

APPOINTMENT PROCESS FOR ACGME REVIEW COMMITTEE MEMBERS INCLUDING RESIDENT MEMBERS

Description of Review Committees: There are three types: the Residency Review Committee (RRC), the Transitional Year Review Committee (TYRC), and the Institutional Review Committee (IRC). Each committee sets accreditation standards, provides peer evaluation of programs or institutions to assess the degree to which the program or institution complies with the published set of educational standards, and confers an accreditation status for programs and institutions meeting those standards.

Composition: RRCs are composed of physician members, at least one of whom is a resident at the time of appointment. Members (except the resident member) are nominated by RRC 'appointing organizations' and confirmed by the ACGME Board of Directors. The current appointing organizations are the American Medical Association's Council on Medical Education, the ABMS specialty board that certifies physicians within the specialty, and in most cases, the professional college or other professional organization or society associated with the specialty.

The IRC and TYRC are composed of voting members, including a resident member, appointed by the ACGME Board of Director's Executive Committee and confirmed by the ACGME Board of Directors.

Appointment of non-resident RRC Members: The process takes about 18 months from start to finish. Each appointing organization provides at least two candidates for each vacant position; the RRC selects one candidate based on professional qualifications, geographic distribution and diversity in gender, race, and ethnicity to recommend for confirmation to the ACGME Board of Directors. Qualifications include:

- ABMS certification (except resident members)
- Actively involved in GME
- Substantial experience in the administration and/or teaching in the specialty (e.g., program director, active faculty member, or participating site director)
- Knowledge of the accreditation process
- Association with a program in good accreditation standing (i.e., does not have probationary status).

Resident members must be enrolled in a residency or fellowship program at the time of appointment, may not serve on a review committee if they are from the same institution as a current member, and may not serve more than one year beyond completion of residency or fellowship. The resident term is a minimum of one year; reappointment is permitted.

Individuals who meet the qualifications and are interested in serving on a Review Committee should indicate their interest to the one of the specialty specific appointing organizations.

Appointment of non-resident IRC and TYRC Members: The process takes about 18 months. Candidates are solicited from ACGME member organizations (AAMC, ABMS, AHA, AMA, CMSS), ACGME Board of Directors, Council of Review Committee Chairs, and the GME community at large, and for the resident member, resident organizations recognized by the ACGME. Qualifications include:

- Association with an institution that holds initial accreditation or continued accreditation
- Familiarity with the institutional review process and the institutional requirements
- Experience with or current responsibility for implementation of the standards
- Experience in institutional administration, institutional oversight, and/or institutional review.

Resident members must be enrolled in a residency or fellowship program at the time of appointment, may not serve on the TYRC or IRC if they are from the same institution as a current member, and may not serve more than one year beyond completion of residency or fellowship. The resident term is a minimum of one year; reappointment is permitted.

Appointment of Resident Members: The appointment process begins about 14 months before the new member's term begins in July. The Review Committee Executive Director requests submission of nominees either through the *ACGME e-Communications* and/or via letter to the professional organizations that have resident groups. Information in the request includes:

- Qualifications (e.g., resident must be in good standing and in a program with good accreditation status)
- Responsibilities
 - Participates as a full voting member in all Review Committee activities, including program review and policy discussion
 - Is subject to ACGME policies of confidentiality, conflict of interest, and fiduciary responsibility
 - Must attend all meetings
- The time commitments need before and during each meeting.

Resident members are also members of the ACGME Council of Review Committee Residents (CRCR). The CRCR meets twice each year; it advises the ACGME Board, providing valuable input and feedback about resident matters, GME, and accreditation.

The content of the nomination documents vary slightly by Review Committee, but usually includes:

- A letter for recommendation
- A statement of support from the program director
- Curriculum vitae
- Letter from the resident outlining his/her educational goals, professional interests and intent to serve, if selected.

Similar to the process of selecting non-resident members, the Review Committees review the nomination documents and select one candidate to recommend for confirmation by the ACGME Board of Directors. Once confirmed, the Review Committee Executive Director notifies the resident.

Responsibilities of Review Committee Members:

- During the six months before the term begins each new member participates in an orientation process. This includes:
 - Observing a Review Committee meeting (and for resident members, observing the February CRCR meeting)

- Participating in the formal New Member Orientations, usually held in February/March.
- Each member signs an agreement to:
 - Support ACGME policies and follow ACGME procedures
 - Give priority to attending meetings
 - Agree to the number of meetings, the workload, and other tasks associated with membership
 - Be evaluated on his/her performance by the other members of the Review Committee and ACGME senior staff, which is shared with the appointing organization.
- Annually, members sign an agreement committing to their responsibilities and to complying with ACGME policies and procedures. The member agreement relates to Fiduciary Duty, Conflict of Interest, and Confidentiality.
- Members of a Review Committee may not act for or on behalf of the Committee or the ACGME without explicit authorization by the ACGME. This does not preclude Review Committee members from reporting on general committee activities to appropriate organizations.

Ex Officio: Each appointing organization may send one ex officio member, without vote, to attend RRC meetings. Ex officio members are subject to the same rules of conflict of interest and confidentiality as voting members. An ex officio member participates in policy discussion, but does not participate in program review, except that, the ex officio member from the relevant certifying board provides information on board score performance.

Terms: With the exception of the resident member, Review Committee members serve a maximum term of six years, beginning in July of their appointment year. After completing six years, a member may not be appointed again to the same Review Committee.

