Policy for Internal Reviews of GME Programs
Revised 9/8/03

I. Purpose of Internal Reviews

Internal Reviews of Graduate Medical Education Programs are performed in order to assess their compliance with the Institutional Requirements and the Program Requirements of the ACGME Residency Review Committees (RRCs). This function is an essential responsibility of the Graduate Medical Education Committee (GMEC) of the UTHSCSA. All ACGME-accredited programs sponsored by UTHSCSA must participate in internal reviews except those to which the ACGME has granted official “inactive” status. Any program seeking initial accreditation, re-accreditation, or re-activation from the ACGME must participate in an internal review. Any non-ACGME-accredited program may elect to participate in an internal review; any program that desires such review will submit a written request to the Associate Dean for GME.

The Internal Review is an important step in the continuous quality improvement cycle, as depicted in figure 1.

II. Internal Review Subcommittee of GMEC

As per the ACGME Institutional Requirements, the GMEC is responsible for the development, implementation, and oversight of the internal review process. These responsibilities are discharged by the Internal Review Subcommittee of the GMEC. The GME Office, under the direction of the Associate Dean for GME, coordinates Internal Reviews and provides staff support.

For each Internal Review, a panel of no fewer than four members will be constituted and will include faculty members, at least one resident, and administrators from within the institution but from GME programs other than the program being reviewed. External reviewers may also be included on the panel. No review may be conducted without a resident member on the panel. A faculty member will chair the panel.

III. Frequency of Review

Each program's Internal Review will be conducted at approximately the midpoint between the ACGME program surveys. Because of the seriousness of the internal review to the accreditation process, particularly the timeliness of the review and implementation of actions to correct deficiencies, the GMEC must be notified of any delay or postponement of an Internal Review and action for postponement must be discussed and approved by the GMEC.

IV. Protocol

The Program Director and the Department Chair will be notified at least 90 days prior to the Internal Review. Because the Program Information Form (PIF) is critical to the accreditation process, the Program Director will prepare and submit a PIF for examination by the Internal Review panel. The Program Director will submit 6 copies of each of the following documents to the GME Office, at least 3 weeks prior to the Internal Review:

- Completed PIF
- Copies of program-specific policies:
  - Resident Selection
  - Resident Evaluation
  - Resident Promotion
  - Resident Dismissal
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- Resident Evaluations of Program and Faculty
- Moonlighting
- Resident Supervision
- All correspondence to or from the ACGME including the most recent accreditation letter, questions, citations, or progress reports
- Copies of all evaluation forms employed by the program (for residents, faculty, and program)
- Results of the past year’s program surveys of duty hours
- The letters of educational agreement (MOUs) with institutions in which residents rotate
- The resident manual (electronic or hard copy), particularly pertinent policies and procedures required by the GMEC and ACGME; if hard copy, one manual is sufficient

The GME Office will distribute an Internal Review packet to the Internal Review panel members approximately 2 weeks prior to the Internal Review. The packet will include:

- The documents listed above
- The most recent Annual Program Review (APR) document for the program
- The ACGME Institutional Requirements and Program Requirements for the specialty (and subspecialties if appropriate) of the ACGME Residency Review Committees (RRCs) from the Essentials of Accredited Programs at www.acgme.org
- Results of the last Institutional GME Annual Survey of Residents’ Educational and Clinical Experiences
- Results of the last Institutional GME Duty Hours Survey
- Other documents deemed appropriate by the Chair of the Internal Review (including but not limited to all letters of accreditation and all reports of internal reviews of the program)

IV. Review Process

In conducting its review, the Internal Review Panel will review the aforementioned materials (and any other materials deemed appropriate by the Panel). The Panel will interview the following individuals in separate sessions:

- Department Chairman and Residency Program Director
- Representative Faculty
- Representative Residents or Fellows
- Individuals from outside the program as deemed appropriate by the Panel

The purpose of these interviews will be to assess: the program’s compliance with the ACGME program and institutional requirements, the completeness and accuracy of the completed PIF, and the general educational and clinical experiences of the residents.

