be required to sign a statement of confidentiality.

## **REFERENCES**

ACGME REQUIREMENTS (Institutional Requirements (I.B.6.))

I.B.6. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. (Core)

I.B.6.a) The Special Review process must include a protocol that: (Core)

I.B.6.a).(1) establishes criteria for identifying underperformance; and, (Core)

I.B.6.a).(2) results in a report that describes the improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes. (Core)

**CONTACT**

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**REVISION HISTORY**

Effective Date: 06/25/2018

Revised:

**APPROVAL**

Graduate Medical Education Committee  
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