



San Antonio Uniformed Services Health Education Consortium San Antonio, Texas

ANNUAL PROGRAM REVIEW (APR) AND SPECIAL PROGRAM REVIEW (SPR) Process

Institutional Requirements

I.B.6. The GMEC must demonstrate effective oversight of underperforming programs 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 quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes. (Core)

1. At least annually, the Graduate Medical Education Committee (GMEC) will conduct a review of each program accredited by the Accreditation Council for Graduate Medical Education (ACGME) to assess the program's clinical learning environment, compliance with ACGME Common and Specialty requirements, and approve proposed corrective action items to improve the quality of resident education.
2. The SAUSHEC Accreditation and Compliance Committee (ACC) will conduct an initial assessment of each program after reviewing the program's educational documents, to include:
 - a. Annual Program Evaluation (APE) report (to include corrective action plans)
 - b. ACGME Common and Specialty Program Requirements
 - c. ACGME Letters of Notification
 - d. ACGME Resident and Faculty Survey results
 - e. Annual WebADS update (to include citation responses)
 - f. SAUSHEC Dashboard and Metrics
 - g. SAUSHEC Survey results (to include Duty Hours, Learning Environment)
 - h. Program Administrative Compliance Audit report
 - i. Other relevant correspondence and documents
3. The Accreditation and Compliance Committee will prepare an Executive Summary listing active citations and responses, significant findings, and concerns, along with a recommended characterization of the program as "In Substantial Compliance", "In Substantial Compliance with Concerns", or "Not in Substantial Compliance".
4. A significant finding is defined as any of the following:
 - a. Not being in compliance with a core ACGME requirement
 - b. Compliance more than 20% lower than specialty compliance on any item of the ACGME Resident or Faculty Survey, with at least two responses of non-compliance.
 - c. A condition within the clinical learning environment which could be expected to result in an ACGME citation, negatively impact trainees learning, or degrade patient care.
 - d. Undergoing a Special Program Review or accelerated ACGME Site Visit outside of the APR cycle.

5. Characterizations.

- a. In Substantial Compliance. A program which is in substantial compliance with all ACGME requirements or has been assessed with significant findings which are not expected to result in an ACGME citation and can be resolved before the next APR.
- b. In Substantial Compliance with Concerns. A program which is in substantial compliance with nearly all ACGME requirements, but has been assessed with one or more significant findings which are expected to result in a ACGME Letter of Notification with a Citation or a request for a Progress Report, or expected to take more than a year to resolve .
- c. Not in Substantial Compliance. A program which is not in substantial compliance with ACGME requirements or has been assessed with one or more significant findings which may result in an accreditation status of “With Warning”, “Probation”, or other adverse action.

6. Review Process.

- a. Programs recommended for characterization as being “In Substantial Compliance” will undergo a Compliance Review. The Executive Summary will be referred to the Program Director for feedback, input, or additional corrective action plans to address noted findings prior to submission to the ACC for validation and the GMEC for approval.
- b. Programs recommended for characterization as being “In Substantial Compliance with Concerns” will undergo a Directed Review. The Executive Summary and APE Report may be referred to the Chair of SAUSHEC Subcommittee(s) and/or the SAUSHEC Chief Ombudsman, as appropriate. Subcommittee members and/or Ombudsmen will review all relevant documents, administer surveys, and/or conduct interviews of leadership (service and program), faculty, and residents as necessary to obtain additional information to render a more directed assessment of the noted findings. Subcommittee chairs should forward any comments and recommendations to the ACC. The Chief Ombudsman should submit an oral report directly to the Dean, who may forward all or parts of the recommendations to the ACC. The revised Executive Summary will be submitted to the Program Director for feedback, input, or additional corrective action plans prior to submission to the ACC for validation and the GMEC for approval.
- c. Programs recommended for characterization as being “Not in Substantial Compliance” will undergo a Special Program Review. As part of the review, the program will complete a Self-Study form. The Executive Summary, APE Report, and Self-Study form will be referred to a Special Program Review panel appointed by the Dean. The panel will be chaired by a member of the SAUSHEC Executive Committee and consist of representation from the ACC, Oversight subcommittee, and at least one program director and one peer-selected resident from another specialty. Panel members will review all relevant documents, administer surveys, and/or conduct interviews of leadership (service and

program), faculty, and residents as necessary to obtain additional information to determine compliance with each element of the ACGME Specialty Requirements. The revised Executive Summary will be submitted to the Program Director for feedback, input, or additional action plans prior to submission to the ACC for validation and the GMEC for approval.

- d. The Dean and/or Accreditation and Compliance Committee may initiate a Directed Review or Special Program Review at times other than the APR as deemed necessary following steps in 6. b. and 6.c. and oversight/follow-up as in 8.b. and 8.c.
7. Actions.
- a. The Accreditation and Compliance Committee will review the Annual Program Evaluation Report, Executive Summary (including any committee recommendations and Program Director response) to validate quality improvement goals and corrective action plans and recommend an oversight plan for GME approval.
 - b. The GMEC will vote to determine the final characterization of the program's APR and approve quality improvement goals and corrective action plans, to include reporting timelines and monitoring of outcomes.
8. Oversight and Follow-up.
- a. APR corrective action plans for programs characterized as being in "In Substantial Compliance" will be monitored by the Accreditation and Compliance Committee.
 - b. APR corrective action plans for programs characterized as being in "In Substantial Compliance with Concerns" will be monitored by the Accreditation and Compliance Committee with regular summary reports to the GMEC. The Program Director will present a progress report on the changes and outcomes to the Accreditation and Compliance Committee at least semiannually until all items are closed.
 - c. APR corrective action items for programs characterized as "Not Being in Substantial Compliance" will be monitored by the Accreditation and Compliance Committee with regular summary reports to the GMEC. The Program Director will present a progress report on the changes and outcomes to the GMEC at least semiannually until all issues are closed or the program is characterized as "In Substantial Compliance".
 - d. At least annually, the GMEC will review open items from corrective action plans and request updates as necessary.