### GMEC Oversight of ACGME-Accredited Programs

**Purpose**
It is the responsibility of the Graduate Medical Education Committee (GMEC) to oversee the quality of Graduate Medical Education and the learning and working environment for ACGME-accredited programs. The GMEC assures the quality of educational experiences in each program by examining quantifiable metrics and educational outcomes. This oversight process is designed to facilitate a culture of continuous quality improvement.

<table>
<thead>
<tr>
<th>Oversight of ACGME-accredited programs will consist of Accreditation Data System Update Review, Annual Program Evaluation, Periodic Program Review, Special Program Review, Pre Self-Study Review, Self-Study Summary Review and Mock Site Visit:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accreditation Data System (ADS) Update Review</strong></td>
</tr>
<tr>
<td>GME Faculty will review all ADS updates submissions. Four weeks prior to the submission deadline, the proposed update should be ready for review. Program leadership will receive feedback regarding their proposed submission at least two weeks prior to the submission deadline.</td>
</tr>
<tr>
<td><strong>Annual Program Evaluation (APE)</strong> (CPR V.C.2.) see GME Policy 3.5</td>
</tr>
<tr>
<td>APEs will be conducted annually by the program and reviewed by the GMEC Compliance &amp; Accreditation Standing Committee.</td>
</tr>
<tr>
<td><strong>Periodic Program Review (PPR)</strong></td>
</tr>
<tr>
<td>PPR will be conducted approximately midway between the last Site Visit and the scheduled Pre Self-Study Review by a PPR panel and reviewed by the GMEC Compliance &amp; Accreditation Standing Committee.</td>
</tr>
<tr>
<td>See Addendum B, Periodic Program Review Protocol.</td>
</tr>
</tbody>
</table>
• Special Program Review (SPR) (IR I.C.4.e.)
  o SPRs may be triggered by one or more of the following:
    ▪ Negative communication from the ACGME
    ▪ Resident complaint to ACGME
    ▪ Duty hours non-compliance
    ▪ Negative ACGME Faculty Survey trends
    ▪ Negative ACGME Resident Survey trends
    ▪ Significant concerns from APE
    ▪ Match issues
    ▪ Resident attrition
    ▪ Scholarly activity deficiencies
    ▪ Negative Milestones trends
    ▪ Other at the discretion of the DIO
  o An SPR may be focused on specific areas or concern or may be broader in scope.
  o The SPR will be conducted by an SPR panel and reviewed by the GMEC Compliance and Accreditation Standing Committee.
  o See Addendum C, Special Program Review Protocol.

• Pre Self-Study Review (PSSR)
  o The PSSR will be conducted approximately 2 years prior to the scheduled Self-Study by GME Faculty and reviewed by the GMEC Compliance and Accreditation Standing Committee.
  o See Addendum D, Pre Self-Study Review Protocol.

• Self-Study (SS) Summary Review
  o The Self-Study (SS) Summary will be reviewed by GME Faculty prior to submission to the ACGME.

• Mock Site Visit (MSV)
  o The MSV format will be developed consistent with the ACGME 10-Year Accreditation Site Visit protocol as it becomes available.
  o See Addendum F, Mock Site Visit Protocol.

Consequences of chronic and persistent program deficiencies -
This oversight process is designed to facilitate a culture of continuous quality improvement. In the event that this process reveals a significant lack of substantial compliance with ACGME and other requirements, a program may be subject to more intense levels of
Annual Program Evaluation Protocol

scrutiny. Consequences of failure to maintain substantial compliance include the following:

- Repeat Special Program Review – the GMEC may recommend a repeat SPR to further clarify areas of deficiency; this step is not mandatory
- Internal Probation – the GMEC may recommend that a program be placed on the status of Internal Probation. Consequences of Internal Probation may include:
  - More frequent and intensive reporting on issues of concern in the SPR
  - Recommendations for replacement of key faculty/leadership within the program
  - Other interventions as appropriate
  - Recommendation for Voluntary Withdrawal of Accreditation by the appropriate ACGME Review Committee

References ACGME Institutional Requirements Effective 7/1/15, I.C.4.e.
Addendum A

Annual Program Evaluation (APE) Protocol
Effective January 1, 2017

According to the ACGME Common Program Requirements, section V.C.2., the program, through the Program Evaluation Committee (PEC), must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written Annual Program Evaluation (APE).

In addition, the program must monitor and track each of the following areas: resident performance; faculty development; graduate performance, including performance of program graduates on the certification examination; program quality; program wellness initiatives; and policies, protocols and procedures.

The PEC must prepare minutes and a written plan of action, using the required Annual Program Evaluation Minutes (APE) and Action Plan template to document initiatives to improve performance as well as delineate how they will be measured and monitored. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

The APE Process (See Sample Timeline in Appendix A.1.)

