

DIO NEWS

INSTITUTIONAL REVIEW



ACGME

Accreditation Council for Graduate Medical Education

AUGUST 2009

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Institutional Requirements Undergo Minor Revision

A recent editorial revision to the Institutional Requirements (see underscored language below) clarifies criteria used by the IRC to determine appropriate hospital accreditation:

I.D.1. Sponsoring Institutions and/or Major Participating Sites that are hospitals should be:

- a. accredited by The Joint Commission;
- b. accredited by another entity with reasonably equivalent standards as determined by the Institutional Review Committee (IRC);
- c. accredited by another entity granted "deeming authority" for participation in Medicare under federal regulations;
- d. certified as complying with the conditions of participation in Medicare set forth in federal regulations; or
- e. recognized by another entity with reasonably equivalent standards as determined by the IRC.

In compliance with ACGME Policies and Procedures, such minor editorial revisions and/or changes to both specialty-specific and Institutional Requirements can be made without gathering input from all graduate medical education constituencies as occurs with major revisions. The ACGME Board of Directors approved this particular revision at its June 15, 2009 meeting; the revision went into effect on July 1, 2009.

New IRC Members

At its April 2009 meeting, the IRC reviewed submissions from 25 candidates to succeed Drs. Famiglio, Musich, and Phillips, whose terms will end on June 30, 2010. The Committee sent the following candidates to the ACGME Board of Directors for confirmation: Robin Newton, MD, Designated Institutional Official at Howard University; Lawrence Opas, MD, DIO at Los Angeles County/University of Southern California; and James Zaidan, MD, DIO at Emory University. The ACGME Board confirmed these appointments at its June 2009 meeting.

After two terms of service, Dr. Rupa Dainer's term as resident member of the IRC ended on June 30, 2009. The IRC reviewed submissions from 14 candidates for her successor, and selected Hannah Zimmerman, MD, a surgery resident at the University of Arizona. Dr. Zimmerman's term began on July 1. All four new IRC members will attend an orientation session together with all other new appointees to ACGME Review Committees in March 2010 before beginning their terms on July 1, 2010. Dr. Zimmerman as resident member will serve a two-year term; Drs. Newton, Opas, and Zaidan will each serve for six years.

IRC Receives Five-Year Cycle from ACGME Monitoring Committee

DIOs and program directors are not alone in the need for documenting the effectiveness of their educational programs and other administrative processes and procedures. Just as residency programs and sponsoring institutions undergo accreditation review, every ACGME Review Committee must undergo a review at least every five years by the ACGME Monitoring Committee. This ACGME Committee is charged with evaluating the performance of Review Committees and monitoring, advising, and making recommendations to the ACGME regarding Review Committee activities and delegation of accreditation authority. (See ACGME Policies and Procedures, I.5.) As part of this process, each Review Committee must prepare extensive and detailed documentation, much like a program information form or Institutional Review Document.

At its June 2009 meeting, the ACGME Board of Directors approved the Monitoring Committee's recommendation for the IRC to receive five years continued delegated authority to accredit sponsoring institutions. This is the longest cycle 'awarded' by the Committee. Prior to the Board meeting, the IRC was represented in an hour-long discussion with the Monitoring Committee in February 2009. At that time, Linda Famiglio, MD, Chair, Patricia M. Surdyk, PhD, Executive Director, Tami Walters, previous Associate Executive Director, and Billy Hart, current Senior Accreditation Administrator discussed aspects of the IRC's documentation and responded to questions from Monitoring Committee members. The IRC will submit a progress report in three years at the Monitoring Committee's request, outlining efforts to retain appropriate geographic distribution and diversity of membership among Committee members.

MEETING AND AGENDA CLOSING DATES

MEETING: APRIL 14-15, 2010
AGENDA CLOSING: FEBRUARY 12, 2010

MEETING: OCTOBER 20-21, 2010
AGENDA CLOSING: AUGUST 20, 2010

Submitting Progress Reports to the IRC

The IRC reminds DIOs that progress reports should only be submitted for review upon specific request as noted specifically in the accreditation notification letter. The IRC will not review unsolicited progress reports. Such reports will be acknowledged administratively with no further action. It is also important to note that the IRC does not rescind (remove) citations from a institution's history upon review of an official progress report. The expectation of a progress report is to provide an update to the Committee on how the Sponsoring Institution is making progress in those specific areas identified for comment in the report. Citations may only be identified as corrected at the time of a full review when they are each thoroughly evaluated through the site visit and review of accreditation materials. This same practice is followed by all Review Committees.

The IRD: How to Submit GMEC Minutes

One of the most frequent questions about the Institutional Review Document (IRD) from DIOs and GME coordinators centers on what exactly should be submitted as Attachment 8 to the IRD. As Attachment 8, the IRC expects to review one complete year's worth of GMEC meeting minutes. In addition, minutes from at least two of those meetings must be annotated as described. A copy of Attachment 8 should be submitted with each copy of the IRD.

