



Accreditation Council for Graduate Medical Education 

Review Committees of the ACGME

New Program Directors Pre-Course
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Background Information

- ACGME has 28 review committees
- Review Committee members range in number from 6 to 20 volunteer physicians

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Types of Review Committees

1. Residency Review Committees (RRC)
(6 to 20 physician members + 1 resident member)
2. Transitional Year Review Committee (TYRC)
(9 members, including 1 resident member)
3. Institutional Review Committee (IRC)
(10 members, including 1 resident member)

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Overview - Review Committee

- ❑ Functions
- ❑ Role of appointing organizations
- ❑ Composition, tenure, and code of conduct

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Review Committee Functions

- ❑ Set accreditation standards
- ❑ To provide a peer evaluation of residency programs and subspecialties
- ❑ (*IRC*) To provide a peer evaluation of sponsoring institutions

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Purpose of Peer Evaluation

- ❑ To assess the degree to which the program (*or institution*) complies with a published set of educational standards
- ❑ To confer an accreditation status on programs and institutions meeting those standards

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Delegation of Authority

- ❑ Each Review Committee functions under accreditation authority delegated by the ACGME
- ❑ Review Committee actions are monitored for procedural compliance at intervals set by the ACGME

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Appointing Organizations of RCs

- ❑ American Medical Association's Council on Medical Education
- ❑ Specialty Board
- ❑ Professional college or other professional organization or society

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Appointing Organizations – IRC, TYRC

- ❑ TYRC physician member candidates are nominated by the member organizations of the ACGME:
 - The American Board of Medical Specialties (ABMS)
 - The American Hospital Association (AHA)
 - The American Medical Association (AMA)
 - The Association of American Medical College (AAMC)
 - The Council of Medical Specialty Societies (CMSS)
- ❑ IRC candidate nominations are solicited from the GME community and appointed by ACGME

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RC Member Appointments

- ❑ ACGME determines the number of RC members based on the number of specialty and subspecialty programs (or sponsoring institutions) as well as overall workload
- ❑ All appointees are confirmed by the ACGME Board of Directors

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Process: RC Member Appointments

When an RRC vacancy occurs . . .


- ❑ Appointing organization is contacted 18 months in advance of member departure
- ❑ Recommendations for new member are defined:
 - *general and specialty characteristics*
 - *geographic distribution*
 - *diversity in gender, race, and ethnicity*

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RC Physician Membership Tenure


RC physician members -

- ❑ Are appointed for an initial term of 3 years
- ❑ A renewable term of 3 more years, for a total of 6 years
- ❑ May not be appointed again to the same RC

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Resident Member

- ❑ Each RC must have a procedure for appointing the resident member (a minimum of one year), who must be enrolled in a residency program at the time of appointment, and
- ❑ Who may not serve more than one year beyond completion of residency

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RRC and TYRC Members

- ❑ Must be certified by the appropriate ABMS Board
- ❑ Should be actively involved in GME
- ❑ Should demonstrate substantial experience in the administration and/or teaching of the specialty
- ❑ Should have knowledge of the accreditation process

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IRC Members


- ❑ Should be associated with an institution that holds initial accreditation or continued accreditation (*exception: the resident member*)
- ❑ Should be familiar with the institutional review process and the requirements, and have experience with or current responsibility for their implementation
- ❑ Should possess demonstrated experience in institutional administration, institutional oversight, and/or institutional review

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Review Committee Structure (cont.)

Typical structure . . .


- Chair and Vice-Chair
- Physician Members
- Resident Member
- Ex officio Member
- An RC may also appoint either one or more alternate members

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Review Committee Structure (cont.)


Member roles and responsibilities -

- Chair: elected from the membership for a 2-year term, should be eligible for re-election, calls and presides over meetings, ensures that policies and procedures are followed, attends *Council of Review Committee Chair (CRCC)* meetings
- Vice Chair - assumes the duties of the Chair if required, may or may not succeed chair

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Review Committee Structure (cont.)

- Resident - reviews programs, full voting member
- Ex officio - recommended by the appointing organization, non-voting member, observes same rules as voting members, can participate in policy discussions but not in program reviews
- Alternate - officially designated, substitutes for voting member, sufficiently familiar with review process

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Observers and Guests

- ❑ Number at an RC meeting is limited
- ❑ Must be approved in advance by the RC Executive Director
- ❑ *(Guests)* May be invited to provide data that addresses specific issues
- ❑ *(Guests)* Are not present for program review or institutional review

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RC Member Conduct *ACGME Expectations*

- ❑ Sign an agreement to **comply** with ACGME policies and procedures
- ❑ Honor a **fiduciary** duty to act in the best interests of the ACGME
- ❑ Do not serve as program or institutional **consultant**, or site visitor to GME programs of sponsoring institutions while an RC member

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RC Member Conduct

- ❑ Avoid **conflict of interest** by withdrawing from discussions that present a conflict, leave the room
- ❑ Respect **confidentiality** by not disclosing information or documents that are acquired during the accreditation process

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Executive Director for Review Committees

- Appointed by the ACGME Senior Vice-President for the Department of Accreditation Committees
- Serves as chief staff member for the RC
- Responsible for all RC administrative matters

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Accreditation Responsibilities

1. To accredit programs and sponsoring institutions consistent with established ACGME policies

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Accreditation Responsibilities (cont.)

2. To confer an accreditation status and specify the length of the accreditation review cycle

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Accreditation Responsibilities (cont.)

3. To prepare or periodically revise (*minimum, 5 years*) the Requirements to reflect current educational and clinical practice

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Accreditation Responsibilities (cont.)

4. To prepare or revise PIFs (*Program Information Forms*), data collection systems, and other evaluation documents

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Accreditation Responsibilities (cont.)

5. To initiate discussion in matters of policy, best practices, and innovation relating to GME

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Accreditation Responsibilities *(cont.)*

- 6. To recommend to the ACGME changes in policy, procedures, and requirements

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RC Accreditation Process

- ❑ RCs evaluate and make recommendations for program accreditation
- ❑ Decisions are based on both the Institutional Requirements and the Program Requirements

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RC Accreditation Process *(cont.)*

- ❑ Program Directors receive accreditation decisions via ADS
- ❑ Adverse Actions may be appealed
- ❑ ACGME Monitoring Committee reviews each RC at least once every 5 years

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Components of an Accreditation Review

- Site Visitor report
- Resident survey results
- Board scores for RRCs
- Program Information Form (PIF)
- Requests: complement increase, program format, add/delete participating institution
- Progress report

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RC Meetings

- Typically, semi-annual meetings
- Program files sent to Committee members 2-3 months prior to meeting
- 2 members review each program, submit independent reports

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RC Meetings (cont.)

- Agenda books are compiled approximately 1 month prior to meeting
- Decisions are communicated through ADS

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Summary

- ❑ 3 types of RCs with similar functions
- ❑ Appointing organizations recommend new members
- ❑ Code of conduct applies to all members

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Summary (cont.)


- ❑ Review Committee composition and tenure may vary slightly, but the same ACGME code of conduct applies to all members

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Summary (cont.)

- ❑ Review Committees make accreditation decisions based on requirements
- ❑ Decisions can be appealed

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Conclusion

Your Questions
