

GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES

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| Subject: | Special Review Process- Responsibilities of the Graduate Medical Education Committee (GMEC) |
| Effective Date: | June 2015 |
| Distribution: | All ACGME-accredited, ABMS-accredited and GMEC-approval programs |
| Revision Date: | August 8 th 2023 |

INTRODUCTION/POLICY:

The GMEC must demonstrate effective oversight of underperforming programs through a Special Review process. The GMEC confers this responsibility to the Program Directors' Forum (PDF), a subcommittee of the GMEC.

CRITERIA for Special Review include, but are not limited to the following:

- Program accreditation status of initial accreditation with warning, continued accreditation with warning and adverse accreditation statuses as described by ACGME and other accrediting bodies;
- ACGME Review Committee request for progress report;
- Concerns identified by ACGME Resident or Faculty Survey;
- At the request of hospital, department, section, or program administrator;
- Significant concerns communicated to the GME office by residents, fellows, or faculty.

The Special Review team will be selected by the DIO and must include:

- A Program Director or Associate Program Director from a program not under review
- One or more residents or fellows, including chief residents from a program not under review
- The Special Review team may also include members from YNHHS GME Office and Bridgeport Hospital faculty

The Special Review team will review the concern(s) along with all documentation, interview residents and faculty as appropriate and issue a report to include quality improvement goals. The Program Director is responsible for developing a timely report which identifies all action plans and outcomes. This report will be presented to the Program Directors' Forum and GMEC.

February 5th, 2021, Revised August 8th, 2023