

# DIO NEWS

## INSTITUTIONAL REVIEW



ACGME

Accreditation Council for Graduate Medical Education

APRIL 2010

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### The Internal Review Report and GMEC Minutes: Continuing the “Quality Loop”

The report generated from a program’s internal review and the minutes of the Graduate Medical Education Committee (GMEC) meeting wherein that report is reviewed are crucial components of the Sponsoring Institution’s (SI’s) continuous improvement process. The Institutional Review Committee (IRC) uses these components to review the effectiveness of the GMEC’s oversight efforts. The IRC looks for evidence that the GMEC monitors issues and facilitates solutions as documented in the SI’s Attachments 1 and 2 of the Institutional Review Document (IRD), programs’ internal review reports, and subsequent GMEC activity reflected in both Attachment 2 and the GMEC minutes. For example, if a Review Committee cites a program for inadequate scholarly activity, the IRC would expect to see evidence of scholarly activity monitoring in the program’s internal review, and would then expect to see the follow-up plan in the IRD and Attachment 2, as well as further follow-up in the GMEC minutes. In this way, the Committee can “track” an issue from its first notice to resolution.

The internal review process is part of the much broader quality loop related to effective institutional oversight. The GMEC must “review all ACGME program accreditation letters of notification and [engage in] monitoring of action plans for correction of citations and areas of noncompliance.” (Institutional Requirements, III.B.9) GMEC minutes, therefore, should also reflect that the GMEC reviewed the letters of notification and the action plans submitted by the programs. This activity represents the Plan-Do-Study-Act (PDSA) cycle for institutional oversight of which the internal review is a critical component.

### Minor Changes to the Institutional Review Document (IRD)

A revised IRD was posted online March 1, 2010. Any SI preparing for a site visit that will take place after July 1, 2010 will be required to use the revised form. Three notable areas of revision to the document were addressed, and are summarized here.

First, three new questions regarding monitoring of duty hours have been added to the IRD.

The new questions reference Institutional Requirement III.B.3., and have been added to IRD Q39:

- Q39b: *In addition to internal reviews, describe at least two*

### MEETING AND AGENDA CLOSING DATES

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

MEETING: APRIL 12-14, 2011  
AGENDA CLOSING: FEBRUARY 11, 2011

and not more than five specific methods through which the GMEC routinely monitors programs' substantial compliance with duty hours requirements.

- Q39c: In addition to internal reviews, describe at least two and not more than five specific methods through which individuals (e.g., residents, program directors, faculty) can notify the DIO and/or GMEC regarding potential substantial violations of the duty hours requirements.
- Q39d: Describe not more than three violations of the duty hours requirements that have been effectively addressed or resolved by the DIO and/or GMEC since the time of the last institutional site visit. You may use examples that are derived from the internal review reports attached to this IRD, RRC letters of notification attached to this IRD, or your internal monitoring process.

Additionally, the Committee recognized that a previous version of Q21 was unclear, and has clarified its expectations for Q21 in the following manner:

- Q21: Yes/No Do you have central oversight of contracts? If not, how do you monitor appropriate implementation?

Finally, the IRD now includes a set of revised instructions for three of its attachments:

- Attachment 2—Response to Program-specific Citation Category Summary: Review Attachments 1a and 1b and identify the themes and trends of institutional significance. Identify clusters of citations that occur in two or more programs, and indicate what role the DIO and GMEC have played in analyzing these deficiencies and supporting the program and institution in resolving the non-compliance. The IRC is interested in what GMEC or institutional resources were allocated, what processes were used to monitor progress, and to what degree the issues have been resolved.
- Attachment 8—GMEC Minutes: Attach and label as Attachment 8, minutes from each GMEC meeting held during the 12 months prior to the submission of the IRD. Place the minutes in chronological order starting with the most recent minutes on top. Highlight, annotate and label the minutes from at least two of the meetings from those 12 months to identify examples of how the GMEC fulfills each of its responsibilities outlined in Section III.B of the Institutional Requirements. Any agenda attachments or subcommittee minutes should not be included in this attachment unless

these documents are critical in helping the IRC understand actions taken by the GMEC regarding its required responsibilities.

- Attachment 11—Program Accreditation Letters of Notification and Internal Reviews: Using the order of programs in the IRD, Part I, Section 3 (ADS), attach the most recent Residency Review Committees' (RRCs') accreditation letters of notification that specify the accreditation status for each specialty and subspecialty. If the letter is still pending (i.e., the site visit has occurred, but the program's letter of notification has not yet been posted), include the most recent letter and indicate that the letter following the most recent site visit is still pending.

## How the IRC Monitors Data from the ACGME Resident Survey

The ACGME's annual Resident Survey is an important tool that is analyzed by the ACGME and used by Review Committees to monitor program and institutional compliance with accreditation standards for educational experience and duty hours. The ACGME's Monitoring Committee reviews this data at a national level and provides the IRC and other Review Committees with an analysis, indicating its expectations for a range of acceptable responses. (For information about the reliability and validity of the ACGME Resident Survey, see the March 2010 issue of *Academic Medicine*.)

At each IRC meeting, the Committee reviews the most recent survey data available for each institution under review. The IRD looks for responses that fall outside of the acceptable range for each question on the survey, particularly in the areas of educational experience and duty hours. The IRC may also review survey results of individual programs sponsored by the institution under review to gain more information about institutional patterns. The IRC may follow up outlier survey results with a citation, an administrative comment, or a request for a progress report. In lieu of a progress report with information provided by the sponsoring institution, the IRC may indicate that it will review the following year's survey results to determine whether an area of continuing noncompliance exists. In these cases, the sponsoring institution is not required to provide additional information. On occasion, the IRC may share its concern with a specialty-specific Review Committee for follow-up at the program level.

