

DIO News

The official communication of the Institutional Review Committee



Accreditation Council for Graduate Medical Education

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New Initiative from the IRC

Welcome to the first edition of *DIO News*, the official newsletter of the ACGME Institutional Review Committee (IRC). The purpose of *DIO News* is to communicate information regarding accreditation to DIOs and those responsible for oversight of GME at sponsoring institutions. *DIO News* will focus primarily on matters concerning the Institutional Requirements by answering frequently-asked questions received by IRC staff, clarifying requirements identified by trends in common citations noted during institutional reviews, and disseminating ACGME announcements of particular interest to DIOs. *DIO News* will also become the official means of announcing newly-approved program requirements. For that reason, *DIO News* will be published at least three times per year, usually several weeks following the regularly-scheduled ACGME Board meetings in February, June, and September. *DIO News* will be posted on the “Institutional Review” webpage accessed through the “Institutional Review” link found at www.acgme.org. DIOs will receive email notification announcing each new edition.

Announcing!

IRC accepts suggestions for revisions to Institutional Requirements. (see page 3)

Scheduling Internal Reviews

Internal review is the most important tool available to an institution’s Graduate Medical Education Committee (GMEC) by which it exercises effective oversight of graduate medical education (GME) sponsored by the institution. Judged by the number of questions from DIOs, however, administering the internal review process is one of the most difficult aspects of their job. Much confusion exists about how to calculate the midpoint of the review cycle.

ACGME Policies Define Review Cycle

The July 1, 2005 *ACGME Bylaws, Policies and Procedures, and Glossary*, Section II.B.4, p. 58, defines the review cycle: “The program or institutional review cycle is calculated from the date of the meeting at which the final accreditation action was taken to the time of the next site visit.” The date of the meeting is included in the Letter of Notification to institutions and programs as the **effective date**. Therefore, the projected mid-point of a review cycle that appears in the pre-populated Part I, Section 3 of the Institutional Review Document (IRD), is calculated from the effective date—NOT the date of the notification letter—to the next projected site visit date.

Some Latitude in Scheduling

DIOs often ask how much latitude the IRC allows in scheduling internal reviews. No hard and fast response can be given since every set of circumstances is unique. One or two months on either side of the expected date typically does not

present a serious concern; even longer periods of time for a single program—as much as six months, may be acceptable under special circumstances with a reasonable explanation. On the other hand, if a pattern of off-schedule reviews becomes apparent during an institutional review, or if programs exhibit major areas of noncompliance that have not been addressed by the GMEC, the scheduling of internal reviews often leads to a citation and becomes part of a larger concern about effectiveness of institutional oversight.

Short Review Cycles

The program that receives a short review cycle frequently presents a problem for DIOs in scheduling internal reviews. When the cycle is two years or more, the IRC expects that a full internal review should occur. When the cycle is one year or less, the IRC still expects that an internal review occur. In such cases, when the GMEC, prior internal reviews, and/or the respective RRC have already identified issues for correction, the internal review can focus on corrections and remediation of the citations rather than on discovery and self-evaluation. This process should lead to a more directed review than occurs in programs with longer cycle lengths. The IRC expects documentation in the form of GMEC minutes, progress reports, or other meaningful ways that the GMEC and DIO are kept aware of the program's problems and are actively monitoring the program's remediation efforts.

Revised Schedule Format

DIOs and program directors can now access a schedule for internal reviews generated through the Accreditation Data System (ADS). This report is the same as that which currently appears in the IRD. In order to avoid confusion, the date of the notification letter will no longer be included in this report. As of August 1, 2006, a new field entitled "comments" will also be added; this section, for DIO use only, may include notations regarding changes to schedules, etc.

Program Requirements Approved

At its June 27, 2006, meeting, the ACGME Board of Directors approved the following new and/or revised program requirements:

- *Transplant Hepatology (Internal Medicine)*—new requirements, effective 06/27/06
- *Internal Medicine—Pediatrics*—new requirements, effective 06/27/06
- *General Requirements for the Subspecialties of Pediatrics*—minor revisions, effective 01/01/07
- *Adolescent Medicine*—major revisions, effective 07/01/07
- *Pediatric Cardiology*—major revisions, effective 07/01/07
- *Pediatric Hematology/Oncology*—major revisions, 07/01/07
- *Pediatric Rheumatology*—major revisions, 07/01/07

These requirements are located on the respective specialty's web page, found at www.acgme.org at the "Residency Review Committees" link.