Programs will be assigned a date by which the program component APE process must be complete. This specific assigned date will recur yearly to facilitate long-term planning. The multi-step process is outlined below:

1. The program will receive a reminder notification 90 days in advance from the GME Office of the due date for completion of the program component of the APE process.*
2. The program completes the APE form in New Innovations.
3. The PEC conducts the APE Meeting.
4. The program submits the Annual Program Evaluation Minutes (APE) and Action Plan (see Appendix A.2.) through New Innovations by the assigned due date.
5. An Annual Program Evaluation Report (see Appendix A.3.) is generated and reviewed by the GMEC Compliance & Accreditation Standing Committee. The standing committee will either:
   a. Accept the report and action plan
   b. Ask for clarification/additional documentation
   c. Determine the need for a Special Program Review (SPR)
6. The Annual Program Evaluation Report is presented to the GME Executive Committee and to the GMEC.
7. Program leaders meet with GME Faculty for debrief (core programs, only).
APE Materials

At a minimum, the following materials (documenting resident performance, faculty development, graduate performance and program quality) should be reviewed as part of the program component of the APE process:

- Completed New Innovations Annual Program Evaluation form
- Most recent ACGME Letter of Notification
- Most recent ACGME Resident and Faculty Survey summaries
- Core faculty development activities
- Previous Annual Program Evaluation (APE) Minutes and Action Plans
- Milestone patterns/trends suggesting the need for faculty development or curricular revision
- Resident/Fellow quality improvement activities
- Resident/Fellow scholarly activities
- Faculty scholarly activities
- Ongoing “wellness” activities

Program APE Meeting

The program APE meeting should be conducted by the PEC within 90 days of the due date for completion of the program component of the APE process. The format for the meeting must be a SWOT (strengths, weaknesses, opportunities and threats) analysis of the program based on the materials provided and the participants’ knowledge of the program’s activities and processes.

APE Action Plan

An action plan must be created from the results of the SWOT analysis and documented using the Annual Program Evaluation (APE) Minutes and Action Plan Template. The action plan must be reviewed and approved by the teaching faculty and documented in meeting minutes of a faculty meeting. The action plan should be distributed to all residents/fellows.

GMEC Oversight

The GMEC Compliance & Accreditation Standing Committee will review the Annual Program Evaluation Report at its monthly meeting as designated by the GME Program Oversight Calendar and either:

a. Accept as submitted
b. Ask for clarification/additional documentation
c. Determine the need for a Special Program Review (SPR)

The Annual Program Evaluation Report will be presented to the GME Executive Committee and to the GMEC.
Appendix A.1.

Sample Timeline for APE Process

Program with an “April” assignment on the GMEC Program Oversight Calendar

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<th>Date</th>
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<td>4th Monday in April</td>
<td>5. An Annual Program Evaluation Report is created and reviewed by the GMEC Compliance &amp; Accreditation Standing Committee.</td>
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<td>2nd Tuesday in May</td>
<td>6. The Annual Program Evaluation Report is presented to the GME Executive Committee and to the GMEC.</td>
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<td>7. If necessary, Program leaders meet with GME Faculty for debrief (core programs, only)</td>
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Appendix A.2.

Annual Program Evaluation (APE)

Minutes & Action Plan

Program

Date

Date of the APE meeting:

Date Minutes & Action Plan were reviewed and Approved by teaching faculty:

Please attach the minutes of the meeting where the Minutes & Action Plan were reviewed and approved.

Academic Year reviewed:

Faculty Members of the PEC in attendance:

Resident/Fellow Members of the PEC in attendance:

Other Members of the PEC in attendance:

**Question 1: Program description**

Provide a brief description of your residency/fellowship program, as you would to an applicant or a prospective faculty member. Discuss any notable information about this program. (Maximum 250 words)

**Question 2: Program aims**

Based on information gathered and discussed during the APE, what are the program’s aims? (Maximum 150 words)

**Question 3: Program activities to advance the aims**

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Describe current activities that have been or are being initiated to promote or further these aims. (Maximum 250 words)

Areas reviewed:

- Resident performance
  Supporting documents:

- Faculty development
  Supporting documents:

- Graduate performance
  Supporting documents:

- Program quality
  Supporting documents:

- Policies, Protocols & Procedures
  Supporting documents:

- Supervision, Progressive Responsibility and Transition of Care
  Supporting documents:

- Program Wellness Initiatives
  Supporting documents:

- Progress on the Action Plan from the Previous Academic Year
  Supporting documents:

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SWOT Analysis

Strengths

Weaknesses

Opportunities

Threats

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### Action Plan

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</table>
Appendix A.3.

Annual Program Evaluation Report

Program:

Month/Year Reviewed:

Academic Year Evaluated:

Reviewers:

Date presented to the C & A Standing Committee:

Date presented to the GME Executive Committee:

Date presented to the GMEC:

☐ Ni APE Form

Areas of concern from Ni APE Form:

Comments:

☐ ACGME Resident Survey

Areas of concern from most recent ACGME Resident Survey:

☐ ACGME Faculty Survey

Areas of concern from most recent ACGME Faculty Survey:

☐ PEC APE Minutes & Action Plan

Areas of concern from the PEC APE Minutes & Action Plan:

Resident Performance:

Faculty Development:

Graduate Performance:

Program Quality:

Policies, Protocols and Procedures:
Supervision, Progressive Responsibility and Transition of Care:

Wellness Initiatives:

Suggested modifications to APE Action Plan:

General Comments:

Summary:
Addendum B

Periodic Program Review (PPR) Protocol

Effective July 1, 2017

The revised ACGME Institutional Requirements (effective July 1, 2014) section 1.B.4. a) (GMEC Responsibilities) includes but is not limited to: oversight of the institution and ACGME-accredited programs (1.B.4. a (1)), the quality of the working environment (1.B.4.a (2)), the quality of the educational experiences (1.B.4.a (3)), and the ACGME-accredited programs’ annual evaluation and improvement activities (1.B.4.a (4)). Missing are requirements for an internal review at the mid-point of a program’s accreditation cycle. But, according to the ACGME, the GMEC must implement a process for continuous improvement for all ACGME-accredited programs. The Periodic Program Review (PPR) is this process.

