

# DIO News

The official communication from the Institutional Review Committee



Accreditation Council for Graduate Medical Education

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## ACGME Welcomes New CEO



The ACGME Board of Directors has appointed Thomas J. Nasca, MD, MACP, as the new chief executive officer of the Accreditation Council for Graduate Medical Education. Dr. Nasca succeeds David C. Leach, M.D., who retires at the end of

December.

Dr. Nasca comes to the ACGME from Thomas Jefferson University in Philadelphia where he was dean of the Jefferson Medical College, senior vice president for academic affairs, and president of Jefferson University Physicians. Dr. Nasca is a board-certified internist and nephrologist, and brings 26 years of graduate medical education experience to the ACGME. Especially noteworthy for Designated Institutional Officials, Dr. Nasca also served as DIO at Jefferson. He brings an in-depth understanding of issues confronting DIOs and Graduate Medical Education Committees in their efforts to maintain effective oversight of residency programs.

“I am honored to have the opportunity to join the ACGME and to succeed its outstanding and visionary leader for the past 10 years,

David C. Leach, MD,” said Dr. Nasca in an ACGME news release announcing his appointment. “I hope to enhance the ACGME’s legacy of excellence and sustain our commitment to improve the health of the public through outstanding graduate medical education for the future physicians of the United States.”

## Program Requirements Approved

The following new and/or revised program requirements were approved by the ACGME Board of Directors at its September 2007 meeting:

Adult Reconstructive Orthopedic Surgery	Major Revision, effective 07/01/08
Foot & Ankle Orthopedic Surgery	Major Revision, effective 07/01/08
Hand Surgery (Multidisciplinary: Orthopedic Surgery, Plastic Surgery, and General Surgery)	Major Revision, effective 07/01/08
Pediatric Orthopedic Surgery	Major Revision, effective 07/01/08
Orthopedic Surgery of the Spine	Major Revision, effective 07/01/08
Orthopedic Sports Medicine	Major Revision, effective 07/01/08
Orthopedic Trauma	Major Revision, effective 07/01/08
Musculoskeletal Oncology	Major Revision, effective 07/01/08
Neurotology (Otolaryngology)	November 9, 2007
Pediatric Otolaryngology	November 9, 2007



**Happy Holidays!**

The ACGME Offices will be closed on Dec. 24-25 and Dec. 31-Jan. 1.

## DIOs Receive Review Committee Newsletters

All DIOs now receive notice that new editions of Review Committee newsletters are available on the ACGME's website. This change was instituted in order to facilitate better communication as part of the ACGME's Strategic Plan. The DIO can simply delete those notifications that do not apply to a particular Sponsoring Institution. Unfortunately, the complexities of the system make it difficult to support an individualized "subscription" process.

## ACGME News Digest for DIOs

Relevant information from each specialty-specific newsletter will be summarized in each edition of *DIO News* through an ACGME News Digest that summarizes important information:

### ***ACGME News Digest: What's Important for DIOs to Know (Fall 2007)***

- "The Program Director Guide to the Common Program Requirements" is a helpful tool to clarify the meaning and expectations of the Common Program Requirements.
- Review Committee Chairs were asked to confer with their respective Committees to determine which pilot projects sponsored by the ACGME Committee on Innovation in the Learning Environment (CILE) related to the ACGME duty hours and the ACGME General Competencies would be of interest to the Committees by which to engage the programs in their respective specialties.
- Registration is now open for the 2008 ACGME Educational Conference. See [www.acgme.org](http://www.acgme.org) for details regarding registration.

## Change of CEO, Change in BAA?

Several DIOs have asked whether Dr. Nasca's appointment as the ACGME's new CEO requires that Sponsoring Institutions revise their Business Associate Agreements (BAAs) with participating sites. John Nysten, MBA, ACGME's Chief Operating Officer, reports there is no need to update BAAs due to Dr. Nasca's appointment. Existing agreements do not require updating as a result of changes in leadership at either the ACGME or the Sponsoring Institution. BAAs exist between institutions, not between individuals. However, if institutions change their names or their ownership, BAAs should be revised. In the absence of any such changes, BAAs are valid in perpetuity.

## Editorial Revisions Clarify Institutional Review Document Directions

Several minor editorial revisions to clarify directions have recently been made to the Institutional Review Document (IRD).

*General Instructions for Attachments* now specify that tabs should be numbered, labeled and placed in order at the end of the IRD. The *Word Processing General Instructions* note that Attachments should be labeled separately, as well as paginated consecutively.

Instructions for *Attachment 8* now clearly indicate that two sets of GMCEC minutes from the 12-month period should be annotated, not two full 12-month sets of minutes.

