

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER AT EL PASO**  
**Paul L. Foster School of Medicine**  
**GRADUATE MEDICAL EDUCATION**  
**Policy**

- TITLE:** Special Review Policy
- PURPOSE:** To establish criteria for identifying program underperformance and the special review process.
- REVIEW:** This policy will be reviewed every two years by the Graduate Medical Education Committee (GMEC).
- POLICY STATEMENT:** In alignment with the ACGME Institutional Requirements, the GMEC will establish criteria for identifying program underperformance and outline the special review and monitoring processes.  
The outcome should result in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines.

**PROCEDURE(S):**

**A Special Review will take place if any of the following criteria apply:**

1. Initial Accreditation with Warning
2. Continued Accreditation with Warning
3. Adverse accreditation statuses:
  - a. Accreditation Withheld
  - b. Probationary Accreditation
  - c. Withdrawal of Accreditation
  - d. Reduction in Resident Complement
4. Any other underperformance scenarios deemed justifiable by the GMEC.

**Special Review Process:**

1. The GMEC Chair will assemble a Special Review Committee (SRC) within 7 working days from the ACGME notification letter or when determined by the GMEC.
  - a. The Special Review will be conducted by an ad hoc committee consisting of at least one member of the GMEC (who will chair this committee), one core faculty (may be a GMEC member), one resident/fellow, and any other member deemed necessary by the committee.
  - b. Each member should be from a program other than the one being reviewed. The Special Review Chair will conduct the review within 20 working days.

- i. If a training program chooses to contract with an independent external consultant, the SRC will use the consultant's report and recommendations as a supplement of the special review evaluation and action plan.
  - c. The GME office will prepare the documentation for the SRC. The documentation will include the following materials; however, other materials may be requested by the committee.
    - i. Special Review Agenda
    - ii. Special Review Committee Policy
    - iii. ACGME Accreditation Letter (*most recent*)
    - iv. ACGME Resident Survey Report (*most recent*)
    - v. ACGME Faculty Survey Report (*most recent*)
    - vi. ACGME Annual Update Report (*most recent*)
  - d. The SRC will meet twice:
    - i. **SRC Orientation Meeting** – this meeting will take approximately 1 ½ hour.  
The SRC will meet with the Designated Institutional Official (DIO) for orientation, to review the SRC documentation, to go over the logistics of the process, and to set-up *Meeting #2*.
    - ii. **Special Review** – this meeting will take approximately 4 hours:  
The SRC will conduct interviews with the identified individuals listed below.
      - 1. Session 1 – Program Director and Coordinator (**1 hour**)
      - 2. Session 2 – Representative Sample of Core Faculty (**30 minutes**)
      - 3. Session 3 – Representative Sample of Residents/Fellows (**1 hour**)
      - 4. Session 4 – Department Chair (**30 minutes**)
      - 5. Session 5 – SRC convenes to review findings (**1 hour**)
  - e. The SRC Chair will submit the Special Review Committee Report ***within five (5) business days*** to the Designated Institutional Official (DIO) and present it at the next monthly GMEC meeting for review and approval.
  - f. At a minimum, the Special Review Committee Report will contain:
    - i. Citations or Areas for Improvement (AFIs)
    - ii. A summary of relevant findings
    - iii. Action Plan(s)
    - iv. Timeline
- 2. Monitoring of Outcomes
  - a. The GMEC will monitor outcomes of the Special Review as follows:
    - i. The program will provide quarterly progress reports to the GMEC until the deficiencies have been successfully resolved.