**The PPR Process** (see Sample Timeline in Appendix B.1.)

Programs will be assigned a date by which the program component APE process must be complete. This specific assigned date will recur yearly to facilitate long-term planning. The multi-step process is outlined below:

1. The program will receive a reminder notification 120 days in advance from the GME Office of the due date for completion of the program component of the APE process. The program will be contacted by the GME Office to schedule their PPR for that month.*
2. The program must update ADS.
3. The program completes the APE form in New Innovations.
4. The PEC conducts the APE.
5. The program submits the Annual Program Evaluation Minutes and Action Plan (see Appendix B.2.) through New Innovations to the GMEC Compliance and Accreditation Subcommittee by the assigned date. The program must use the Annual Program Evaluation Minutes and Action Plan template available on the GME website.
6. The PPR will be conducted and a Periodic Program Review Report (see Appendix B.3) will be generated.
7. The GMEC Compliance & Accreditation Standing Committee will review the Periodic Program Review Report and either:
   a. Accept as written
   b. Ask for clarification/additional documentation
   c. Determine the need for a Special Program Review (SPR)
8. The Periodic Program Review Report reviewed by the GMEC Compliance & Accreditation Subcommittee are presented to the GMEC.
PPR Materials

In addition to the materials required for the APE, the following will be required for the PPR:

- Sample competency-based goals and objectives for one assignment and for each educational level of training
- Evaluation templates (not completed evaluations):
  - Resident/fellow at the completion of each assignment
  - Evaluations demonstrating the use of multiple evaluators (e.g., faculty, peer, self)
  - Semiannual evaluation
  - Final (summative) evaluation
  - Confidential evaluations of faculty by the resident/fellow
  - Confidential evaluation of the program by faculty
  - Confidential evaluation of the program by resident/fellow
- Policies/protocols:
  - Moonlighting
  - Definition of common patient care circumstances when the supervising faculty member must be involved
  - Documentation for episodes when resident/fellows remain on duty beyond scheduled hours
- Evidence of resident/fellow participation in Quality Improvement projects
- Evidence of resident/fellow participation in Patient Safety projects
- Written description of the Program Evaluation Committee’s composition and responsibilities
- Written description of the Clinical Competence Committee’s composition and responsibilities

These materials must be uploaded into NI no later than 10 business days prior to the scheduled PPR.

The PPR Participants and Meeting

The PPR will be chaired and co-chaired by two Associate and/or Assistant Deans of GME who also serve on the GMEC Compliance and Accreditation Subcommittee. Panel members from other programs will include at least two additional faculty members, at least two residents, at least one program coordinator and others as deemed necessary by the panel chair. Interviewees will include the Departmental Chair, Program Director, Program Coordinator, Departmental Administrator, Quality Champion, Faculty Development Leader, Core Program Director or designee (if applicable), at least four representative core faculty, and two peer-selected residents from each level of training. If the program being reviewed is a dependent subspecialty, the Program Director for the respective core program will be interviewed with the program leadership.
Reviews will be scheduled for 8:00-noon:

8:00-9:15 am  
Meeting with Chair or delegate, Program Director, Program Coordinator, Departmental Administrator, Quality Champion, Faculty Development Leader and Core Program Director or designee (if applicable)

9:15-9:30 am  
Break

9:30-10:30 am  
Meeting with Residents/Fellows

10:30-11:15 am  
Meeting with Representative Core Faculty
*If residents/fellows rotate at the VA, the site director(s) for the VA must be present.*

11:15-noon  
If necessary, meeting with Program Director and Program Coordinator

**PPR Report**

The co-chairs of the panel will compose a written report and action plan detailing the findings of the panel. The report will be submitted to the GMEC Compliance and Accreditation Standing Committee. The GMEC Compliance and Accreditation Standing Committee will review the Periodic Program Review Report. The Periodic Program Review Report will be submitted to the GME Executive Committee and to the GMEC. Progress on action plans will be accessed at the time of the next APE, or sooner if determined by the GMEC Compliance and Accreditation Standing Committee.

**GMEC Monitoring of Outcomes**

The GMEC Compliance and Accreditation Subcommittee will review the Periodic Program Review Report at its monthly meeting as designated by the GME Program Oversight Calendar and either:

- Accept as submitted
- Ask for clarification/additional documentation
- Determine the need for a Special Program Review (SPR)

The report is presented to the GME Executive Committee and to the GMEC.
Appendix B.1

Sample Timeline for PPR Process

Program with an “April” assignment on the GMEC Oversight Calendar

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<td>April 1</td>
<td>5. The program submits the Annual Program Evaluation Minutes and Action Plan (through New Innovations) and other required documents by the assigned due date.</td>
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<tr>
<td>April</td>
<td>6. The PPR will be conducted and a Periodic Program Review Report will be generated.</td>
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<td>4th Monday of April</td>
<td>7. The GMEC Compliance &amp; Accreditation Standing Committee will review the Periodic Program Review Report and Action Plan.</td>
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<td>2nd Tuesday of May</td>
<td>8. The Periodic Program Review Report reviewed by the GMEC Compliance &amp; Accreditation Standing Committee are presented to the GME Executive Committee and the GMEC.</td>
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Appendix B.2.

