

## Policies and Procedures for Residency Education in the Subspecialties of Internal Medicine

1. As a general rule, subspecialty programs will be surveyed and reviewed in conjunction with the parent residency program in internal medicine. In the case of applications, or as determined by the Residency Review Committee (RRC), a subspecialty program may be surveyed and reviewed separately.
2. Subspecialty program information forms will be distributed to the director of the parent internal medicine residency program, who will coordinate the collection of information, completion of the forms, and submission of required materials to the RRC for all subspecialty programs to be reviewed.
3. The survey may be conducted by a member of the Field Staff or by a specialist selected by the RRC. The surveyor will submit a report on the internal medicine residency program as well as on each of the subspecialty programs under review.
4. Subspecialty programs will be designated as "accredited" or "non-accredited." No other delineation of accreditation categories will be used. The accreditation status of subspecialty programs will be directly related to that of the parent internal medicine program as follows:
  - a. Applications for accreditation of new subspecialty programs will be considered only if the parent residency program in internal medicine carries the status of full accreditation.
  - b. Applications for accreditation of new subspecialty programs will not be considered if the parent residency program in internal medicine is (1) accredited on a provisional or probationary basis; or (2) involved in the process of implementing appeal procedures.
  - c. Application for combined subspecialty training programs such as hematology and oncology or pulmonary disease and critical care medicine will not be considered if the application is based on an existing subspecialty program accredited with warning.
  - d. When a subspecialty program is found not to be in substantial compliance with the *Essentials of Accredited Residencies*, the program director will be warned that accreditation will be withdrawn if the program is found not to be in substantial compliance with the *Essentials* at the time of the next

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scheduled review, regardless of the accreditation status of the parent internal medicine program.

- e. If the parent internal medicine program is accredited on a probationary basis, or accredited on a provisional basis with a warning that adverse action will be taken if the program is not in substantial compliance with the *Essentials of Accredited Residencies* at the time of the next scheduled review, the subspecialty programs will be informed that their accreditation status is in jeopardy.

In addition, if the primary subspecialty program is accredited with a warning that an adverse action will be taken if the program is not in substantial compliance with the *Essentials of Accredited Residencies* at the time of the next scheduled review, the linked secondary subspecialty program (eg, cardiovascular disease and clinical cardiac electrophysiology) will be informed that its accreditation status is in jeopardy. Further, accreditation of the secondary subspecialty program will be administratively withdrawn if the RRC withdraws accreditation of the primary subspecialty program.

Thereafter, accreditation of the subspecialty programs will be administratively withdrawn if the RRC (1) continues accreditation of the parent residency program in internal medicine on a probationary basis beyond 2 years; (2) withdraws accreditation of the parent residency program in internal medicine.

- f. Withdrawal of accreditation of the parent internal medicine residency program under circumstances other than those described above will also result in simultaneous withdrawal of all subspecialty programs.
5. In case of withholding accreditation or withdrawing accreditation of subspecialty programs, the Procedures for Proposed Adverse Actions and the Procedures for Appeal of Adverse Actions apply.