

Frequently Asked Questions: Institutional Review ACGME

Question	Answer
Structure for Educational Oversight	
<p>What makes up a Sponsoring Institution?</p> <p><i>[Institutional Requirement: I.A.1.]</i></p>	<p>A Sponsoring Institution is an entity that oversees, supports, and administers a certain set of ACGME-accredited residency/fellowship programs. A governing body (which can be a person or a group) has ultimate authority over and responsibility for graduate medical education (GME) in a Sponsoring Institution. A designated institutional official (DIO) collaborates with a Graduate Medical Education Committee (GMEC) to ensure a Sponsoring Institution's and its programs' substantial compliance with the applicable ACGME Institutional, Common, and specialty-/subspecialty-specific Program Requirements. A Sponsoring Institution's organizational chart(s) should illustrate the ultimate authority of a single governing body and its relationships with a DIO, GMEC, and other components of GME in the Sponsoring Institution (e.g., program directors, participating sites). While a variety of organizational structures can be found among ACGME-accredited Sponsoring Institutions, a substantially compliant Sponsoring Institution has a DIO who collaborates with a GMEC under a singular governing body in overseeing GME at all of a Sponsoring Institution's participating sites.</p>
<p>How long can a Sponsoring Institution have a status of Initial Accreditation without any residents/fellows in ACGME-accredited programs?</p> <p><i>[Institutional Requirement: I.A.2.]</i></p>	<p>The Sponsor Application ("the application") asks applicants to identify its proposed program(s), as well as the complement of residents/fellows and proposed timeline for each program's achievement of ACGME accreditation. Unlike Sponsoring Institutions, most programs undergo a full accreditation site visit before the specialty Review Committee makes an accreditation decision on a program application. Timelines for program accreditation should account for a Sponsoring Institution's program development efforts as well as ACGME processes (e.g., applications and site visits).</p> <p>The Initial Accreditation period for most Sponsoring Institutions is approximately two years. The Institutional Review Committee expects there will be at least one ACGME-accredited program with residents/fellows at the end of the Initial Accreditation period, and may cite Institutional Requirement I.A.2. if a Sponsoring Institution has not succeeded in developing a program.</p>

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<p>Are there limits on who can serve as a DIO?</p> <p><i>[Institutional Requirement: I.A.5.a]</i></p>	<p>The Institutional Requirements do not specify qualifications of a DIO. A Sponsoring Institution must identify a DIO positioned in the organizational structure to have authority and responsibility for overseeing the Sponsoring Institution’s ACGME-accredited programs. While it is currently acceptable for one individual to serve as DIO for more than one Sponsoring Institution, each Sponsoring Institution must define the financial support and protected time committed to the DIO for her/his responsibilities relating to oversight, education, administration, and leadership in that Sponsoring Institution only.</p> <p>A program director or faculty member of an ACGME-accredited program may simultaneously serve as a DIO. When a DIO is also a program director or faculty member, the Sponsoring Institution should carefully manage conflicts of interest that may arise for the DIO in program oversight. Such DIOs may be recused from some GMEC oversight functions, as appropriate. Sponsoring Institutions should ensure that institutional mechanisms for residents/fellows to raise concerns confidentially do not rely solely on individuals with roles in the residents’/fellows’ programs.</p>
<p>What are the essential components in a Sponsoring Institution’s written statement of commitment?</p> <p><i>[Institutional Requirement: I.A.6.]</i></p>	<p>The Sponsoring Institution’s written statement of commitment must include all of the following components:</p> <ol style="list-style-type: none"> 1. Name of the ACGME-accredited Sponsoring Institution 2. Date(s) of the statement of commitment 3. Explicit reference(s) to the necessary financial support for <i>all</i> of the areas specified in the requirement (i.e., “administrative, educational, and clinical resources, including personnel”) 4. Signatures of (a) the DIO; (b) a representative of the Sponsoring Institution’s senior administration; and (c) a representative of the governing body. The printed name, title(s), and role(s) should appear with each signature. If one individual holds more than one of the roles of the required signatories, each of the roles should be separately identified with the signature (e.g., “Dr. Jane Smith, Designated Institutional Official, Governing Body Representative”).
<p>Can a DIO have multiple roles as a voting member of a GMEC?</p> <p><i>[Institutional Requirements: I.B.1.a)-I.B.1.b).(5)]</i></p>	<p>An individual may serve on a GMEC as DIO, as a representative program director, the individual responsible for quality improvement or patient safety, and/or (in the case of single-program Sponsoring Institutions) as the individual from a department other than that of the program specialty. It should be apparent from a Sponsoring Institution’s documents (including a GMEC’s voting membership list and meeting</p>