Annual Program Evaluation (APE)

Minutes & Action Plan

Program

Date

Date of the APE meeting:

Date Minutes & Action Plan were reviewed and Approved by teaching faculty:

Please attach the minutes of the meeting where the Minutes & Action Plan were reviewed and approved.

Academic Year reviewed:

Faculty Members of the PEC in attendance:

Resident/Fellow Members of the PEC in attendance:

Other Members of the PEC in attendance:

Question 1: Program description

Provide a brief description of your residency/fellowship program, as you would to an applicant or a prospective faculty member. Discuss any notable information about this program. (Maximum 250 words)

Question 2: Program aims

Based on information gathered and discussed during the APE, what are the program's aims? (Maximum 150 words)

Question 3: Program activities to advance the aims
Describe current activities that have been or are being initiated to promote or further these aims. (Maximum 250 words)

Areas reviewed:

- Resident performance
  Supporting documents:

- Faculty development
  Supporting documents:

- Graduate performance
  Supporting documents:

- Program quality
  Supporting documents:

- Policies, Protocols & Procedures
  Supporting documents:

- Supervision, Progressive Responsibility and Transition of Care
  Supporting documents:

- Program Wellness Initiatives
  Supporting documents:

- Progress on the Action Plan from the Previous Academic Year
  Supporting documents:

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SWOT Analysis

Strengths

Weaknesses

Opportunities

Threats

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Appendix B.3.

Periodic Program Review Report

Program:

Date Reviewed:

Academic Year Evaluated:

Panel Members:

Interviewees:

  Program Director:
  Assistant Program Director:
  Quality Champion:
  Faculty Development Leader:
  Program Coordinator:
  Residents/Fellows:
  Representative Core Faculty:
  Core Program Director (if applicable):

Date presented to the Compliance & Accreditation Standing Committee:

Date presented to the GME Executive Committee:

Date presented to the GMEC:

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Special Program Review and Action Plan

Program Leadership Meeting

☐ Document Review
   Comments:

☐ Action Plan Review
   Comments:

☐ Program Resource Review
   Comments:

Residents/Fellows Meeting

☐ ACGME Resident Survey Review
   Comments:

☐ Action Plan Review
   Comments:

☐ Procedure/Case Numbers Review
   Comments:

Core Faculty Meeting

☐ ACGME Faculty Survey Review
   Comments:

☐ Action Plan Review
   Comments:

☐ Program Resources Review
   Comments:

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Addendum 3

Special Program Review (SPR) Protocol
Effective January 1, 2017

According to the ACGME Institutional, section I.B.6., the GMEC must demonstrate effective oversight of underperforming programs through a Special Review process. The Special Review process must include a protocol that establishes criteria for identifying underperformance and results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes. This protocol outlines the process for the Special Program Review (SPR).

The SPR Process (See sample timeline in Appendix C.1.)

1. The GMEC Compliance and Accreditation Standing Committee will review the Annual Program Evaluation Minutes and Action Plan and either:
   a. Accept
   b. Ask for clarification/additional documentation
   c. Recommend the need for a Special Program Review (SPR)
2. If the need for an SPR is identified, a proposal for an SPR (see Appendix C.2.) will be presented to the GMEC Executive Committee. The committee will either:
   a. Accept the proposal
   b. Modify the proposal
   c. Reject the proposal
3. If the SPR proposal is modified or accepted, the SPR will be scheduled. If the SPR proposal is rejected, oversight of the program reverts to the standard APE process.
4. The SPR will be scheduled within 45 days of the GMEC Executive Committee’s approval.
5. The SPR will be conducted and a Special Program Review Report and Action Plan (see Appendix C.3.) will be created.
6. The GMEC Compliance & Accreditation Standing Committee will review the Special Program Review Report and Action Plan and either:
   a. Accept the report
   b. Ask for clarification/additional documentation
   c. Recommend Internal Probation
7. The Special Program Review Report and Action Plan reviewed by the GMEC Compliance & Accreditation Standing Committee is presented to the GMEC Executive Committee and to the GMEC.
8. Progress on action plans will be accessed at the time of the next APE unless the program is placed on Internal Probation.

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Criteria for Identifying Underperformance

In addition to the process outlined above, other potential triggers for an SPR include but are not limited to:

- Negative communication from the ACGME
- Resident complaint to ACGME
- Duty hours non-compliance
- Negative ACGME Faculty Survey trends
- Negative ACGME Resident Survey trends
- Significant concerns from APE
- Match issues
- Resident attrition
- Scholarly activity deficiencies (either resident or faculty)
- Negative Milestones trends
- Failure to adequately address action plan items from a previous SPR
- Non-compliance with program oversight processes
- Other at the discretion of DIO

SPR Materials

Materials requested for the SPR will be determined by the GMEC Compliance and Accreditation Standing Committee and referenced in the proposal to the GMEC Executive Committee. The materials will be selected based on the deficits identified.

SPR Program Participants

Program representatives to be interviewed during the SPR will be determined based on the deficits identified.

The SPR Meeting

The SPR will be co-chaired by the chair and co-chair of the GMEC Compliance and Accreditation Standing Committee. Panel composition will be dependent upon the rationale for the SPR.