Reconciling the Institutional and Common Program Requirements

Over the past year, the ACGME has engaged in an effort to reconcile the Institutional and Common Program Requirements (CPRs), eliminating needless redundancies and improving consistency. An ad hoc committee working on behalf of the Council of Review Committee Chairs (CRCC) completed its first draft of the revised CPRs which has been sent to the Review Committee Chairs for comment. These comments will be reviewed by the CRCC in September when the final draft will be circulated to all ACGME constituencies as is the case with all requirements. The ad hoc "Reconciliation Committee," is chaired by Margaret Grimes, MD, Chair of the RRC for Pathology. Andrew M. Thomas, MD and John R. Musich, MD, represent the IRC; Dr. Thomas serves as the ad hoc committee's co-chair. This effort aligns with the third priority in ACGME's strategic plan priority, *to increase efficiency and reduce burden in accreditation*. The final revision of the CPRs will be reviewed by the ACGME Committee on Requirements in February 2007.

IRC Seeks Input for Institutional Requirements Revision

The IRC is currently revising the Institutional Requirements, called for in part by the effort to reconcile the Institutional and CPRs described previously. To avoid gaps in the accreditation process, these revisions, along with the revised CPRs, will be reviewed in February 2007 by the ACGME's Committee on Requirements. Therefore, a relatively brief timeline for work has been set.

Timeline for Process

The following timeline represents how the revision to the Institutional Requirements will follow ACGME procedures:

- *August 2006*
IRC reviews internal working draft; submits comments to staff.
- *October 2006*
IRC approves draft for dissemination to ACGME constituencies, including DIOs
- *January 2007*
IRC reviews all comments and prepares final draft for submission to ACGME Committee on Requirements.
- *February 2007*
Committee on Requirements reviews final draft; submits to ACGME Board of Directors for approval.
- *July 2007*
Effective date for revised Institutional Requirements.

The IRC does not expect major changes to emerge in this revision which is intended primarily to simplify and reconcile the Institutional Requirements with the CPRs. The IRD will also be revised to correlate with the revised requirements.

Process for Submitting Suggestions

The IRC encourages DIOs to submit suggestions for revisions to the Institutional Requirements and the IRD. All suggestions will be reviewed, but not all suggestions

may be appropriate for inclusion in this revision. When considering possible revisions to the Requirements, DIOs should bear in mind that "one size must fit all." The Institutional Requirements apply to all sponsoring institutions, regardless of ownership, size, etc. Suggestions should thus be made in terms of the "least common denominator."

In order to avoid mixing suggestions with the normal workday email, all suggestions for revisions, either to the Institutional Requirements or to the IRD should be sent electronically to IRCRevisions06@acgme.org. Suggestions not sent to this address will not be considered. Early suggestions made by August 15, 2006, will be reviewed by the IRC at this stage of the revision process; later comments can be submitted from November through December before the final draft is submitted to the ACGME Committee on Requirements.

Letters of Agreement

Program Directors are no longer required to attach Program Letters of Agreement to their Program Information Forms (PIFs).

The CPRs (II.B.2), which apply to all residency and fellowship programs, stipulate that programs must prepare a letter of agreement which should:

- Identify the faculty who will assume both educational and supervisory responsibilities for residents;
- Specify their responsibilities for teaching, supervision, and formal evaluation of residents;
- Specify the duration and content of the educational experience; and,
- State the policies and procedures that will govern resident education during the assignment.

Until recently, many RRCs required program directors to attach all or a sample of these letters to the PIF for review by the RRC as part of the accreditation process. In an effort to reduce some of the paperwork burden for program directors, the RRCs recently changed this policy. Beginning August 1, 2006, program directors should not attach the program-level letters of agreement to PIFs for a continued accreditation

review. However, all of these letters must be available on-site at the program. During the site visit the ACGME Field staff will “spot check” several of the letters for the required elements noted above. Letters of agreement must be included in the documents submitted for an application for a new specialty or subspecialty program. ACGME staff will revise all PIF instructions to reflect this change for all PIFs completed after August 1, and ACGME Field Staff have been informed of the new plan as well. For more information about Program Letters of Agreement, visit the ACGME website at http://www.acgme.org/acWebsite/about/ab_FAQAgreement02_07_06.pdf (also located by accessing the “Program Directors and Coordinators” portion of the ACGME home page).