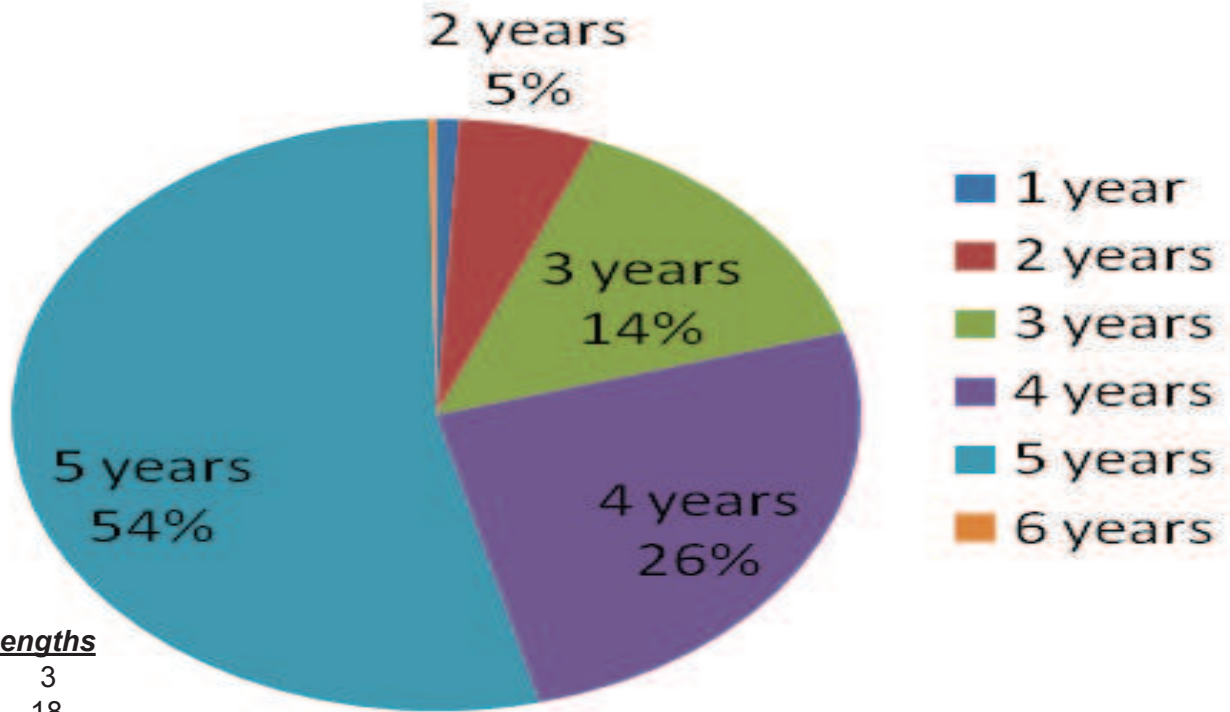
The Internal Review Protocol--Critical Element of GME Oversight

In addition to developing an internal review protocol that complies with Institutional Requirements, the Sponsoring Institution must apply the protocol consistently and as described to all its internal reviews. The IRC will cite a sponsoring institution for its internal review process and effectiveness of its institutional oversight when the internal review reports submitted with the IRD have no relation to or are not consistent with the protocol

Profile: IRC Activity

Institutional Accreditation Status

The following graphic presents the current accreditation profile of those institutions sponsoring two or more ACGME-accredited residency programs. These “multiple-program” institutions are reviewed by the IRC. **Note that the cycle lengths depicted in the graphic also include institutions which have not yet undergone an accreditation review, i.e., these institutions still have a “favorable” or “unfavorable” status as opposed to an accreditation cycle.**



Cycle Lengths

1 year	3
2 years	18
3 years	50
4 years	89
5 years	186
6 years	1

The institutional accreditation status of a “single-program” institution is associated with the program’s accreditation status. Compliance with the Institutional Requirements is reviewed along with Program Requirements by the respective Residency Review Committees that allow single programs to exist within an institution.

IRC Activity: Academic Year 2008-2009

The IRC undertook the following actions during its meetings in 2008-2009:

77 reviews of full site visits with the following dispositions:

Type of site visit	Action	Average cycle length
8 Applications	7 Initial Accreditation	2 years
	1 Proposed Withhold	
69 Accredited Sponsoring Institutions	66 Continued Accreditation	3.8 years
	2 Proposed Probation	

The Committee also reviewed the following other agenda items:

Type of action	Number of actions
Reports from site visits focused on compliance with duty hours standards	9
Report from site visit focused on post-disaster recovery	1
Progress reports	30
Rebuttals to proposed adverse actions (probation)	2

Coming Soon

Watch the weekly ACGME e-Communication in September for announcement of a new set of frequently asked questions (FAQs) for DIOs along with a compiled list of existing FAQs.