

Westchester County Health Care Corporation

WMCHEALTH NETWORK

Administrative: Policy & Procedure

Manual Code: To be assigned by
PolicyHelp

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SUBJECT: GMEC Special Review Policy

EFFECTIVE: 06/2025

___ REVIEWED OR _X_ REVISED date: 07/2026

Applicable Campus:

☒ Good Samaritan Hospital ☒ HealthAlliance Hospital ☒ MidHudson Regional Hospital
☐ Port Jervis Community Hospital ☒ St. Anthony Community Hospital ☒ Westchester Medical Center

Patient population:

☐ Neonate ☐ Pediatric ☐ Adult ☐ Behavioral Health ☒ Not applicable

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PURPOSE:

The purpose of this policy is to establish a structured process for conducting special reviews to ensure continuous quality improvement and compliance with accreditation requirements in GME programs sponsored by Westchester Medical Center Health Network (WMC).

SCOPE:

This policy applies to all Graduate Medical Education (GME) programs sponsored by WMC.

POLICY STATEMENT:

A program is indicated for a Special Review if any of the following criteria are met:

- 1) Accreditation with Warning
- 2) Probationary Accreditation or other adverse accreditation status
- 3) Multiple, extended, or serious citations (as determined by the Designated Institutional Official [DIO])
- 4) ACGME Resident/Fellow or Faculty Survey with greater than or equal to 10 items of less than 80% compliance for programs of 5 or more trainees or 15 items of less than 80% compliance for programs with 4 or fewer trainees.
- 5) Significant non-compliance with meeting deadlines for requested information either from WMC or from external accrediting or regulatory agencies (as determined by the DIO), including, but not limited to, the Annual Program Evaluation (APE) and ACGME Accreditation Data System (ADS) update
- 6) Complaint filed with and accepted by the ACGME Office of Resident Services or another accrediting or regulatory body
- 7) Multiple or serious concerns reported to the WMC GME Office by residents/fellows, program faculty, staff, or other individuals knowledgeable about the program (as determined by the DIO)
- 8) Request by a Program Director
- 9) Request by the Chief Executive Officer, Chief Clinical Officer (CCE), Chief Medical Officer (CMO), or Department Chair
- 10) Request by the Graduate Medical Education Committee (GMEC) through majority vote
- 11) Request by the Designated Institutional Official (DIO) due to other evidence of underperformance or accreditation vulnerability

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PROCEDURES:

A. GMEC Special Review Subcommittee Membership

1. Annually, a Special Review Subcommittee of the GMEC is formed.
2. Members may consist of Program Directors, Associate Program Directors, program faculty, program administrators, and residents/fellows (PGY-2 or higher) from WMC sponsored GME programs.
3. An invitation for self-nomination is sent annually to all eligible parties.
4. Residents/Fellows who self-nominate are confirmed by their Program Director to be in good academic standing.
5. Self-nominated Residents/Fellows who are confirmed by their Program Director to be in good academic standing are presented to all WMC Residents/Fellows for peer selection.
6. Individuals who self-nominate are asked to confirm their willingness and ability to:
 - a. participate in an annual subcommittee training;
 - b. participate in at least one Special Review over the academic year;
 - c. review and comment in a timely fashion on draft reports and recommendations for reviews in which they participated; and
 - d. participate in subcommittee-related professional development and strategic planning activities.
7. Ex-officio members of the GMEC may also serve as subcommittee members at the invitation of the DIO.
8. Special Review Subcommittee members must affirm their understanding of confidentiality appropriate to the Subcommittee's work by signing a Special Review Subcommittee Confidentiality Statement.
9. The DIO serves as the Chair of the Special Review Subcommittee.

B. Special Review Process

1. Program Directors are notified by the DIO when their program has been selected for Special Review.
2. The WMC GME Office works with the program to determine a date(s) on which Special Review interviews shall be conducted.
3. The participants in such interviews are determined by the DIO.
4. Interviews usually include representatives from each PGY class, the program faculty, and program leadership.
5. After date(s) for Special Review interviews are determined, an invitation is extended to Special Review Subcommittee members to participate in the Special Review.
6. No Subcommittee members from the program under Special Review may participate.
7. Reasonable efforts are made to have at least one program faculty Subcommittee member and one Resident/Fellow Subcommittee member participate in each Special Review.
8. Based on the reason(s) for the Special Review, or interviews with program personnel, the DIO may request program-related documents for review by the Subcommittee.
9. When applicable, the DIO may arrange with the program to visit rotation site(s) outside of the primary clinical site and/or to interview individuals from such training sites.

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10. Special Reviews may be general, or focused on a specific aspect of the program, as determined by the DIO.
11. After the completion of Special Review interviews and review of associated information (as applicable), the WMC GME Office drafts a Special Review report and recommendations for review and edits by the Subcommittee members participating in the review.
12. The Subcommittee-approved draft is provided to the Program Director who is asked to prepare a draft action plan with an associated timeline to address the findings and recommendations from the Special Review.
13. The draft report, recommendations, and program action plan, are presented to the GMEC for discussion, edits, and approval.
14. The Program Director is asked to provide follow-up reports for the action plan on the schedule recommended by GMEC to address monitoring of outcomes and corrective actions, usually at approximately 6-months.
15. The final report, recommendations, and action plan are distributed to the program's leadership team, CCE, CMO, Department Chair, and other appropriate personnel (as determined by the DIO).

EFFECTIVE DATE

This policy is effective immediately.

Archival history:

Reviewed:	
Revised:	