Revised Procedure for Requesting Changes in Resident Complement

In order to decrease some of the burden of paper submissions, increase consistency of process across RRCs and support the roles of the DIO and GMECs in complying with the Institutional Requirements (must approve various requests prior to submitting to the ACGME), the ACGME has revised its procedures for requesting changes in resident complement. The revised procedure became effective on June 29, 2006. All requests for changes in resident complement must now be submitted through ADS. Staff of all RRCs will not accept requests submitted via paper or email.

To be considered for a complement increase, programs must be fully accredited. Programs with a status of probation or warning are not eligible for an increase. A site visit may be required for a complement change request depending on the details of the request.

To initiate an official request for an increase or decrease in the ACGME-approved resident complement, programs must log into ADS and, under *Request Changes*,

select *Approved Positions* from the menu on the left. All complement change requests (increases and decreases) will be sent electronically to the DIO for approval as required by the Institutional Requirements, except during site visit preparation when DIO approval is provided by signature on the PIF. After the DIO has approved the complement change request, materials submitted in ADS are forwarded to the RRC for review and final decision. Program Directors and DIOs will be notified by the RRC Executive Director of the final decision by the RRC.

Documentation required for increase requests varies by specialty; requests for decreases and temporary increases require less documentation for most specialties. Since requisite documentation varies by specialty, information specific to a respective specialty is provided within ADS, as well as on the specialty-specific RRC web pages. The following are examples of the documentation that may be required:

- Educational rationale for change
- Current block diagram
- Proposed block diagram
- Faculty to Resident ratio
- Descriptions of major changes since last ACGME review
- Response to previous citations
- Case log reports or clinical data (as applicable)

Please contact webADS@acgme.org for questions regarding the Accreditation Data System or contact the appropriate RRC team for content-related questions

Questions about HIPPA agreements?
Find the answers at
http://www.acgme.org/acWebsite/hipaa/hi_index.asp

Sessions Address DIO Needs at ACGME 2007 Annual Education Conference

The 2007 ACGME Annual Education Conference will be held at the Gaylord Palms Resort and Convention Center on March 1-4, 2007. Sessions targeted especially for DIOs will occur on Friday, March 2. Programming will include a by-invitation-only breakfast session for new DIOs and/or GME coordinators who will register for the conference, a general session focusing on the revised Institutional Requirements, a mock IRC meeting, and an open forum with RRC Executive Directors. Watch the ACGME website for registration information available in the fall.

A Tool that Works

In order to make *DIO News* a useful tool, suggestions for brief articles, frequently asked questions, and other items of interest related specifically to the IRC and the work of accreditation are welcome. Suggestions for future editions of *DIO News* should be sent to dionews@acgme.org. Please do not send communications regarding *DIO News* to IRC staff email addresses. Suggestions sent to other addresses may be lost in electronic "traffic."

IRC Members

H. Worth Parker, MD, *Chair*
Linda Famiglio, MD, *Vice Chair*
Patricia G. Butler, MD
Carl J. Getto, MD
John C. Russell, MD
John R. Musich, MD
Linda Phillips, MD
Rupa Danier, MD, LT. MC USN,
Resident Member
Andrew M. Thomas, MD
Susan D. Wall, MD

The next accreditation review meeting of the IRC will take place in the ACGME offices, Chicago, IL, on October 18-19, 2006. The IRC also has one business, or "advancement" meeting per year. A firm date has not yet been scheduled for the next advancement meeting, planned to take place in January 2007 in order for the IRC to finalize the revised Institutional Requirements for submission to the ACGME Committee on Requirements in February 2007.

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Did You Know...

...that the IRC is responsible for accreditation of 382 institutions? Approximately 313 single-program institutions are reviewed by their respective RRCs for various components of institutional accountability that fit their unique circumstances. Single-program institutions also have assigned DIOs, though most often in single-program institutions, the DIO is also the program director.