SPR Report

The co-chairs of the panel will compose a Special Program Review Report detailing the findings of the panel. The Special Program Review Report will be submitted to the GME Executive Committee and to the GMEC. Progress on action plans will accessed at the time of the next APE.
**GMEC Monitoring of Outcomes**

GMEC monitoring of outcomes is operationalized in the GMEC Compliance and Accreditation Standing Committee with reports to the GMEC.
Appendix C.1.

Sample Timeline for SPR Process

Program with an “April” assignment on the GMEC Program Oversight Calendar

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<td>2. The program must update ADs.</td>
</tr>
<tr>
<td></td>
<td>3. The program completes the APE form in New Innovations.</td>
</tr>
<tr>
<td></td>
<td>4. The PEC conducts the APE.</td>
</tr>
<tr>
<td>April</td>
<td>5. The program submits the Annual Program Evaluation Minutes and Action Plan (through New Innovations) by the assigned due date.</td>
</tr>
<tr>
<td>4th Monday in April</td>
<td>6. The GMEC Compliance and Accreditation Standing Committee will review the Annual Program Evaluation (APE) materials and Annual Program Evaluation Minutes and Action Plan and determine the need for a Special Program Review (SPR).</td>
</tr>
<tr>
<td>1st Thursday in May</td>
<td>7. If the need for an SPR is identified, a proposal for an SPR will be presented to the GMEC Executive Committee. The committee will either: a. Accept the proposal b. Modify the proposal c. Reject the proposal</td>
</tr>
<tr>
<td></td>
<td>8. If the SPR proposal is modified or accepted, the SPR will be scheduled. If the SPR proposal is rejected, oversight of the program reverts to the standard APE process.</td>
</tr>
<tr>
<td>May</td>
<td>9. The SPR will be scheduled within 45 days of the GMEC Executive Committee’s approval.</td>
</tr>
<tr>
<td>June</td>
<td>10. The SPR will be conducted and a Special Program Review Report and Action Plan is generated.</td>
</tr>
</tbody>
</table>

All proceedings and records of the Graduate Medical Education Committee are confidential and all professional review actions and communications made to the Graduate Medical Education Committee are privileged under Texas and federal law. TEX. OCC. CODE ANN. CHPS.151 & 160; TEX HEALTH AND SAFETY CODE §161.032; and 42 U.S.C. 11101 et seq.
| 1st Thursday in August | 12. The Special Program Review Report and Action Plan is presented to the GME Executive Committee and to the GMEC. |
Appendix C.2.

Special Program Review Proposal

Program to be reviewed:

Month/Year to be reviewed:

Academic Year to be evaluated:

Panel Members to include:

Interviewees to include:

Program Director:

Associate/Assistant Program Director(s):

Quality Champion (if applicable):

Faculty Development Leader (if applicable):

Program Coordinator:

Residents/Fellows:

Representative Core Faculty:

Core Program Director (if applicable):

Date to be presented to the Compliance & Accreditation Standing Committee:

Date to be presented to the GMEC Executive Committee:

Date to be presented to the GMEC:

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Rationale for the SPR:
Appendix C.3.

Special Program Review
Report and Action Plan

Program:

Month/Year Reviewed:

Academic Year Evaluated:

Panel Members:

Interviewees:

Program Director:

Associate/Assistant Program Director(s):

Quality Champion (if applicable):

Faculty Development Leader (if applicable):

Program Coordinator:

Residents/Fellows (if applicable):

Representative Core Faculty (if applicable):

Core Program Director (if applicable):

Date presented to the Compliance & Accreditation Standing Committee:

Date presented to the GMEC Executive Committee:

Date presented to the GMEC:
Rationale for the SPR:

Program Leadership Meeting

☐ Document Review
   Comments:

☐ Action Plan Review
   Comments:

☐ Program Resource Review
   Comments:

☐ Other
   Comments:

Residents/Fellows Meeting

☐ ACGME Resident Survey Review
   Comments:

☐ Action Plan Review
   Comments:

☐ Procedure/Case Numbers Review
   Comments:

☐ Other
   Comments:

Core Faculty Meeting

☐ ACGME Faculty Survey Review
   Comments:

☐ Action Plan Review

All proceedings and records of the Graduate Medical Education Committee are confidential and all professional review actions and communications made to the Graduate Medical Education Committee are privileged under Texas and federal law. Tex. Occ. Code Ann. Chpts. 151 & 160; Tex. Health and Safety Code §161.032; and 42 U.S.C. 11101 et seq.
Special Program Review and Action Plan

Comments:

☐ Program Resources Review

Comments:

☐ Other

Comments:

All proceedings and records of the Graduate Medical Education Committee are confidential and all professional review actions and communications made to the Graduate Medical Education Committee are privileged under Texas and federal law. Tex. Occ. Code Ann. Chps. 151 & 160; Tex. Health and Safety Code § 161.032; and 42 U.S.C. 11101 et seq.
<table>
<thead>
<tr>
<th>Item</th>
<th>Strategy</th>
<th>Resources</th>
<th>Timeline</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preservation Goals (Strengths)</td>
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<td>Elimination Goals (Weaknesses)</td>
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<td>Achievement Goals (Opportunities)</td>
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<tr>
<td>Avoidance Goals (Threats)</td>
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</tbody>
</table>
The revised ACGME Institutional Requirements (effective July 1, 2014) section 1.B.4. a) (GMEC Responsibilities) includes but is not limited to: oversight of the institution and ACGME-accredited programs (1.B.4. a (1)), the quality of the working environment (1.B.4.a (2)), the quality of the educational experiences (1.B.4.a (3)), and the ACGME-accredited programs’ annual evaluation and improvement activities (1.B.4.a (4)). Missing are requirements for an internal review at the mid-point of a program’s accreditation cycle. But, according to the ACGME, the GMEC must implement a process for continuous improvement for all ACGME-accredited programs. The Pre Self-Study Review (PSSR) is part of this process.

