

Spring 2008

ACGME Resident Survey Results: How Are They Used?

The ACGME Resident Survey asks residents to respond to questions about their clinical and educational experiences, duty hours, and their program. Initially, the resident survey results are only seen by the site visitor. The site visitor verifies the information at the time of the site visit, and forwards the information to the RRC. The comments by the residents are seen only by the site visitor.

The RRC uses the results confirmed by the site visitor, along with other data, to help make fully informed accreditation decisions. Residents are required to participate in this online survey developed and administered by the ACGME. The survey is completed every other year, and a 70 percent compliance rate is expected before the results are available to the program director.

FAQs: Accreditation Process

Posted below are a few frequently asked questions and answers about the accreditation process.

Q. When is a program reviewed by the RRC after the site visit occurs?

A. Due to RRC timelines, your program may not be reviewed by the RRC until the next regularly scheduled meeting which may be several months from the date of the site visit. Some site visits that occur within the

month or so just before an RRC meeting may not meet the deadline for that meeting agenda. These programs will be reviewed at the next regularly scheduled meeting of the RRC. The RRC meets twice a year, usually in the spring and in the fall to review programs.

Q. What happens at the meeting?

A. Two reviewers (first and second) present their review of the program to the RRC members. Each reviewer indicates any non compliance with program requirements, best practices and commendation if indicated. The RRC, led by the two reviewers, reaches a decision regarding the number of citations, the accreditation status, the length of cycle, and if any commendations are indicated.

Q. What happens after the meeting?

A. After the meeting, the ACGME staff prepares responses for the program directors regarding the accreditation decisions reached by the RRC. An email is sent to the program director indicating the accreditation status and cycle. This communication occurs within a day or so of the meeting. A telephone call is made to a program director in the event of a proposed or confirmed adverse action. For quicker turn around, letters are no longer "sent" but posted to WebAds for access by the program director and DIO. Before the letters are sent, the chair of the RRC reviews each letter and then certifies the entire process with his/her signature. The purpose of this review is to make absolutely certain the citations and final

accreditation decisions reflect the decisions of the RRC.

Innovation and Experimentation at the Program Level

Program directors wishing to implement an innovative project, experimenting to improve resident education or the learning environment, or implementation of the competencies should complete the [Program Experimentation and Innovative Projects Proposal Form](#) located on the Preventive Medicine website. The DIO must sign the proposal indicating review and approval of the sponsoring institution's Graduate Medical Education Committee. Proposals should not exceed five pages in length. Attach additional documents as numbered appendices. One copy of the proposal should be sent via standard mail to the Executive Director of the appropriate RRC.

Accreditation Data System

The ACGME's online Accreditation Data System (ADS) alerts the RRC to changes in programs. Program directors should update ADS to:

- Notify the RRC of any changes in their program (i.e., adding or deleting a site)
- Request a change which needs RRC approval (i.e., an increase in resident complement or appointment of a new program director).
- Submit the academic year "Annual Update" (ADS staff will email the deadline for updating faculty and resident rosters)
- Prepare for an upcoming site visit (ADS will populate many sections of the PIF with the data entered)

Address your questions or concerns about ADS to the ADS representative for Preventive Medicine, Timothy Goldberg at

312/755-7111, tgoldberg@acgme.org.

Description of a DIO

DIO refers to the Designated Institutional Official. This individual has the authority and responsibility for all ACGME-accredited GME programs. The DIO signs the PIF and also receives a copy of the program's accreditation status. The DIO is required to co-sign most correspondence between the institution and the ACGME.

Program Director Guide to the Common Program Requirements"

To help clarify the meaning and expectations of the common program requirements, there is a "Program Director Guide to the Common Program Requirements" available on www.acgme.org. The guide has been very helpful to both new and current program directors. Please email comments and suggestions to: Guide@acgme.org.

Voluntary Withdrawal Requests

Programs must now enter requests to voluntarily withdraw accreditation (VW) using ADS only.

Programs initiate the request by answering a series of questions, including the proposed effective date, the reason for program closure, and presenting a plan to place any active residents in other programs. The request is emailed to the DIO for approval. After the DIO/GMEC approves the request, the RRC staff designee is emailed. After the program receives official notification from the RRC and the accreditation status is changed to VW, the request will automatically be removed from the report.

RAC Minutes

The RRC requests that copies of the RAC minutes for the last two meetings be attached to the PIF for review.

Preliminary Year Document

It is necessary to complete a summative evaluation of the resident's competence during the preliminary year (PGY-1). This evaluation should be sent to the preventive medicine program director for review and planning. This form is located on the ACGME website at www.acgme.org. While not required for the 2008 academic year, it will be required for July 2009. The program director for preventive medicine should begin this process.

ACGME Educational Conference 2008 Recap

Each year, the ACGME Annual Educational Conference provides a venue for graduate medical educators to learn more about the accreditation process and ways to enhance residency program quality related to ACGME initiatives, such as general competencies, educational outcome assessment, and duty hours. This year's conference theme "Building Community, Improving Quality" emphasized how better education and better patient care can occur when individuals in diverse roles work together toward shared goals.

Post-conference information is available at: http://www.acgme.org/acWebsite/meetings/me_EducConf_08.asp

RRC Meeting and Agenda Closing Date

In order to ensure an orderly and efficient RRC meeting, we must establish cut-off dates for requested agenda items. Please note these deadlines for submissions for future RRC meetings; the dates and deadlines are as follows:

Meeting:	October 2-3, 2008
Agenda Closing:	August 15, 2008
Meeting:	March 11-12, 2009
Agenda Closing:	January 8, 2009

We understand that emergencies occur and we will be sensitive to your needs in these situations. However, routine agenda items will be held for the next meeting after these cut-off dates.

Mailing Address:
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We invite your comments:
plevenberg@acgme.org

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