Some very astute DIOs found the typo related to Attachment 12; the new IRD includes 11 Attachments.

These corrections are all reflected in the latest version of the IRD posted on the ACGME website.

## Unsolicited Communications to Review Committees—Shifting the Focus to the GMEC

Both DIOs and program directors sometimes send unsolicited reports to the Institutional Review Committee (IRC) or to Residency Review Committees, with the intention of clarifying a citation, or occasionally, asking for reconsideration of an accreditation cycle length not associated with an adverse action. Review Committees cannot revisit an accreditation cycle length since information provided in an unsolicited communication most often requires verification through a site visit. Both program directors and DIOs can maintain an updated “response to previous citations” in the “Response to Previous Citations” field in the secure portion of the ADS portion of their respective program information form (PIF) or Institutional Review Document (IRD). Unsolicited communications received by a Review Committee are maintained in the ACGME program or institutional file. The Review Committee includes these unsolicited communications as additional information at the time of the regular review of the program or institution.

Instead of sending an unsolicited progress report to a Review Committee, the contents of such a report could instead be viewed as a vital tool for effective institutional oversight. GMECs review every accreditation notification letter as an important component of its oversight responsibility. An effective practice used by some institutions requires that program directors send “action plans” to GMECs upon receipt of accreditation notification letters rather than wait for a scheduled internal review. (see Institutional Requirements, III.B.8) The IRC carefully scrutinizes Attachment 2 of the IRD to determine how well the GMEC exercises its oversight responsibility in following through with how programs demonstrate effective implementation of their action plans. Program and institutional accountability is a collaborative effort that begins at the local level.

## Electronic Notification Update

The ACGME has revised the process by which DIOs and program directors receive notification of RRC decisions regarding their program’s accreditation status (Notification Letters). The current process sends an email notification immediately while the actual letters are not posted to ADS until the next day. With the revised process, DIOs and program directors will receive the email when the letters are actually available.

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## ***NEW FAQs attached to this issue!***

Beginning in early 2008, DIOs will have a new reference tool available at the “Institutional Review” link on the ACGME Website. FAQs will be organized thematically, numbered, and dated for easy reference in an archive. As a result, the new FAQs on the following pages are numbered in sequence from the first set attached to *DIO News*, July 2007. Questions may be sent anytime to [IRC-FAQs@acgme.org](mailto:IRC-FAQs@acgme.org).



## **FAQs—No. 2 December 2007**

[Note: FAQs will be organized thematically, numbered, and dated for easy reference in an archive to be posted on the ACGME website. *DIO News*, July 2007 includes FAQs—No. 1, #1=#8. The FAQ archive will be developed in early in 2008.]

**Legend:**

*IRC* = Institutional Review Committee  
*DIO* = Designated Institutional Official  
*GME* = Graduate Medical Education

*IRD* = Institutional Review Document  
*GMEC* = Graduate Medical Education Committee  
*SI* = Sponsoring Institution

### FAQ-9 (*annual reports*)

**According to the revised Institutional Requirements, I.B.4.b, the annual report by the DIO must be presented only to those major participating sites that do not sponsor GME programs. Can the annual report be sent to these sites, or must the DIO or Chair of the GMEC deliver the report in person?**

Although delivering the annual report in person is always the ideal, the Institutional Review Committee recognizes that scheduling and other extenuating circumstances may prohibit the DIO or Chair of the GMEC from doing so. In cases where the report is not delivered in person, the DIO must be able to verify that the report was presented to the major participating site's governance body.

### FAQ-10 (*extending residents' program—grievance procedure*)

**Program directors may extend residents' educational program for a number of reasons meant for the residents' benefit rather than with any punitive intent. Some examples include remediation, leave of absence, repetition of a rotation to gain additional experience before advancing to the next educational level, or extension of appointment to meet expectations of a specialty Board. Do residents under these various circumstances have the right to exercise the appeals process according to the SI's grievance policy?**

Yes. According to the Institutional Requirements, II.D.4.d.2, residents have the right to exercise the Sponsoring Institution's grievance policy under circumstances where they do not advance to the next educational level. Also according to the Institutional Requirements, II.D.4.e.1, residents must be able to access the SI's grievance procedure in academic or other disciplinary actions that could "threaten [their] intended career development." Although the program director and DIO might perceive the actions outlined above as meant for the resident's benefit, the resident may not agree. In all such cases, the grievance procedure must be accessible to residents. Program directors and DIOs should carefully adhere to the Institutional Requirements, II.B.4.d.1, especially regarding intent for non-renewal or non-promotion, in making the decision to extend a resident's training.

