



## **HENRY FORD HOSPITAL MEDICAL EDUCATION POLICY**

<b>Subject:</b>	<b>ACGME-Accredited Program Reviews</b>	<b>No. 311</b>
<b>Scope:</b>	<b>HFH Residents &amp; Fellows (House Officers) &amp; GMEC</b>	
Supersedes:	All previous policies and procedures regarding this subject and scope	
Effective:	1/1/15	
Requirements of:	Accreditation Council for Graduate Medical Education (ACGME)	
Approved:	Medical Education Shared Governance Team	Date: 12/19/14

### **Purpose**

To define the Henry Ford Hospital Graduate Medical Education Committee's (GMEC) responsibilities related to effective oversight of all ACGME-accredited programs, including reviews of underperforming programs. (I.B.6).

### **Policy**

The Henry Ford Hospital Graduate Medical Education Committee (GMEC) is responsible for oversight of all graduate medical education programs in accordance with the [Accreditation Council for Graduate Medical Education \(ACGME\) Institutional Requirements](#). The purposes of program reviews are:

1. To assess a program's compliance with and fulfillment of the ACGME's "Common Program Requirements," specialty-specific "Educational Program Requirements" and relevant "Institutional Requirements."
2. To identify program strengths and deficiencies in order to recommend corrective actions to improve the quality of resident or fellow education.
3. To comply with ACGME "Institutional Requirement I.B.4 GMEC Responsibilities" for demonstrating oversight of the Institution's and programs' accredited programs, including effective oversight of its underperforming programs (I.B.6).
4. All reviews will result in a report that must be presented to GMEC that describes the improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes. (IB 6)

## **Types & Criteria for Program Reviews**

- 1. Special Review: The following criteria have been established by the GMEC as evidence that a program is *underperforming* and requires a Special Review:**
  - Significant Citations or Areas for Improvement identified by the Residency Review Committee (RRC) through its annual review and oversight.
  - Accreditation status less than “Continued Accreditation” awarded by the RRC.
  - Significant or recurring deficiencies identified by the GMEC’s Annual Program Evaluation review or oversight activities.
  - Recurring deficiencies identified through GMEC oversight.
  - Failure to submit an Annual Program Evaluation and Improvement Plan as required.
  - Failure to submit adequate and timely follow up as required by GMEC.
  - DIO initiated.
  
- 2. Limited Review: The following criteria have been established by the GMEC to provide effective oversight and ensure *continued accreditation of all programs*:**
  - Minimal Citations or Areas for Improvement identified by the Residency Review Committee (RRC) through its annual review and oversight.
  - Limited deficiencies or potential problems identified by the GMEC’s Annual Program Evaluation review or oversight activities, including, but not limited to:
    - ACGME Surveys-poor response rates, low overall top satisfaction scores (Positive + Very Positive), and/or substantial decline in the top satisfaction scores.
    - Duty Hours Violations- recurring violations or inadequate reporting to the duty hours subcommittee.
  - Recurring, limited deficiencies identified through GMEC oversight.
  - Within 12 months of appointment of a new Program Director.
  - DIO initiated.
  
- 3. Pre-Reviews Prior to an ACGME Visit: The following criteria have been established by the GMEC to provide effective oversight and preparation for a visit by the ACGME:**
  - **ACGME Self Study Visit** (*every 10 years*)
    - 18 months prior to anticipated Self Study Visit (to ensure all requirements are being met).
    - *Will review core residency program and any dependent subspecialty program(s) together.*

- **ACGME Full Site Visit** *for new programs with Initial Accreditation status or for existing programs due to a broad issues/concerns or other serious conditions or situations identified by the RRC.*
  - **New Program Reviews** – For any new program, 12 months after RRC approval of Initial Accreditation status (to ensure all requirements are being met before Full Site Visit).
  - **Unscheduled Full Site Visits** – Given the serious nature of an unscheduled ACGME Full Site Visit and 60-days' notice, **this review will be done within 10 working days of notification.**
  
- **ACGME Focused Site Visit** *to address specific program area(s) as instructed by the RRC; potential problems identified during review of annually submitted data; to diagnose factors underlying deterioration in a program's performance to or to evaluate a complaint against a program.*
  - Given the short notice for these visits (30 days), **this review will be done within 10 working days of notification** for an unscheduled ACGME Focused Site Visit.