



**DEPARTMENT OF DEFENSE  
UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES  
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Graduate Medical Education  
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**NATIONAL CAPITAL CONSORTIUM SPECIAL REVIEWS POLICY**

**I.B.6 and I.B.6.a.1-2**

- A. Any National Capital Consortium (NCC) ACGME-sponsored program may undergo a special review, if the Internal Oversight Subcommittee of the GMEC (IOS) determines that they are underperforming, or as otherwise deemed necessary by the DIO. The IOS makes this determination based on a variety of key areas identified on the program report card (dashboard) that reflect non-compliance. Each program may be reviewed against only those targeted accreditation requirements and other documentation related to the area(s) of non-compliance or additional areas deemed appropriate by the DIO. In some instances, the program may be reviewed against all ACGME Common and (sub)specialty program requirements.
- B. The conduct of special reviews is the responsibility of the IOS. (See IOS responsibilities; Section III.B.2 in the NCC Administrative Handbook)
- C. The NCC GME Administrator is an administrator responsible for the day to day operations of the Subcommittee. The incumbent attends all meetings of the Subcommittee and the GMEC, and is responsible for the minutes of and document preparation for the Subcommittee and when required, for the individual Special Review Committees.
- D. Procedures for Special Reviews:**
  1. Per the GMEC policy, the IOS or DIO determines the need for a special review. This determination can be made based on trainee complaints, survey results, clinical and educational work hours violations or any other area of concern as noted on the program's report card.
  2. Once an area of concern is identified and a Special Review is determined to be necessary, a review will be initiated within 30 days.
  3. The IOS or DIO will determine the level of participation required by the program. This could include interviewing program leadership, faculty, trainees, or any combination, depending on the nature of the concern.
  4. Any program in an ACGME status of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies will automatically trigger a special review. Below are the different types of ACGME accreditation status a program could receive with the affiliated ACGME policies.
    - Accreditation Withheld (Policies 19.10 through 19.12)
    - Initial Accreditation (Policies 19.20 to 19.21)
    - Initial Accreditation with Warning (Policies 19.30 to 19.31)
    - Continued Accreditation without Outcomes (Policies 19.40 to 19.41)

- Continued Accreditation (Policies 19.50 to 19.51)
  - Continued Accreditation with Warning (Policies 19.60 to 19.61)
  - Probationary Accreditation (Policies 19.70 to 19.71)
  - Administrative Probationary Accreditation (Policy 19.80)
  - Withdrawal of Accreditation (Policies 19.90 to 19.91)
  - Withdrawal of Accreditation under Special Circumstances (Policies 19.100 through 19.102)
  - Voluntary Withdrawal of Accreditation (Policies 19.200 through 19.202)
  - Administrative Withdrawal of Accreditation (Policies 19.300 to 19.301)
  - Administrative Withdrawal due to withdrawal of sponsoring institution's accreditation
5. The NCC GME Administrator is responsible for collecting and preparing all documents used in the special review process. This could include:
    - a. Related requirements from the Institutional, Common Program, and specialty/subspecialty ACGME requirements.
    - b. Letters of accreditation from previous ACGME reviews or continued accreditation letters, including corrective actions taken to address discrepancies noted in these reviews.
    - c. Resident and Faculty ACGME survey reports, including any corrective actions taken to address areas of non-compliance.
    - d. Review of WebADS
    - e. APE minutes
    - f. Clinical and educational work hours reports
    - g. Program training handbook and related policies
    - h. Evaluation forms
  6. When required, the NCC GME Administrator will serve as a member of the Special Review Committee as the administrator, and is responsible for drafting the Executive Summary report on the special review for the Chair's signature. If the NCC GME Administrator is not required, the DIO or IOS can determine who will conduct the Special Review and that person will be responsible for drafting the Executive Summary report. The report should be completed in a timely manner so it can be reviewed promptly at the next available IOS meeting. The IOS will then determine the quality improvement goals, corrective actions and the process in which the IOS will monitor outcomes, including timelines.
  7. Because special reviews are conducted based on the discretion of the IOS or DIO, the review process must be flexible to better address a wide-variety of possible concerns. Any combination of interviews may need to be conducted and could be done in a group setting, a representative group setting, or in a one-on-one setting. Thus the format for the special review will be driven by the concern(s) and the IOS will determine the format for the review.
  8. Once all subsequent special review follow-up has been determined to be appropriate or resolved by the IOS and approved at the GMEC, the NCC GME Administrator appends all actions by the Program Director, IOS, and GMEC to the end of the Executive Summary Report. The IOS Chair signs the extended report and the special review process is deemed closed.

**E. Actions of the Subcommittee:**

1. The Subcommittee studies the Executive Summary Report, identifies strengths and weaknesses, identifies specific concerns, and recommends corrective action to the GMEC for their approval. The Subcommittee is responsible for receiving progress reports on behalf of the GMEC, appending them to the Executive Summary. The special review process is considered accomplished when the IOS has deemed that no further follow-up is required, and when the GMEC has reviewed and approved the IOS minutes closing out the Special Review.
2. The Subcommittee also receives ACGME correspondence to include initial and continued accreditation letters. Concerns and requests for progress reports are handled similarly to Special Review Executive Summary Report. The Subcommittee presents the accreditation citations and/or areas for improvement to the GMEC along with requests for the Program Director's plan for correction. These plans are submitted to the Subcommittee for evaluation and submission to the GMEC for final approval. The Subcommittee is responsible for further follow-up to ensure that the Program Director has been successful in resolving the concern.

*Per ACGME Institutional Requirements effective 1 July 2022*

*Approved at the 1 November 2023 GMEC meeting*