



Internal Review

Statement of Purpose

The ACGME Institutional Requirements (Section IV.) delineate the requirements for the regular review of all residency programs. The Internal Review is designed to assess the program compliance with the Institutional Requirements, the Common Program Requirements and the relevant specialty/subspecialty requirements of your RRC.

The Graduate Medical Education Office will be responsible for coordinating the Internal Review process. Each program will be reviewed between ACGME program surveys. The Internal Review will be scheduled as close as possible to the midpoint between site visits. Internal Reviews must be in process and documented in the GMEC minutes by approximately the midpoint of the accreditation cycle. 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.

The review panel will consist of the Designated Institutional Official or designee, one or more faculty physicians (program directors or faculty members) and a resident from a different training program.

All reviews will include meeting with the program director, teaching faculty (within and/or outside the program as determined by the GMEC), and residents in the program (at least one peer-selected resident from each level of training in the program). It is the responsibility of the program director to ensure that the faculty and residents are available at the stipulated time.

When a program has no residents enrolled at the mid-point of the review cycle, the following circumstances apply:

- a. The GMEC must demonstrate continued oversight of those programs through an 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.
- b. 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.

The review is designed to assess the programs' compliance with the accreditation standards established by the relevant RRC. The review will focus on each program's:

1. Compliance with the Common, specialty/subspecialty-specific Program, and Institutional Requirements;
2. Educational objectives and effectiveness in meeting those objectives;
3. Educational and financial resources;
4. Effectiveness in addressing areas of non-compliance and concerns in previous ACGME accreditation letters of notification and previous internal reviews;
5. Effectiveness of educational outcomes in the ACGME general competencies;

6. Effectiveness in using evaluation tools and outcome measures to assess a resident's level of competence in each of the ACGME general competences; and,
7. Annual program improvement efforts in:
 - a. Resident performance using aggregated resident data
 - b. Faculty development
 - c. Graduate performance including performance on the certification examination; and,
 - d. Program quality.

Materials and data to be used in the Internal Review process include: Program Requirements for Residency Education in each specialty; ACGME Institutional and Common Program Requirements; ACGME Resident Survey; GME Resident Survey; GME Graduation Survey; Completed Common PIF and Attachments for each specialty; Internal Review Document Check List; Completed Program Director Questionnaire; Completed Teaching Faculty Questionnaire; Past ACGME Accreditation Letters and Correspondence; Past Internal Reviews; Annual Program Reviews; Resident Files (current and recent graduates); Program's Resident Handbook; Program Rotation and Call Schedules; and Program Policies.

Procedures

1. As soon as the ACGME Survey Letter is received, the GMEC will schedule a tentative date for the Internal Review based on the tentative date for the next RRC survey, and identify the review panel for each review.
2. The program director will submit the following to the GME Office at least 10 days prior to the review:
 - a. A copy of the most recent RRC Accreditation Letter and all correspondence with the RRC.
 - b. A copy of the most recent Internal Review with an explanation of how each concern was addressed.
 - c. 4 copies of a completed ACGME Common Program Information Form accessed through Web ADS under PIF Preparation (includes Specialty PIF & Common PIF).
 - d. Documentation as requested on the Internal Review Document Checklist.
 - e. A copy of the completed Program Director Questionnaire.
 - f. One set of completed Teaching Faculty Questionnaires (50% participation required).
3. The GME Office will distribute to all panel members the documents provided by the program to be reviewed along with the RRC Program Requirements at least 1 week prior to the review.
4. The review panel will meet in separate sessions with:
 - a. The program director, department head or their designees.
 - b. Key teaching faculty (minimum 2-3; smaller programs 1-2).
 - c. Residents representing all levels of the training program. The residents should be peer selected.
 - d. Any additional individuals deemed necessary by the review team.
5. The Designated Institutional Official (or designee) and the Internal Review panel will submit a report to the program director and the GMEC summarizing the panel's findings and perceived strengths and weaknesses of the program.
6. The GMEC will submit a follow up report of concerns to the program director and department head. The program director must submit a response to the GMEC within the specific time period noted by the review panel, addressing each concern raised and provide specific plans for correcting any problems noted.