Reference: ACGME Manual of Policies and Procedures, June 2008, Section I.M, pp 33-42.

ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION FACT SHEET (Updated January 2009)

What is the Accreditation Council for Graduate Medical Education?

The ACGME is a private, non-profit organization that accredits more than 8500 residency (and fellowship) programs over 120 specialties and subspecialties that educate more than 108,000 residents/fellows. Its mission is to improve the quality of patient care through improving and maintaining the quality of graduate medical education for physicians in training in the United States.

Why was the ACGME established?

The ACGME was established in 1981 out of a consensus need in the medical community for an independent accrediting organization for graduate medical education programs. Its forerunner was the Liaison Committee for Graduate Medical Education. The ACGME became incorporated in 2000.

How is the ACGME governed?

The members of the ACGME Board of Directors are nominated in equal number by the Association of American of Medical Colleges, American Board of Medical Specialties, American Hospital Association, American Medical Association and Council of Medical Specialty Societies. The Board also includes two resident members, the Chair of the Council of Review Committee Chairs, and three public members. A federal representative appointed by the Department of Health and Human Services may attend meetings of the Board, but has no vote. The ACGME structure also includes a Council of Review Committee Chairs, composed of the chairs of the 26 residency review committees (RRCs), the transitional year review committee (TYRC), and the institutional review committee (IRC), and a Council of Review Committee Residents, composed of the resident members of the Review Committees.

What is a Review Committee (RRCs, TYRC, IRC)?

A Review Committee is an ACGME committee that handles the accreditation activities for a specialty or sponsoring institution and functions according to ACGME policies and procedures. Each Review Committee is comprised of 7-20 volunteers and meets 2-4 times per year for duration of 1-3.5 days. The ACGME delegates accreditation authority to a Review Committee for up to 5 years, which is renewable upon review by the ACGME. The Review Committee is not an independent entity, nor does it belong to a specialty. The Review Committee's function is to set accreditation standards and to provide a peer evaluation of residency/fellowship programs in its specialty and accompanying subspecialties (or in the case of the IRC, institutions that sponsor these programs). The purpose of the evaluation is to assess whether a program or sponsoring institution substantially complies with a published set of educational standards and to confer an accreditation status to programs and sponsoring institutions substantially meeting those standards.

What qualifications do ACGME Review Committee members to possess?

Review Committee members must be certified by the appropriate ABMS Board (excludes resident members and members of the IRC); must be actively involved in GME; should have substantial experience in the administration and/or teaching in the specialty (e.g., program director or designated institutional official, active faculty member, or local site director); and should have knowledge of the accreditation process. Additional attributes include computer literacy, superior writing skills, objectivity,

knowledge of good educational principles, and abilities to make appropriate decisions based on facts, to work well in small groups, and to weigh how changes in national policy for GME affect the specialty. In considering prospective members of a review committee, the ACGME also considers diversity within the specialty, geographic distribution, and types of institutions represented.

How do you capture the conflict of having new RRC member from the same institution as an existing member, or have a reporting relationship? Is a spouse?

The question is asked in the ACGME Nominee form and asks the member to identify any existing relationships.

How does the accreditation process work?

The work of reviewing specific programs or sponsoring institutions and making accreditation decisions is carried out by 28 review committees - one for each major specialty, as well as one for transitional year programs and one for institutions that sponsor these programs. Review Committee members are volunteer physicians nominated by the applicable medical specialty organization, medical specialty board and the AMA Council on Medical Education (or, in the case of the TYRC and IRC, appointed by the ACGME) and confirmed by the ACGME Board of Directors.

ACGME field staff representatives conduct one-day site visits to programs or sponsoring institutions once every one to five years. Approximately 2,000 programs are visited each year. The field staff representatives write narrative reports about the programs or sponsoring institutions based on in-depth interviews with the program directors, faculty and residents, the designated institutional official, as well as a review of supporting documents. Review Committee members prepare a review report based on this information for discussion by the entire Review Committee.

Review Committees meet to review information provided by the programs or sponsoring institutions as well as the site visit reports. Reviewers present a summary of the program, including proposed areas of non-compliance, and survey cycle length; the full Review Committee determines the final citations, accreditation status and review cycle – unclear.

New programs are granted initial accreditation, while continuing programs are given full accreditation if they substantially comply with the ACGME common, specialty or subspecialty-specific requirements, and institutional requirements. Programs and sponsoring institutions that have deficiencies may be given accreditation with warning or probationary accreditation. Programs and sponsoring institutions that subsequently fail to demonstrate that they have corrected their deficiencies may have their accreditation withdrawn.

Programs and sponsoring institutions may appeal adverse accreditation actions to an appeals panel composed of volunteer physicians in their specialty, or, in the case of TYRC or IRC, physicians knowledgeable about the transitional year programs or sponsoring institutions. Although withdrawal of accreditation is usually preceded by probationary accreditation, programs with egregious violations of program standards or

that have experienced a catastrophic loss of resources may have their accreditation expeditiously withdrawn.

Is accreditation voluntary or mandatory?

Accreditation is voluntary. However, programs must be ACGME-accredited in order to receive graduate medical education funds from the Center for Medicare and Medicaid Services. Residents must graduate from ACGME-accredited programs to be eligible to take their board certification examinations. In addition, many states require completion of one or more years in an ACGME-accredited residency program for physician licensure.

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