## Sessions for DIOs and GME Office Personnel at the 2010 Educational Conference

The 2010 ACGME Annual Educational Conference, *Transitions in GME*, featured four sessions designed specifically for DIOs and other GME administrators: “Welcoming Session for **New** DIOs”; “Specialty Update – Institutional Review”; “The GMEC: Structure, Function, and Best Practices”; and, “Planning for a Disaster: Voices of Experience.” Presentations are still available to registrants on the conference website until May 3, 2010.

The IRC has already identified the need for a comprehensive session on internal reviews at next year’s Conference. Feel free to identify additional topics for consideration by sending ideas to Dr. Surdyk: [psurdyk@acgme.org](mailto:psurdyk@acgme.org).

## Actions from the October 2009 IRC Meeting

At its October 2009 meeting, the IRC reviewed 74 Institutions and took the following actions:

1 Rebuttal to Proposed Withhold	Initial Accreditation	1											
1 Rebuttal to Proposed Probation	Confirmed Probation	1											
5 Applications	Initial Accreditation	5											
49 Full Site Visits	Continued Accreditation	47											
	<table border="1"> <tr> <td rowspan="5"><i>Cycle (years)</i></td> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>3</td> </tr> <tr> <td>3</td> <td>10</td> </tr> <tr> <td>4</td> <td>13</td> </tr> <tr> <td>5</td> <td>20</td> </tr> </table>	<i>Cycle (years)</i>	1	1	2	3	3	10	4	13	5	20	
			<i>Cycle (years)</i>	1	1								
				2	3								
				3	10								
				4	13								
	5	20											
<i>with progress report</i>	7												
<i>with duty hours</i>	4												
Defer	1												
Proposed Cont. Probation	1												
4 Duty Hours Reports	No Action	2											
	Second Report	2											
14 Progress Reports	No Action	10											
	Lengthened Cycle	3											
	Shortened Cycle	1											

## Frequently Answered Questions: Compiled!

Though the IRC strives for clarity and transparency, the Institutional Requirements and/or the IRD questions can require additional clarification. When a particular request for clarification is answered frequently, the IRC shares the question and answer with the community through this newsletter. Those FAQs will be posted on the ACGME website. Look for an announcement about this posting in an upcoming issue of the ACGME's weekly e-Communication.

When new FAQs are written, the compiled document will be updated, and the IRC will notify the community through the latest issue of this newsletter, *DIO News*, or in the weekly e-Communication. Here are the two newest FAQs:

- **Issue:** Hospital Accreditation  
*Sponsors and major participating sites that are hospitals need to be accredited for patient care; does that accreditation have to be through The Joint Commission?*  
  
No. The minor revision to IR I.D.1. (added July 1, 2009) clarifies the expectation that such 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.
- **Issue:** Specificity of Vendor Policy  
*How specific does the institution's vendor policy have to be?*  
  
As noted in the requirement, the policy does not have to be specific to GME. However, it does need to be specific to interaction with vendors (i.e., it cannot be the institution's general "conflict of interest policy," unless it directly references vendors).

## Requirements Revision Process

***The target implementation date for the next revision to the Institutional Requirements will be July, 2013.***

The IRC wants your input; the Committee requests that individual DIOs and GME coordinators submit a brief outline of the three most important areas currently in the Institutional Requirements that, in their opinion, should be revised in some manner (i.e., clarified, eliminated, updated, or changed altogether). **Individual responses should be sent electronically by May 31, 2010 to [IRC@acgme.org](mailto:IRC@acgme.org).** Results will be compiled for the Committee's initial discussions as it begins the revision process.

The ACGME requires that each set of requirements (i.e., specialty-specific, Common, and Institutional) undergo major revision at least once every five years. Approximately 24 months before the scheduled date of the next major revision for a particular set of requirements, the ACGME's Requirement Development Committee (RDC) reviews the existing requirements and program information form (PIF), and in the case of institutional review, the IRD, and provides feedback to the Review Committee regarding potential areas for improvement. The Review Committee considers the RDC suggestions and also updates the requirements and PIF/IRD as needed, based on input from the medical education community. The revised requirements and PIF/IRD are then submitted to the RDC for consideration. Upon approval from the RDC, the revised requirements are posted, along with an impact statement on the ACGME website; program directors and DIOs and others in the GME community are notified through the ACGME weekly e-Communication that the proposed requirements are available for review and comment for a period of 45 days.

At the conclusion of the review and comment period, the Review Committee reviews the comments submitted in response to the proposed requirements, considers whether additional changes to the requirements are needed in response to the comments, and prepares the final draft of the requirements for submission to the ACGME Board of Directors. A summary of the submitted comments, the Review Committee's response to these comments, and any necessary FAQs must accompany the requirements when they are submitted to the ACGME Board. Upon approval by the ACGME Board, the new requirements are posted to the ACGME website,

along with the effective date. Program directors and DIOs are notified through the ACGME e-Communication.

### **ACGME Policy on Outside Vendors**

Intermittently, the ACGME is made aware of efforts by software vendors, accreditation consultants, former employees, former Review Committee members, and other organizations, to solicit business from ACGME-accredited residency/fellowship programs and sponsoring institutions. DIOs and program directors should be aware that the ACGME does not endorse any vendors of software, newsletters, educational services, consulting services or other products. In addition, the ACGME provides no information to these entities other than that which is publicly available on our website (accessed by going to: [www.acgme.org](http://www.acgme.org); clicking "Search Programs/Sponsors"; clicking "Accredited Programs"; selecting the specialty/program; then clicking "View Details" to see the program's contact information and general information about the accreditation, e.g., accreditation status and approximate of next site visit). Services provided by these outside vendors have no guarantee in regards to a sponsoring institution's or program's accreditation status.