According to the ACGME Institutional Requirements, the Graduate Medical Education Committee (GMEC) must provide evidence of quality improvement efforts by maintaining a GMEC Special Review process for programs that warrant intervention beyond the Annual Program Review.

The DIO or DIO designee will attend all Annual Program Reviews and will assess each program on compliance in the areas of resident performance, program quality, graduate performance and faculty development. Compliance will be rated as exceeds 1) compliance/demonstrates innovation, 2) substantial compliance, 3) minimum compliance and 4) non-compliance. An overall rating of compliance will be given for each program, taking into account the program’s ratings in the subcategories below. A GMEC Special Review will be initiated if the overall rating for the program is “non-compliance”, or if there is a significant or persistent concern that could impact accreditation, including preparation for self-study documentation or visit.

To determine compliance, the following will be taken into consideration.

- **Resident performance**
  - In-training exam scores
  - Resident scholarly activity (presentations/publications)
  - Case/procedures logs
  - Clinical evaluations

- **Program quality**
  - Confidential evaluations of program by residents
  - Confidential evaluation of program by faculty
  - ACGME resident survey results
  - ACGME faculty survey results
  - Program Resources

- **Graduate performance**
  - Board take rates
  - Board pass rates

- **Faculty development**
  - Educational/teaching activities
  - Research activities

A Program Director will be appointed by the Office of the DIO to chair the GMEC Special Review. The committee membership for the GMEC Special Review will comprise of at least one faculty member, at least one resident/fellow and additional internal or external reviewers and administrators which may include the DIO, as determined by the GMEC. The faculty member(s) and resident(s) must be from within the Sponsoring Institution but not from within the department of the ACGME-accredited program under review.

The GMEC Special Review Committee will interview the Program Director, at least two core faculty members, at least one peer-selected resident/fellow from each PGY-level in the ACGME-accredited program and other individuals as deemed appropriate by the GMEC Special Review Committee depending on the circumstances of the review.

The GMEC Special Review Committee Chair must submit a report to the DIO within two weeks which includes written recommendations and procedures for follow-up to improve ACGME-accredited program
performance in specified areas. The report shall follow the template provided. After DIO review, the report will be sent to the Program Director for review and response. The Program’s response to the GMEC Special Review recommendations should describe quality improvement goals, corrective actions and process for monitoring of outcomes and must be received by the DIO within two weeks. Both the GMEC Special Review Committee report and the Program’s response will be presented at the following GMEC. The GMEC will monitor the Program’s action plan through completion or resolution of issue.

Sample Timeline:

<table>
<thead>
<tr>
<th>Annual Program Review</th>
<th>Assessment of overall non-compliance</th>
<th>Special Review Committee (convened and oriented)</th>
<th>Special Review</th>
<th>Special Review Committee Report with recommendations</th>
<th>Review by the DIO</th>
<th>Review and response from the Program</th>
<th>Presentation to GMEC</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Within 1 week</td>
<td>Within 4-6 weeks</td>
<td>Y</td>
<td>Within 2 weeks</td>
<td>Within one week</td>
<td>Within 2 weeks</td>
<td>Within 4-8 weeks</td>
</tr>
<tr>
<td>X</td>
<td>X+1 week</td>
<td>X+(5-7 weeks)</td>
<td>Y</td>
<td>Y+2 weeks</td>
<td>Y+3 weeks</td>
<td>Y+5 weeks</td>
<td>Y+(9-13 weeks)</td>
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