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	minutes) which individuals meet one or more of the minimum membership requirements.
<p>What is the right operating structure for a GMEC and its subcommittees?</p> <p><i>[Institutional Requirements: I.B.2.a)-b)]</i></p>	<p>A GMEC may have permanent and/or <i>ad hoc</i> subcommittees, or may function without subcommittees. If a GMEC has an executive committee, it is assumed that the executive committee fulfills required GMEC responsibilities and therefore counts as a subcommittee of a GMEC under the requirements. If there are permanent and/or <i>ad hoc</i> subcommittees, the Sponsoring Institution should describe them in the ADS Annual Update, and should clarify whether each subcommittee fulfills required GMEC responsibilities [see <i>Institutional Requirements I.B.4.-6</i>]. For each subcommittee that fulfills required GMEC responsibilities, it is expected that a Sponsoring Institution is able to document inclusion of a peer-selected resident/fellow, as well as the GMEC’s review and approval of subcommittee actions (in GMEC meeting minutes).</p> <p>It is expected that Program Evaluation Committees (PEC) and Clinical Competency Committees (CCC) operate as program-level committees. To ensure that information about individual residents’ performance is not shared with GMEC members (e.g., peer-selected residents) who should not have access, the CCC should not function as a subcommittee of the GMEC. While the Institutional Review Committee does not expect the PEC to report to the GMEC, it may be appropriate to facilitate required oversight of ACGME-accredited programs’ annual program evaluations.</p>
<p>What are the specific expectations for a minimum of one GMEC meeting every quarter during each academic year? What is the specific expectation for new Sponsoring Institutions when providing GMEC minutes in the Sponsor Application?</p> <p><i>[Institutional Requirement: I.B.3.]</i></p>	<p>The academic year is from July 1 to June 30, and comprises four quarters (every three months). During that timeframe, a GMEC must meet at least once per quarter. GMEC meeting minutes must specify the date of each meeting.</p> <p>For new Sponsoring Institutions, the minutes of at least one GMEC meeting must be provided in the application. Once the first meeting of a GMEC occurs, the GMEC is expected to meet at least once in each subsequent quarter.</p>
<p>How should GMEC meeting minutes be annotated?</p> <p><i>[Institutional Requirement: I.B.3.b)]</i></p>	<p>GMEC meeting minutes submitted for the Institutional Review Committee’s review must clearly document execution of required functions and responsibilities. The meeting minutes should be annotated, which is to say that a reference to a specific Institutional Requirement should accompany each GMEC action that fulfills that requirement. Ideally, annotations should be easy to identify (e.g., in bold type); they</p>

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	<p>may be embedded in the text or placed in a column running next to the text. Appropriate annotations include references to Institutional Requirements in the range of I.B.4.-I.B.6.</p>
<p>What are a GMEC’s responsibilities and how does it demonstrate that it is fulfilling them? [Institutional Requirements: I.B.4.-6.]</p>	<p>As specified in Institutional Requirements I.B.4.-I.B.6., a GMEC has responsibilities that include: (1) oversight of institutional and program accreditation; and (2) review and approval of various actions. “Oversight” includes routine monitoring of program and institutional accreditation as well as the formalized Annual Institutional Review (AIR) and Special Review processes.</p> <p>There are activities that must be documented in GMEC meeting minutes <i>at least annually</i>. These include:</p> <ul style="list-style-type: none"> (1) Oversight of program and institutional accreditation outcomes (2) Oversight of Annual Program Evaluations and Self-Studies (I.B.4.a).(4) (3) Review and approval of recommendations to the Sponsoring Institution’s administration regarding stipends and benefits (I.B.4.b).(2)) (4) Oversight of the AIR and resulting action plans (I.B.5, I.B.5.b).(2)) <p>Other GMEC responsibilities for oversight, review, and approval should be documented as they occur. GMEC meeting minutes should reflect a GMEC’s approval of any of the specific actions enumerated in Institutional Requirements I.B.4.b).(1)-(13). After a Special Review (I.B.6.), a GMEC’s meeting minutes should document monitoring of outcomes under its Special Review protocol. GMEC responsibilities for review can be reflected in a number of ways. It is expected that GMEC meeting minutes record actions such as approvals, AIRs, and Special Review monitoring with precise language (e.g., “approved”).</p>
<p>What are the expectations of a GMEC related to resident and fellow stipends and benefits? What is meant by “resident/fellow stipends and benefits”? [Institutional Requirement: I.B.4.b).(2)]</p>	<p>A GMEC must annually review and approve recommendations to the Sponsoring Institution’s administration regarding resident/fellow stipends and benefits. Review and approval must be documented in GMEC minutes. For new Sponsoring Institutions, it is expected that a GMEC has demonstrated review and approval of stipend/benefit recommendations in meeting minutes included in the Sponsor Application.</p> <p>“Stipends” is synonymous with “salaries” for the purposes of this requirement. Resident/fellow benefits include terms of the residents’/fellows’ appointments, such</p>

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	as health insurance. Benefits may also include one-time payments (sometimes also called “stipends”) to be used by residents/fellows for educational purposes, such as travel to attend professional meetings.
<p>Do reports from the program director(s) and/or coordinator(s) to the Sponsoring Institution regarding work hours violations satisfy the institutional requirements addressing the oversight of resident and fellow clinical and educational work hours?</p> <p><i>[Institutional Requirement: III.B.5.a).(1)]</i></p>	<p>The Sponsoring Institution must oversee resident/fellow clinical and educational work hours in each ACGME-accredited program independently of the program’s monitoring process(es). It is not sufficient for institutional oversight process(es) to rely solely on reports from program directors and/or coordinators to evaluate compliance with ACGME requirements addressing resident/fellow clinical and educational work hours.</p>