



**Key to Standard Notification Letter for Status of Continued Accreditation**

(Text in italics provides explanations of the sections in the letter; non-italicized text is standard text of the letter)

**Accreditation Council for  
Graduate Medical Education**

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Chicago, Illinois 60610

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Web [www.acgme.org](http://www.acgme.org)

Date  
Program Director Name  
Director, Residency Program  
Program Name  
Address Line 1  
Address Line 2  
City State Zip

Dear Dr. Program Director:

The Residency Review Committee for X, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Specialty  
  
Name of Program  
Sponsoring Institution  
City, ST  
  
Program 1000000000

Based on all of the information available to it at the time of its recent meeting, the Review Committee accredited the program as follows:

**Status:** *This is the accreditation status assigned to the program or institution by the Review Committee following review of the program or institution.*

**Length of Training:** *This is the number of postgraduate years of resident education that the program is accredited to provide.*

**Maximum Number of Residents:** *If the Review Committee approves resident complement, this section lists the maximum number of residents that may be appointed to the program at any given time.*

**Residents per Level:** *If the Review Committee approves resident complement by year, this section specifies the maximum number of residents that may be appointed at each level of the program.*

**Effective Date:** *This is the effective date of the accreditation action and, per ACGME policy, is the date of Review Committee Meeting.*

**Approximate Date of Next Site Visit:** *This is the target date (month and year) for the next site visit of the program or institution, based on the length of the accreditation cycle specified by the Review Committee and will include whether the site visit will be performed by a member of the ACGME Field Staff (FS) or by a Specialist Site Visitor (SSV). Programs generally are scheduled in a 90-120 day window around the next site visit month. On occasion, a site visit may occur on an earlier or later date because each Field Staff visits three programs per week and the date can be moved forward or moved back to allow three programs to be scheduled in a given city. In addition, Transitional Year (TY) programs and some subspecialties with one required year of education are generally scheduled during the last nine months of the academic year in order to give the residents/ fellows an opportunity to gain experience with the program prior to participating in the resident/ fellow interview at the time of the site visit. Approximately 90-110 days before the scheduled site visit, the Department of Field Activities staff will send to the program director and institutional DIO information about the actual site visit date and logistics for the site visit.*

**Cycle Length:** *This is the number of years between the Review Committee meeting at which the accreditation action was confirmed and the approximate date of the next site visit of the program or institution.*

**Approximate Date of the Mid-Cycle Internal Review:** *This is the approximate date when internal reviews must be documented in the GMEC minutes as being in process. This date is calculated using the effective date (see above) and the approximate date of the next site visit (see above).*

**Progress Report Due:** *If the review committee requests a progress report, the due date is included in this section.*

**Areas Not in Substantial Compliance (Citations) (Required Section)**

- *Each letter will include this section, listing areas in which the program is not in compliance with ACGME Requirements for Graduate Medical Education. These areas of noncompliance are also referred to as citations. Each citation will include a descriptive heading, the actual institutional or program requirement for the area that is not in compliance and the Review Committee's brief explanation of non-compliance.*
- *If no citations were identified by the Review Committee, this section will include a statement of commendation to the program or institution for demonstrating substantial compliance with the requirements without citation.*
- *If the program received a 4 or 5 year review cycle, this section will include a commendation for demonstrating substantial compliance with the ACGME Requirements for Residency Education, as well as a list of areas of noncompliance, or citations.*
- *If the program received a 1 or 2 year review cycle, this section will include a list of the areas of noncompliance, or citations, as well as a statement warning that the program's or institution's accreditation will be in jeopardy at the time of the next review if these areas have not been adequately addresses, and/or other major areas warranting citation develop.*

Standard format for the text for each citation:

Line 1 Descriptive Header for topic:

Line 2 Institutional or Program Requirement Number

Line 3 Texts of the Institutional or Program Requirement

Next line is a space

Next line provides the Review Committees explanation of non-compliance

Next line includes sources listed in parentheses (e.g., pages from the Institutional Review Document or Program Information Form, Site Visitor Report, case logs, ACGME Resident Survey)

**Reduction in Resident Complement:** *If the Review Committee approves resident complement, and the Review Committee determines that a reduction in the number of residents is necessary; this section includes the citations for the proposed reduction in resident complement and the following statements.*

Before final action is taken to reduce resident complement, the program director has the opportunity to respond to the citations by submitting written information for review by the Review Committee. The program director may provide information revising, correcting or expanding factual information previously submitted; rebutting the interpretation of the Review Committee; demonstrating that areas cited as not in compliance did not exist when the Review Committee initially reviewed the program and proposed an adverse action (i.e., the date of the Review Committee meeting); and contending that the program has demonstrated the capacity to provide each resident with a sufficient educational experience.

The response must be reviewed and approved by the sponsoring institution's Graduate Medical Education Committee and co-signed by the Designated Institutional Official prior to submission to the ACGME. In order to be considered by the Review Committee, the response must be received, in triplicate, by the date indicated above. If the program director chooses not to respond, the reduction in resident complement will be confirmed by the Review Committee. Guidelines on responding to the proposed reduction in resident complement, "Procedures for Proposed Adverse Actions", and a copy of the Site Visitor's Report (SVR) will be included with the letter of notification.