The PSSR Process (See sample timeline in Appendix D.1.)

Programs will be assigned a date by which the program self-study materials must be complete. This specific date will be assigned by the GME Office, according to the GME Program Oversight Calendar. The multi-step process is outlined below:

1. The program will receive a reminder notification one year in advance from the GME Office of the due date for completion of the program self-study. The program will be contacted by the GME Office to schedule their PSSR for that month.
2. The program assembles the Self-Study Committee (SSC).
3. The SSC engages program leadership, faculty, trainees and staff in a discussion of program aims.
4. The SSC reviews the SWOTs and Action Plans to determine ongoing threats and opportunities.
5. The SSC aggregates and analyzes data to generate a longitudinal assessment of the program’s improvement.
6. The SSC obtains stakeholder input.
7. The SSC interprets the data and aggregates the self-study findings.
8. The SSC discusses the findings with stakeholders.
9. The SSC completes the Self-Study Summary Document (See Appendix D.2.) and upload into New Innovations.
10. The PSSR will be conducted and a Pre Self-Study Review Report (see Appendix D.3.) will be generated.
11. The GMEC Compliance & Accreditation Standing Committee will review the Pre Self-Study Review Report and either:
    a. Accept as submitted
    b. Ask for clarification/additional documentation and create an action plan
    c. Determine the need for a Special Program Review (SPR)
12. The Pre Self-Study Review Report will be presented to the GME Executive Committee and to the GMEC.
**PSSR Materials**

In addition to the materials required for the APE, the following will be required for the PSSR:

- All APE Minutes and Action Plans since the date of the program’s transition into the Next Accreditation System (NAS). This will be July 1, 2013 for the seven early adopters or July 1, 2014 for all other programs.
- The Self-Study Document

These materials must be uploaded into NI no later than 10 business days prior to the scheduled PSSR.

**The PSSR Participants and Meeting**

The PSSR will be conducted by the chair (Associate Dean for GME) and co-chair (Assistant Dean for GME) of the GMEC Compliance and Accreditation Standing Committee. Interviewees will include members of the Self-Study group and the Program Leadership.

Reviews will be scheduled for 8:30-11:00am:

- 8:30-9:45 am  Meeting with SSC
- 9:45-10:00 am  Break
- 10:00-11:00 am  Meeting with Program Leadership

**PSSR Report**

**Report:** The co-chairs will compose a written report. The report will be submitted to the GMEC Compliance and Accreditation Standing Committee. The Pre Self-Study Review Report will be submitted to the GME Executive Committee and to the GMEC.

**GMEC Monitoring of Outcomes**

The GMEC Compliance and Accreditation Standing Committee will review the Pre Self-Study Review Report at its monthly meeting as designated by the GME Program Oversight Calendar and either:

- a. Accept as submitted
- b. Ask for clarification/additional documentation
- c. Determine the need for a Special Program Review (SPR)

A templated summary report will be created and presented by the GMEC Compliance and Accreditation Standing Committee to the GMEC.
Appendix D.1.

Sample Timeline for PSSR Process

Program with an “April” assignment on the GMEC Oversight Calendar

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 1</td>
<td>The program will receive a reminder notification of the due date for completion of the program Self-Study.</td>
</tr>
<tr>
<td>January 2</td>
<td>The program will receive a reminder notification of the due date for completion of the program component of the APE process.</td>
</tr>
<tr>
<td></td>
<td>3. The program must update ADS.</td>
</tr>
<tr>
<td></td>
<td>4. The program completes the APE form in New Innovations.</td>
</tr>
<tr>
<td></td>
<td>5. The SSC conducts the SS.</td>
</tr>
<tr>
<td>April 6</td>
<td>The program submits the Self-Study Summary Document (through New Innovations) by the assigned due date.</td>
</tr>
<tr>
<td>April 7</td>
<td>The PSSR will be conducted and a Pre Self-Study Review Report will be generated.</td>
</tr>
<tr>
<td>4th Monday in April</td>
<td>The GMEC Compliance &amp; Accreditation Standing Committee will review the Pre Self-Study Review Report.</td>
</tr>
<tr>
<td>2nd Tuesday in May</td>
<td>The Pre Self-Study Review Report is presented to the GMEC.</td>
</tr>
</tbody>
</table>
Appendix D.2.
Self-Study Summary

Use this standard template for aggregating and submit information from the Self-Study for core programs and larger subspecialty programs. Smaller subspecialty programs may use the Self-Study Summary Short Form.

After completing the Self-Study, provide responses to the first seven items below (the last item is optional).

