


Accreditation Council for Graduate Medical Education 

Know the IRC, your DIO and GMEC


New Coordinators Pre-Course
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Objectives

- Review key concepts related to GME accreditation
- Recognize the interdependence between institutions and programs
- Identify mutual responsibilities for reporting and support

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What is Institutional Review?

- The process undertaken by the ACGME to judge whether a Sponsoring Institution offering GME programs is in substantial compliance with the Institutional Requirements.

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Institutional Review Committee (IRC)

- ❑ 1996 Institutional Review Committee established with 10 members
- ❑ Resident representation
- ❑ IRC reviews sponsoring institutions with 2 or more ACGME accredited programs

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Institutional Review Process

- ❑ IRC develops and revises Institutional Review Document (IRD)
- ❑ Designated Institutional Official (DIO) completes the IRD on behalf of the Sponsoring Institution
- ❑ Site visit conducted of a Sponsoring Institution by the ACGME field staff
- ❑ IRC reviews and evaluates the Sponsoring Institution and determines an accreditation action

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Institutional Requirements

- ❑ Developed by Institutional Review Committee
- ❑ Proposed revisions distributed to DIOs for review and comment
- ❑ Must be reviewed and approved by the ACGME Board of Directors

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Institutional Requirements *(cont.)*

- ❑ Institutional Support
 - *Must demonstrate commitment to GME*
 - *Graduate Medical Education Committee (GMEC)*
 - *Adequate space, faculty, equipment, etc.*
 - *Financial support for residents*
 - *Must provide programs with resources required to comply with program requirements*


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Institutional Review



Program Review

- ❑ The Sponsoring Institution maintains responsibility for oversight of all ACGME-accredited programs
- ❑ Programs operate under the “authority” and “control” of a Sponsoring Institution.

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Institutional Review




Program Review

- ❑ Programs must comply with applicable Institutional Requirements
 - *Resident eligibility*
 - *Resident grievance procedures*
 - *Duty Hours*
 - *Resource allocation*
- ❑ Programs and Sponsoring Institutions must comply with Common Program Requirements
- ❑ RRCs review for program compliance with the Institutional Requirements

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Using Institutional Requirements in Program Review

- ❑ Site visitor has access to last institutional review
 - *IRC entry on history sheet*
 - *Status of institution prior to reviewing program*
- ❑ Impact of institutional citations on program
- ❑ Programs may be cited for institutional issues affecting the program

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Institutional Accountability: DIO

- ❑ Effective leadership
 - *DIO has the authority and responsibility for oversight and administration*
 - *Responsible for ensuring compliance with ACGME Institutional Requirements*

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Institutional Accountability: DIO

- ❑ Specific responsibilities
 - *Establishes and implements procedures to ensure that she or designee review and cosign all PIFs and correspondence to RRCs/ACGME*

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Institutional Accountability: DIO


(cont'd)

- Specific responsibilities
 - *Well-written, well-organized IRD (and PIFs) reflect support for GME*
 - + Attention to instructions
 - + No stones unturned; respond to all questions
 - + Document! Document! Document!

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Institutional Accountability: GMEC

- OVERSIGHT**
 - *Applications for new programs (core/subs)*
 - *Requests for any program change requiring RRC approval*
 - *Progress reports*
 - *Letters of rebuttal to proposed adverse actions/requests for Appeals*
 - *Requests for changes in duty hours*

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Institutional Accountability: GMEC

- Do programs have citations in common?
- Are any citations related to Institutional Requirements?
- Can the programs demonstrate improvement?


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Institutional Accountability: GMEC

- Is there a robust internal review process?
(the competent program; the competent institution—PBLI)
 - How do programs demonstrate improvement?
 - How does the GMEC monitor plans for improvement?
- Accreditation letters
- Internal review protocol and internal review reports


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Internal Reviews

- Conducted at midpoint
- Documentation
- Committees
- Protocol


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Internal Review Schedule

List ACGME Accredited Programs	ACGME Accreditation Status	Effective Date	Approximate Date of Next Site Visit	Cycle Length (years)	Date of Latest Internal Review by Institution	Recommended Date of Internal Review
Internal Medicine [0000000000]	Continued Accreditation	10/1/2006	9/1/2009	3.0	4/0/2002	3/17/2008
Pathology-Anatomic and Clinical [0000000000]	Continued Accreditation	4/27/2007	4/1/2012	5.0	6/0/2004	10/13/2009
Radiology-Diagnostic [0000000000]	Continued Full Accreditation	10/6/2002	10/23/2007*	5.0	6/8/2005	4/0/2005
Surgery [0000000000]	Continued Accreditation	10/27/2005	10/1/2009	4.0	11/00/2004	10/15/2007
Transitional Year [0000000000]	Continued Accreditation	5/16/2007	5/1/2012	5.0	11/0/2005	11/7/2009

* - Actual Date of Site Visit

Take Home Points

- ❑ A key marker for institutional and program compliance (and competence) is effective OVERSIGHT.
- ❑ Oversight isn't administration alone—and it isn't management alone. It doesn't exist in a vacuum.
- ❑ An effective internal review process is central to demonstrating effective oversight.

Institutional Review



Program Review