Children's National

INSTITUTIONAL GRADUATE MEDICAL EDUCATION POLICY

SUBJECT: Special Program Review **DATE EFFECTIVE:** April 20, 2005

POLICY: Program Review

I. PURPOSE:

This policy applies to all training programs sponsored by Children's National Hospital (CH). The Graduate Medical Education (GME) Office will conduct Special Program Reviews as a mechanism for GME Committee (GMEC) oversight of underperforming GME training programs.

POLICY SCOPE:

All Accreditation Council for Graduate Medical Education (ACGME) accredited and non-ACGME residency and fellowship programs sponsored by CH.

II. DEFINITIONS:

Trainee
Trainee refers to all interns, residents and fellows participating in ACGME accredited and non-ACGME residency and fellowship programs sponsored by CH.

Training Program
Training program or program refers to an ACGME accredited and non-ACGME residency and fellowship programs sponsored by CH.

III. PROCEDURE:

Programs identified as underperforming will be notified in writing by the GME Office and will be contacted to schedule a Special Program Review (SPR). Table 1 summarizes the major criteria that may identify underperformance and lead to an SPR. If deemed necessary, an SPR Committee will be formed and will consist of 1-2 program directors from an ACGME-accredited program, 1-2 Trainees from the House Staff Council, and a GME Office designee. As part of the review, the SPR Committee will meet with the trainee(s), faculty, and program leadership to evaluate the area(s) of concern. Oversight of SPR Committee is outlined in Table 2.

The results of the Special Program Review will be summarized in a report written by the SPR Committee, reviewed and approved by the DIO, then shared with the program and the Graduate Medical Education Committee. The GME Office will then follow up with the program director on items needing improvement and offer a timeline and suggestions for implementing recommended

changes. The ultimate goal of the review is to ensure that the program is of the highest quality possible, and that it maintains continuous accreditation by the ACGME.

Table 1. Special Program Review Reasons
1. Any program that receives an ACGME Accreditation status of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies.
2. At the request of the hospital leadership, GME leadership, departmental leadership, program administration, or GME office.
3. Concerns identified from external surveys: Annual ACGME Resident Survey: • Two or more categories with less than or equal to 50% compliance on any question • A pattern of significant downward category trends since the last survey • A rating of less than 4.0 in the category "Overall Evaluation" • Survey completion rate below 70% • Numerous scores below normative data from other programs in the same specialty/ subspecialty. Annual ACGME Faculty Survey: • Two or more categories with less than or equal to 50% compliance on any question • Pattern of significant downward category trends since the last survey • Survey completion rate below 60% • Numerous scores below normative data from other programs in the same specialty/subspecialty.
4. Concerns communicated to the GME Office by trainees or faculty
5. Concerns identified by the GMEC or its subcommittees
6. Newly accredited program within first 12 months of starting with first class of trainees
7. Programs without Trainees for 24 months
8. Failure to submit required documentation in ADS. • Failure to complete and submit the annual update in the ACGME Accreditation Data System (ADS) • Failure to conduct an appropriate APE or significant noncompliance with requirements set forth by the GME Office for institutional oversight • Pattern of Trainee or faculty attrition • ACGME Case Log reports indicating minimum requirements not met by recent graduates
9. Concerns identified from internal surveys
10. Work Hour Violations
11. Review Committee (RC) request for progress report
12. Concern about board pass rates
13. ACGME Citations/ Areas of Improvement

Table 2. Special Program Review Committee Oversight	
Supervision	• **DIO or designee**
Reviewers	• **1-2 Program Directors** • **1-2 Trainees from the House Staff Council** • **GME Office Designee**
Documents	• **Pre-SPR Work Plan** • **SPR Report**
Review Process	• **The DIO, or delegate, notifies the Program Director identifying the specific area(s) of concern.** • **The SPR Committee reviews the Pre-SPR Work Plan and materials which document elements of the training program under review.** • **The SPR Committee members will meet with program leadership, faculty and Trainees.** • **The SPR Committee will create a SPR Report which must be approved by the DIO and shared with the Program Director.** • **The Program Director completes a Work Plan, updating the original Pre- SPR Work Plan and adding additional information as requested within 30 days of receipt of the SPR Report.** • **The DIO and SPR Committee will review the Work Plan and determines if a satisfactory plan is in place to resolve the concerns and determine when or if additional follow-up is required.**
GMEC Oversight	• **The DIO assigns, reviews, provides feedback on, and approves all work plans and reports generated by the SPR Committee.**
Sharing Findings & Action Plan	• **The Program Director must share the results of the SPR with Trainees and faculty in the program.** • **Discussion of the SPR action items and Work Plan must take place at the Program Education Committee (PEC) as part of the Annual Program Evaluation (APE) process.** • **Action item progress and outcomes will be tracked in the APE Action Plan.**

IV. THE SPECIAL PROGRAM REVIEW COMMITTEE MAY ASSESS THE FOLLOWING DATA

A. ACGME Institutional, Common, and program-related and/or subspecialty requirements
B. Accreditation letters of notification from most recent ACGME Review and progress reports sent to the respective Review Committee if applicable.
C. Prior Special Program Review report and Work Plan
D. CLER concerns or areas identified for the program
E. Frequent or common citations as provided by the specific Review Committee
F. WebADS documentation
G. Previous annual reports presented to and approved by the GMEC
H. Annual program reviews/Action Plans from the reviews
I. Core competency data
J. Program Letters of Agreement (PLAs)

K. Work hour reports
L. Written curriculum, including goals and objectives for each rotation
M. Results of the latest ACGME on-line resident survey and/or faculty survey
N. Questionnaires completed by trainees and faculty
O. Program policies and procedures
P. Scholarly Activity – Faculty/Resident
Q. Resident conference schedules
R. Quality Improvements & Patient Safety Improvement activities of trainees

V. SPECIAL PROGRAM REVIEW REPORT

The Special Program Review Committee will present a written summary report of its findings as well as institutional plan of action to report/update the program's progress to the GMEC for monitoring. The report will contain a minimum:

A. Name of the program reviewed.
B. Names and Titles of the Special Program Review Committee members
C. Special Program Review Date
D. Date the Special Program Review report was reviewed by the GMEC
E. A brief description of how the Special Program Review process was conducted, including the list of groups/individuals interviewed and the documents reviewed
F. A list of the all the citations, areas of non-compliance or any concerns or comments from the previous ACGME accreditation letter or notification with a summary of how the program and/or institution subsequently addressed or will address each item
G. A summary of how previous Special Program Review concerns were addressed (if applicable)
H. Sufficient documentation to demonstrate that a comprehensive review followed the GMEC's Special Program Review protocol

VI. APPROVAL

Approved by:



DIO/Vice Chair, Medical Education

6/11/2025
Date

VII. REVIEW OR REVISION DATE

Approved by the GMEC: April 20, 2005
Modified and Approved by the GMEC: September 19, 2007
Modified and Approved by the GMEC: May 19, 2010
Modified and Approved by the GMEC: January 11, 2017
Modified and Approved by the GMEC: March 13, 2019
Modified and Approved by the GMEC: October 14, 2020
Reviewed and Approved by the GMEC: October 13, 2021
Reviewed and Approved by the GMEC: June 15, 2022
Modified and Approved by GMEC: September 13, 2023
Modified and Approved by GMEC: May 8, 2024
Modified and Approved by GMEC: June 11, 2025