FAQ-11 (*citations under previous Institutional Requirements*)

**Will an SI be liable for institutional citations based on the previous version of the Institutional Requirements if those particular standards no longer apply in the July 2007 revision?**

No. For example, the revised Requirements no longer specify institutional responsibility for quality assurance (QA) activities. Since hospital accrediting bodies such as TJC require QA to demonstrate effectiveness in patient care, the IRC determined not to include a specific requirement for such in the July 2007 revision. The SI with a citation for failing to have such activities will not be held accountable for correcting this previous area of noncompliance.

FAQ-12 (*call rooms—privacy*)

**How does the IRC define “adequate and appropriate sleeping quarters that are safe, quiet, and private” in the Institutional Requirements, II.F.3.b?**

The IRC must review each potential non-compliant situation in context since local building conditions vary. In most cases, the site visitor observes and identifies problems with call rooms because residents are unable to provide an unequivocal response to questions regarding call room quality and/or security. The IRC deliberately used the term “private” rather than “gender-specific”. In general, call rooms should be configured so that male and female residents feel comfortable and safe and should not be forced to share the same call room at the same time. Residents of either gender should be able to move to a shower without walking through other rooms where residents are sleeping. Call rooms should be relatively quiet, so the ability to turn off the hospital paging system should be available. Residents should not share call rooms with maintenance staff or even other health professionals. Call rooms must also be secure. If in doubt regarding whether call rooms comply with expectations for privacy, DIOs should call the IRC staff office.

FAQ-13 (*GMEC—resident attendance*)

**What is the appropriate number of residents to serve on a GMEC?**

The IRC does not provide a specific formula for resident representation on the GMEC since every SI context is slightly different. In general, the IRC expects that residents must be adequately and consistently represented on the GMEC, having a clear opportunity to provide input for GME governance. An SI with 500 residents, having only one resident member on the GMEC, even with 100% attendance, likely does not provide adequate representation for residents. On the other hand, a small SI with 70 residents and resident representatives who rotate every few months on and off the GMEC, also does not provide adequate and consistent representation. Attendance less than 50% likely will be considered problematic.

FAQ-14 *(internal reviews—administrators)*

**Who can be considered as an “administrator” on an internal review committee according to the Institutional Requirements, III.A.2? For example, an institution has both a non-physician DIO who is the Director of the Office of Academic Affairs and a Chief Academic Officer who is also a physician and program director in a core specialty residency program. Both are members of the GMEC but both also serve as GME administrators.**

The SI is free to construct internal review committees in whatever manner is best suited to its particular needs. In the above real-life case, either individual could qualify as an administrator, depending on the composition of the rest of the internal review committee.

FAQ-15 *(internal reviews—faculty from within department)*

**Is it acceptable for faculty from within a department to participate in an internal review of a program from a different division of the same department? For example, in the Department of Medicine, can the Gastroenterology program director participate in the internal review for the Geriatrics program?**

Only under certain conditions. In very large departments where it is highly unlikely that faculty from other departments would interact with the residents, it could be acceptable to have faculty from within the same department but an entirely different division to participate in an internal review. In a small institution with only one subspecialty program in a relatively core program, this arrangement would likely not be acceptable since conflict of interest is much more likely. In general, SIs should always avoid conflict of interest; the DIO should be able to provide a rationale for the composition of all internal review committees.

FAQ-16 *(internal reviews—program directors from core specialties)*

**Can the program director for the Internal Medicine program participate in any of the internal reviews of the fellowships in Internal Medicine?**

Absolutely not. This question offers a very different scenario from the prior question. The program director for Internal Medicine has administrative responsibility for the entire program that would present serious conflict of interest in any internal review conducted in the Internal Medicine department. The program director for a small fellowship program in an otherwise large department would not automatically have the same conflict. Once again, the general principle involves avoiding conflict of interest.

FAQ-17 *(IRD—Attachment 1)*

**The revised IRD, Attachment 1, contains a different set of citation categories than did the previous Attachment 8. In the past, DIOs were asked to include only those citations (or concerns) with an institutional focus. Does the same hold true for the new Attachment 1? The directions are somewhat ambiguous and misleading since they vary in two places.**

The revised categories in Attachment 1 of the IRD are self-explanatory. The IRC considers each of these citation categories to have institutional implications. “If the citation(s) fits, include it!” In

the revised standard accreditation notification letters, citations are clearly labeled so it is not difficult to determine whether a statement should be included in the table. Eventually, Attachment 1 will be compiled electronically, so this issue will be resolved. In the meantime, the DIO should include all citations that can be placed in any of the categories in Attachment 1. Ambiguities in the directions on the IRD continue to be resolved (see article in *DIO News*, December 2007--attached).