

GMEC Program Review

The Graduate Medical Education Committee (GMEC) oversees all Nationwide Children's Hospital (NCH) GME and dental education programs. Every program must submit an Annual Program Evaluation (APE) (see APE policy). Additional data, e.g., RRC letters, ACGME survey results, concerns raised by trainees to FRAC, compliance issues, or other sources, are integral parts of the GMEC program review.

APE or special program reviews are coordinated through the GME Office and the GME Executive Committee (GMEX). The Program Director and Program Coordinator submits initial information and has an opportunity to clarify and update the findings before the report is submitted to GMEC.

After analysis of the GMEX report, GMEC may determine that the program is:

- Performing well
- Demonstrating sufficient progress that no further GMEC action is required until the next annual review
- Significantly underperforming, is out of compliance with NCH GME and/or ACGME requirements, and/or has had repeated concerns. Based upon this analysis, GMEC may require:
 - Written Report (WR) *or*
 - Focused Review (FR) *or*
 - Full Special Review (FSR)

GMEC will require this report/review to identify specific, measurable improvement expectations; corrective actions with timelines; and the GMEC monitoring process.

Written Report (WR)

GMEC may require a WR if prior feedback has not demonstrated sufficient improvement, program performance has begun to deteriorate, and/or new performance issues have been identified. The WR is generally submitted within 90 days although longer timelines may be specified if there is insufficient opportunity to demonstrate improvement.

Focused Review (FR)

GMEC may determine an in-depth review is needed to: (a) clarify information, (b) get additional perspectives on one or more issues, and/or (c) address a new, serious concern. In these instances, or in the extremely rare case of a serious new concern arising outside the annual review cycle, GMEC can require a FR. GMEC will appoint the individuals/groups to conduct the FR. The FR written report is generally submitted to GMEC within 90 days. GMEC may require a follow up written report prior to the next annual review.

Some of the issues that *may* initiate a FR include

- Request by Department/Section Chief or Medical Staff/NCH leaders
- Concerns communicated to the Designated Institutional Official (DIO), Fellow and Resident Advisory Council (FRAC), or other means, e.g., complaint voice to HR

- Pattern of Program Director/Program Coordinator/trainee attrition
- Pattern ACGME Resident/Faculty Survey trending downward in multiple items for two or more years
- Case log data of recent graduates failing to minimum requirements; failure to monitor case logs of current trainees
- Accrediting body request for Progress Report or other information indicative or significant substandard performance, e.g., failure to submit Milestones data
- Sustained evidence of duty hour violations
- Repeated non-compliance with NCH and/or accreditation standards, policies, and/or procedures
- Significant curriculum changes, e.g., loss of a major participating site or departure of key faculty

Full Special Review (FSR)

GMEC will conduct a comprehensive FSR of a program with multiple, repeated, unaddressed, and/or serious new concerns. The process for FSR is:

1. The DIO, with the advice and consent of GMEX, appoints the FSR team and identifies the primary issues to be address.
 - The FSR team - physician faculty member, GME administrator, and trainee - coordinates data gathering and review. The physician and trainee must be from outside of the program's department (residency programs) or from a different section to review subspecialty (fellowship) programs.
 - During the course of its review, the FSR team may investigate issues beyond those originally identified by GMEC/GMEX.
2. The FSR team:
 - Reviews any documents or information relevant to the investigation
 - Interviews faculty and trainees to validate data gathered through document review and to collect additional information
 - Identifies concerns, areas for improvement, and areas of exemplary compliance
 - Recommends a plan of corrective action and timeframe
3. Members of the FSR team jointly conduct the review. At a minimum the physician faculty member verifies that all accreditation requirements for didactic and clinical experiences are being met. The trainee member meets separately with the trainees to gather information on program performance and the quality of their educational experience. The administrative member verifies compliance with accreditation documentation, e.g., semi-annual reviews, milestones, case logs, faculty development, contracts, and program policies.
4. The draft FSR report must be presented to GMEX within 90 days and to GMEC within 120 days.

- The administrative member of the FSR team drafts a preliminary FSR report for review and approval by the other FSR team members. If consensus cannot be reached within the FSR team, the DIO will facilitate decision making.
 - The FSR team discusses its findings with the Program Director prior to presentation at GMEX. The FSR team submits the draft FSR to GMEX for review and approval.
 - Following GMEX review, the draft FSR report is submitted to GMEC. GMEC may make further recommendations which can be incorporated into the FSR report.
5. GMEC may require further action, monitoring, and/or a written follow up report. GMEC makes the final determination if concerns have been adequately addressed.
6. The FSR is complete when GMEC determines that concerns have been adequately addressed.

GMEC will review the status of Written Reports, Focused Reviews, and Full Special Reviews at each meeting.

Approved by GMEC: 5/21/14, 11/16/2016