The deadline for uploading the Self-Study Summary into the Accreditation Data System is the last day of the month the Review Committee indicated for the program’s first site visit in the Next Accreditation System. (For example, if the Review Committee indicated October 2017 as the date of the first site visit, the document must be uploaded by October 31, 2017.)

Program Name: _________________________________________
Program Number: _______________________________________
Self-Study Date (Month, Year): ____________________________

Note
The documents will be used to assess the program’s aims and environmental context, as well as the process used for the Self-Study and how this facilitates program improvement.

Do NOT provide information on areas for improvement identified during the Self-Study. A separate document to be submitted 12 to 18 months after initiating the Self-Study will request information on improvements realized in areas identified in the Self-Study.
Program Description and Aims
Describe the program and its aims, using information gathered during the Self-Study.

Item 1: Program description
Provide a brief description of the residency/fellowship program, as you would to an applicant or a prospective faculty member. Discuss any notable information about the program. (Maximum 250 words)

Item 2: Program Aims
Based on information gathered and discussed during the Self-Study, describe the program’s aims. (Maximum 150 words)

Item 3: Program activities to advance the aims
Describe current activities that have been, or are being, initiated to promote or further these aims. (Maximum 250 words)

Environmental Context
Summarize the information on the program’s environmental context that was gathered and discussed during the Self-Study.

Item 4: Opportunities for the program
Based on the information gathered and discussions during the Self-Study, describe important opportunities for the program. (Maximum 250 words)

Item 5: Threats facing the program
Based on the information gathered and discussions during the Self-Study, describe any real or potential significant threats facing the program. (Maximum 250 words)

Significant Changes and Plans for the Future
Item 6a: Describe significant changes and improvements made in the program over the past five years. (Maximum 250 words)

Item 6b: Project your vision and plans for the program for the coming five years. (Maximum 250 words)
Item 6c: Based on the plans described in the previous item, describe what will “take this to the next level.” (Maximum 200 words)

Note: In your response, discuss what the “next level” will look like, the envisioned steps and activities to achieve it, and the resources needed.

<table>
<thead>
<tr>
<th>Self-Study Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 7a: Describe Elements of the Self-Study process for your program.</td>
</tr>
<tr>
<td>Provide information on your program’s Self-Study, including who was involved, how data were collected and assessed, how conclusions were reached, and any other relevant information. (Maximum 300 words)</td>
</tr>
<tr>
<td>Who was involved in the Self-Study (by title)?</td>
</tr>
<tr>
<td>How were data analyzed, and how were conclusions reached?</td>
</tr>
<tr>
<td>How were areas for improvement prioritized?</td>
</tr>
</tbody>
</table>

Item 7b: Describe the core program’s role in the Self-Study(ies) of all dependent subspecialty program(s). (Maximum 150 words)

Note: If this is a solo core program or a dependent or “grandfathered” freestanding subspecialty program, skip this item.

OPTIONAL Item 8: Learning that occurred during the Self-Study

Describe learning that occurred during the Self-Study. This information will be used to identify potential best practices for dissemination. (Maximum 200 words)
Appendix D.3.

Pre Self-Study Review Report

Program:

Date Reviewed:

Academic Year Evaluated for APE:

Reviewers:

Interviewees:

Self-Study Committee Members:

Program Leadership:

Program Director:

Program Coordinator:

Date presented to the Compliance & Accreditation Standing Committee:

Date presented to the GME Executive Committee:

Date presented to the GMEC:

Review of Program Description:

Review of Program Aims:

Review of Activities to advance the aims:

Review of the Opportunities for the program:

Review of Threats to the program:

Review of Program Evaluation Committee (PEC) and the Annual Program Evaluation (APE) process:
Review of the Self-Study process:

<table>
<thead>
<tr>
<th><strong>Self-Study Committee (SSC)</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data reviewed by the SSC</strong></td>
<td></td>
</tr>
<tr>
<td><strong>How were the data analyzed?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>How were conclusions reached?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>How were areas prioritized for improvement?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Any other information relevant to understanding the self-study process for this program</strong></td>
<td></td>
</tr>
</tbody>
</table>

Summary:

Of note from the APE materials that were included in the PSSR packet:

Of concern are the numerous areas of non-compliance on the most recent ACGME Resident Survey Summary:

Of concern are the numerous areas of non-compliance on the most recent ACGME Resident Survey Summary:

General Comments:
Addendum E

Self-Study Review Protocol (SS) Protocol

Effective January 1, 2017

The SS Process (See sample timeline in Appendix E.1.)

Programs will receive notification from the ACGME indicating the due date of the Self-Study. The multi-step process is outlined below:

1. The program will receive a reminder notification from the ACGME of the due date for completion of the program self-study.
2. The program assembles the Self-Study Committee (SSC).
3. The SSC engages program leadership, faculty, trainees and staff in a discussion of program aims.
4. The SSC reviews the SWOTs and Action Plans to determine ongoing threats and opportunities.
5. The SSC aggregates and analyzes data to generate a longitudinal assessment of the program’s improvement.
6. The SSC obtains stakeholder input.
7. The SSC interprets the data and aggregates the self-study findings.
8. The SSC discusses the findings with stakeholders.
9. The SSC completes the Self-Study Summary Document (See Appendix E.2. or E.3.) and uploads into New Innovations.
10. GME Faculty will review the Self-Study Document and provide verbal feedback to the SSC Chair and Program Leadership.
### Appendix E.1.