In assessing the residency program’s compliance with each of the program and institutional requirements, the Panel will specifically appraise (as mandated by the ACGME Institutional Requirements):

- The educational objectives of each program and the effectiveness of each program in meeting them
- The adequacy of available educational and financial resources to meet these objectives
• The effectiveness of each program in addressing areas of noncompliance and concerns in previous ACGME letters of accreditation and previous internal reviews

• The effectiveness of each program in defining, in accordance with the Program and Institutional Requirements, the specific knowledge, skills, attitudes, and educational experiences required for the residents to achieve competence in the following: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice

• The effectiveness of each program in using evaluation tools developed to assess a resident's level of competence in each of the six general areas listed above

• The effectiveness of each program in using dependable outcome measures developed for each of the six general competencies listed above

• The effectiveness of each program in implementing a process that links educational outcomes with program improvement

• The effectiveness of each program in monitoring resident well-being, including residents stress, impairment, and fatigue

• The effectiveness of each program in helping residents develop a personal program of learning to foster continued professional growth

• The effectiveness of each program in preparing residents to assume responsibility for teaching and supervising other residents and students

• The effectiveness of each program to facilitate residents as participants on institutional committees and councils whose actions affect their education or patient care or both

V. Written Report of Internal Review

The Internal Review Panel will compose a written report detailing its findings and submit a succinct summary for inclusion in the GMEC minutes. Each internal review report will include:

• The name of the program reviewed

• The data of the internal review

• The names and titles of the internal review committee members with identification of the resident member

• A brief description of the Internal Review process including the materials reviewed and the names and titles of those interviewed

• A discussion of the specialty-specific Program (or Subspecialty) Program Requirements, including instruction and assessment of the general competencies, the use of dependable measures developed by the program, and the process by which educational outcomes are linked with program improvement to demonstrate that a comprehensive review was conducted

• A discussion of resident duty hours and information by which the internal reviewers verified compliance with program specific duty-hour requirements, including input from residents interviewed
• A summary on how the program and institution addressed each citation, comment, or concern in the previous ACGME accreditation letter
• The date that the internal review report was presented to the GMEC
• The action of the GMEC, particularly recommendations and action plans for correction and follow-up

The Internal Review report will be presented at the next GMEC meeting following the Internal Review for approval and recommendations by the GMEC. Following approval by the GMEC, copies of the Internal Review report will be sent to the Program Director and to the Department Chair, who must acknowledge receipt of the summary and may offer corrections or clarification. A final report of each Internal Review with recommendations and response from the Program Director will be filed in the GME Office for incorporation into the Institutional Review Document. The GMEC, with support from the GME Office, will be responsible for the monitoring of areas of noncompliance and the program’s progress toward correcting the deficiencies.

VI. Action Plan

When deficiencies or areas of noncompliance are identified through the Internal Review process, the GMEC will assist the program in developing an action plan for correction. In addition, the GMEC will monitor the program’s progress in correcting the identified deficiencies. (This process mirrors the one established for monitoring deficiencies or areas of noncompliance identified by the ACGME and the program’s actions to correct them.)

VII. ACGME Site Visit Plans

In preparation for the ACGME site visit, the Program Director is responsible for construction of a final current PIF. The Program Director must submit the completed PIF to the GME Office at least 2 weeks before it must be sent to the site visitor. The PIF will be reviewed internally by one or more representatives of the GMEC, and suggestions for revision (if any) will be made to the Program Director. Final copies of the PIF will be filed in the program office and in the GME Office.
Figure 1. GME Review Process of GME Program

GME Executive Committee
• Reviews Internal Review report
• Reviews Action plan

Internal Review Subcommittee
• Prepares report
• Identifies any deficiencies
• May recommend corrections

GME Executive Committee
• Reviews Internal Review report
• Reviews Action plan

Presentation to GME Committee

GME Executive Committee meets with Program Director
• Reviews Letter of Accreditation
• Reviews Internal Review report
• Reviews Action plan
• Modifies plan as needed

RRC Letter of Accreditation Received
• Calendar -> response, next review, midpoint dates
• Citations-> institutional master list
• Compare with Internal Review
• Action plan revised
• Summary statement

Program Director prepares action plan

Modify Action Plan (as needed)

GME Executive Committee monitors Action Plan

ACGME Program Survey (Site Visit)