**Program Strengths (Optional Section):** *If the program or institution received a 3, 4, or 5 year review cycle, the Review Committee may highlight program strengths or acknowledge areas in which the program or institution has improved substantially since the last review.*

**Resident Complement Updates:** *If the Review Committee approves resident complement by year, this section provides greater detail and directions for how the program will accomplish the increase.*

#### **Request for Progress Report**

- *If a progress report is requested, this section will include a list of citations which must be addressed, including detail regarding the specific type of*

*information requested in response to a particular citation, such as resident case logs.*

- *If the Review Committee determines that the information submitted by the program or institution in response to the progress report request does not adequately address the citations included in the progress report, the Review Committee may shorten the program or institution's review cycle.*

**Additional Text:** *The letter may include additional text such as:*

- *Approval of a change in participating institutions.*
- *Comment on recent or anticipated changes in the program.*
- *A list of areas that will receive attention during the next accreditation review, sometimes referred to as areas for improvement. These are typically areas in which the program or institution is marginally in compliance, and the Review Committee is concerned that the program or institution is in jeopardy of falling below the threshold of compliance in these areas. While not citations, because the program/institution is in compliance, the program or institution may be advised to monitor compliance in this area, and the Review Committee will follow up at the time of the program/institution's next accreditation review.*

**Closing Statement:**

It is the policy of the ACGME and of the Review Committee that each time an action is taken regarding the accreditation status of a program, the residents and applicants (those invited for interviews) must be notified. This office must be notified of any major changes in the organization of the program. When corresponding with this office, please identify the program by number and name as indicated above. Changes in participating institutions and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.

Sincerely yours,

Executive Director  
Residency Review Committee for X

cc: Designated Institutional Official  
Core Program Director for letters about dependent subspecialty program  
Dependent Subspecialty Program Director for letters about core program

**Participating Sites**

This section includes a list of all regular and routine participating sites listed in the ACGME Accreditation Data System (ADS).

DAC\_SVP\_072709



## **Sample of Notification Letter for Continued Accreditation**

October 15, 2007

Jane Doe, M.D.  
Department of Neurosurgery  
Jasper University Hospital  
Metropolis, IL 60606

Dear Dr. Doe:

The Residency Review Committee for Neurological Surgery, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Neurological Surgery  
Jasper University Program  
Metropolis, IL  
Program Number: 1234567890

Based on all of the information available to it at the time of its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation  
Length of Training: 6  
Maximum Number of Residents: 9  
Residents Per Level: 2.00 - 1.00 - 2.00 - 1.00 - 2.00 -1.00  
Effective Date: 09/27/2007  
Approximate Date of Next Survey: 09/2009 FS  
Cycle Length: 2.0 Year(s)  
Progress Report Due: 01/01/2008  
Approximate Date for Internal Review: 10/01/2008

### **AREAS NOT IN SUBSTANTIAL COMPLIANCE (CITATIONS)**

The Review Committee cited the following areas as not in substantial compliance with the ACGME requirements for Graduate Medical Education:

#### **Citation #1**

Program Director Qualifications  
Program Requirement II.A.3.

“Qualifications of the program director must include a requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee.”

The credentials reported for Dr. Doe, program director, show no recent academic participation in academic neurosurgery prior to appointment to the University. In addition, Dr. Smith, another key faculty member reports one

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publication, and no review articles, chapters, or textbooks from the last five years. His specialty certification in neurosurgery expired January 2007. (Program Information Form, pages 8 and 9; Site Visit Report, page 4)

#### Citation #2

##### Participating Sites

##### Program Requirement II.B.1

“At each participating site, there must be a sufficient number of faculty with documented qualifications to instruct and supervise all residents at that location.”

Dr. Jones is listed as based mainly at University Hospital, and is reported as the only faculty member assigned to this participating site. The credentials reported for Dr. Jones list no current professional activities or committees, peer-reviewed publications or journal articles, review articles, chapters or textbooks, or participation in local, regional, and national organizations, or funded grants from the last five years.

(Program Information Form, pages 7, 10 and 11; Site Visit Report, pages 4 and 5)

#### Citation #3

##### Faculty Qualifications

##### Program Requirement II.B.2:

“The physician faculty must have current certification in the specialty by the American Board of Neurological Surgery, or possess qualifications acceptable to the Review Committee.”

Dr. Smith and Dr. Jones do not indicate any certification.

(Program Information Form, pages 12 and 13)

#### Citation #4

##### Resident Operative Experiences

##### Program Requirement IV.A.5.a.11

“Residents must participate in the management (including critical care) and surgical care of adult and pediatric patients and experience should include the full spectrum of neurosurgical disorders.”

The program offers an inadequate experience in five operative categories (head trauma, spinal instrumentation, peripheral nerve, pediatric brain tumor, transsphenoidal).

(Program Information Forms, pages 59 through 66)

#### REQUEST FOR PROGRESS REPORT

The Review Committee requests a progress report in which each of the following citations is addressed. This information is requested in triplicate by the date given above. As specified in the ACGME Institutional Requirements, the report should be reviewed and approved by the sponsoring institution's

Graduate Medical Education Committee and co-signed by the Designated Institutional Official prior to submission to the ACGME. The Review Committee warned that an inadequate response to the following issues could result in a shortened review cycle. If you have concerns about the due date for the progress report, please contact the Review Committee Executive Director.

Citation(s) #1; #2; #3; #4

It is the policy of the ACGME and of the Review Committee that each time an action is taken regarding the accreditation status of a program, the residents and applicants (those invited for interviews) must be notified. This office must be notified of any major changes in the organization of the program. When corresponding with this office, please identify the program by name and number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.

Sincerely yours,

Andrew Landers, PhD, MPH  
Residency Review Committee for Neurological Surgery

Cc: Nancy Drew, MD, Designated Institutional Official

Participating Sites:  
University Hospital  
Veterans Administration Medical Center  
County Children's Hospital

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