

## **Graduate Medical Education Committee Internal Review Policy**

### **Policy**

In compliance with ACGME requirements, the GMEC must develop, implement, and oversee an internal review process for each program.

### **Procedure**

#### *Composition*

All programs are reviewed by ad hoc committees of the GMEC. Ad hoc committee membership includes a program director or other faculty member from outside the program being reviewed, a resident/fellow from outside the program being reviewed, the VA ACOSE (or designee) when applicable and the Assistant Dean for Graduate Medical Education/DIO. Others (e.g., hospital administrative representative may also be invited to participate). Such ad hoc committees are staffed by the Director of the GME Office.

#### *Duties*

The Internal review must be documented in the Compliance Subcommittee minutes, as part of its responsibilities to the GMEC, by approximately the midpoint of the accreditation cycle. Indication of the internal review having been performed with a verbal report provided to the Program Director with or without a completed written report must be done at the accreditation cycle mid-point. The accreditation 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 and provided by the ACGME on the last RRC site visit letter and the Institutional Review Document.

Each Internal Review should assess each program's:

- Compliance with the Common, specialty/subspecialty-specific Program, and Institutional requirements;
- Educational objectives and effectiveness in meeting those objectives;
- Educational and financial resources;
- Effectiveness in addressing areas of non-compliance and concerns in previous ACGME accreditation letters of notification and previous internal reviews;
- Effectiveness of educational outcomes in the ACGME general competencies;
- Effectiveness in using evaluation tools and outcome measures to assess a resident's/fellow's level of competence in each of the ACGME general competencies; and
- Annual program improvement efforts in resident/fellow performance using aggregated resident/fellow data, faculty development, graduate performance including performance of program graduates on the certification examination, and program quality.

Materials and data to be used in the internal review process must include:

- An updated Program Information Form completed by the Program Director;
- The ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements in effect at the time of the review;
- Accreditation letters of notification from previous ACGME reviews and progress reports sent to the respective RRC;
- Reports from previous internal reviews of the program;
- Previous annual program evaluations; and,
- Results from internal or external resident/fellow surveys, if available.

The internal review committee must conduct interviews with:

- the program director,

- an appropriate representation of core clinical faculty up to 10 individuals involved in house staff education and all applicable non-physician faculty
- peer-selected residents/fellows distributed across each level of training in the program based on the total complement using the following guidelines:
  - Total complement 0-8 requires all to be present
  - Total complement 9-20 requires 6-8 representatives
  - Total complement 21-40 requires 10-12 representatives
  - Total complement 41-60 requires 12-14 representatives
  - Total complement 61 or more requires 14 representatives, and
- other individuals deemed appropriate by the committee.

A verbal report from the committee to the Program Director must be provided at the time of the internal review for each program with a subsequent written report submitted to the Program Director with copies to the appropriate clinical chairperson and division chief (if applicable) containing, at a minimum:

- The name of the program reviewed;
- The date of the assigned midpoint and the status of the GMEC's oversight of the internal review at that midpoint;
- The names and titles of the internal review committee members;
- A brief description of how the internal review process was conducted, including the list of the groups/individuals interviewed and the documents reviewed;
- Sufficient documentation to demonstrate that a comprehensive review followed the GMEC's internal review protocol;
- A list of the citations and areas of non-compliance or any concerns or comments from the previous ACGME accreditation letter of notification with a summary of how the program and/or institution subsequently addressed each item; and,
- Recommendations from the committee documented in three categories: areas of noncompliance, areas of concern, and areas of suggested enhancements.

The DIO and the Compliance Subcommittee, as part of its responsibilities to the GMEC, must monitor the response by the program to actions recommended by the GMEC in the internal review process. The Program Director must provide an action plan to only those recommendations requested by the GMEC. Any need for additional resources must be indicated.

The Program Director must subsequently provide updates on the action plans with each program's annual program evaluation:

- All citations and areas of non-compliance or any concerns or comments from the previous ACGME accreditation letter of notification, and
- Any recommendations from the Internal Review committee with requested action plans by the GMEC.

Any issues that require additional resources must be brought to the attention of the DIO by the Program Director at the time of submission of the annual program evaluation.

When a program has no residents/fellows enrolled at the mid-point of the review cycle, the GMEC must demonstrate continued oversight of those programs through a modified internal review that ensures the program has maintained adequate faculty and staff resources, clinical volume, and other necessary curricular elements required to be in substantial compliance with the Institutional, Common and specialty-specific Program Requirements prior to the program enrolling a resident. After enrolling a resident, an internal review must be completed within the second six-month period of the resident's first year in the program.

On occasion, the GMEC and/or a program may elect to seek an additional, external review by persons outside the institution.

The Sponsoring Institution must submit the most recent internal review report for each training program as a part of the Institutional Review Document (IRD). If the institutional site visitor simultaneously conducts individual program reviews at the same time as the institutional review, the internal review reports for those programs must not be shared with the site visitor.

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