**Sample Timeline for SS Process**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The program will receive a reminder notification from the ACGME of the due date for completion of the program Self-Study.</td>
</tr>
<tr>
<td>2.</td>
<td>The SSC conducts the SS.</td>
</tr>
<tr>
<td>2 months prior to the SS</td>
<td>The program submits the Self-Study Summary Document (see Appendix E.2. [Core Programs] or Appendix E.3. [Subspecialty Programs])(through New Innovations) to the GME Office by the assigned due date.</td>
</tr>
<tr>
<td>due date</td>
<td>The GME Office with contact the program to schedule a meeting with the SSC Chair, the Program Director and Program Coordinator to provide feedback on the Self-Study Summary Document. The need for follow up and revisions will be determined at this time.</td>
</tr>
</tbody>
</table>
Appendix E.2.
Self-Study Summary

Use this standard template for aggregating and submit information from the Self-Study for core programs and larger subspecialty programs. Smaller subspecialty programs may use the Self-Study Summary Short Form.

After completing the Self-Study, provide responses to the first seven items below (the last item is optional).

The deadline for uploading the Self-Study Summary into the Accreditation Data System is the last day of the month the Review Committee indicated for the program’s first site visit in the Next Accreditation System. (For example, if the Review Committee indicated October 2017 as the date of the first site visit, the document must be uploaded by October 31, 2017.)

Program Name: __________________________________________
Program Number: ________________________________________
Self-Study Date (Month, Year): ____________________________

Note
The documents will be used to assess the program’s aims and environmental context, as well as the process used for the Self-Study and how this facilitates program improvement.

Do NOT provide information on areas for improvement identified during the Self-Study. A separate document to be submitted 12 to 18 months after initiating the Self-Study will request information on improvements realized in areas identified in the Self-Study.
Program Description and Aims
Describe the program and its aims, using information gathered during the Self-Study.

Item 1: Program description
Provide a brief description of the residency/fellowship program, as you would to an applicant or a prospective faculty member. Discuss any notable information about the program. (Maximum 250 words)

Item 2: Program Aims
Based on information gathered and discussed during the Self-Study, describe the program’s aims. (Maximum 150 words)

Item 3: Program activities to advance the aims
Describe current activities that have been, or are being, initiated to promote or further these aims. (Maximum 250 words)

Environmental Context
Summarize the information on the program’s environmental context that was gathered and discussed during the Self-Study.

Item 4: Opportunities for the program
Based on the information gathered and discussions during the Self-Study, describe important opportunities for the program. (Maximum 250 words)

Item 5: Threats facing the program
Based on the information gathered and discussions during the Self-Study, describe any real or potential significant threats facing the program. (Maximum 250 words)

Significant Changes and Plans for the Future
Item 6a: Describe significant changes and improvements made in the program over the past five years. (Maximum 250 words)

Item 6b: Project your vision and plans for the program for the coming five years. (Maximum 250 words)
Item 6c: Based on the plans described in the previous item, describe what will “take this to the next level.” (Maximum 200 words)

Note: In your response, discuss what the “next level” will look like, the envisioned steps and activities to achieve it, and the resources needed.

Self-Study Process

Item 7a: Describe Elements of the Self-Study process for your program.

Provide information on your program’s Self-Study, including who was involved, how data were collected and assessed, how conclusions were reached, and any other relevant information. (Maximum 300 words)

<table>
<thead>
<tr>
<th>Who was involved in the Self-Study (by title)?</th>
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</table>

<table>
<thead>
<tr>
<th>How were data analyzed, and how were conclusions reached?</th>
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</table>

<table>
<thead>
<tr>
<th>How were areas for improvement prioritized?</th>
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<tr>
<td></td>
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</tbody>
</table>

Item 7b: Describe the core program’s role in the Self-Study(ies) of all dependent subspecialty program(s). (Maximum 150 words)

Note: If this is a solo core program or a dependent or “grandfathered” freestanding subspecialty program, skip this item.

OPTIONAL Item 8: Learning that occurred during the Self-Study

Describe learning that occurred during the Self-Study. This information will be used to identify potential best practices for dissemination. (Maximum 200 words)
Addendum F

Mock Site Visit Protocol

Effective January 1, 2017

The MSV Process (See sample timeline in Appendix F.1.)

Programs will receive notification from the ACGME indicating the date of the Site Visit. The multi-step process is outlined below:

1. The program will receive a reminder notification from the ACGME of the date for the Site Visit.
2. Program contacts the GME Office to schedule as Mock Site Visit (MSV).
3. The program must provide all materials requested by the site visitor to the GME Office no later than 10 business days prior to the scheduled MSV.
4. The Mock Site Visit will be conducted.
5. GME Faculty will provide verbal feedback to the Program Leadership at the end of the MSV.
Appendix F.1.

Sample Timeline for SV Process

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>1.</td>
<td>The program will receive a notification from the ACGME of the date for the 10-Year Accreditation SV.</td>
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<tr>
<td>2.</td>
<td>The program contacts the GME Office to schedule the Mock Site Visit (MSV).</td>
</tr>
<tr>
<td>10 business days prior to the scheduled MSV</td>
<td>The program submits all materials requested by the site visitor to the GME Office.</td>
</tr>
<tr>
<td>4.</td>
<td>The MSV is conducted and the Program Leadership receives verbal feedback.</td>
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</tbody>
</table>