

Policy and Protocol for Internal Reviews

- I. Purpose
 - a. The ACGME requires that a regular internal review of all ACGME-accredited programs including specialty programs be conducted to assess program compliance with the Institutional Requirements, Common Program Requirements and the Program Requirements of the respective ACGME Residency Review Committee.
 - b. The Graduate Medical Education Committee is responsible for the development, implementation and oversight of the internal review process.

- II. Internal Review Administration

Timing

Internal reviews of ACGME-accredited programs will be conducted approximately mid-cycle between ACGME program surveys. The accreditation cycle is calculated from the date of the RRC meeting at which the final accreditation action was taken to the time of the next site visit.

Timing – Special Circumstance

In the event that an accreditation letter is sent without notification of the approximate date of the next visit, a mid-cycle review will be tentatively scheduled for a five-year accreditation cycle. Adjustments will be made upon formal release of the accreditation cycle notice.

When a program has no residents enrolled at the mid-point of the review cycle, a modified internal review will be conducted to evaluate faculty availability, clinical volume and necessary curricular components. 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.

Programs that apply for and are granted "inactive" status designation by the respective RRC are not subject to the mid-cycle internal review process. However, an internal review must be conducted prior to submission of a formal request for reactivation.

Notification

Program directors, program coordinators and department chairmen will be notified electronically three months before the mid-cycle point of the need for an internal review. This protocol and all required documents will be made electronically available at that time. The Office of Graduate Medical Education will advise the program of the names of the review panel participants. The program director or designee will be responsible for ensuring that the internal review is coordinated and occurs prior to the midcycle date.

- III. Internal Review Process

The internal review process is designed to evaluate:

- Compliance with the institutional, common, and specialty/subspecialty specific program requirements;

- Educational objectives and effectiveness in meeting those objectives;
- Adequacy of educational and financial resources to meet the program educational objectives;
- 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 level of competence in each of the ACGME general competencies; and,
- g) Annual program improvement efforts in:
 - resident performance using aggregated resident data;
 - faculty development;
 - graduate performance including performance of program graduates on the certification examination;
 - and, program quality.

Documentation Request/Review

Materials and data to be used in the review process must include, but are not limited to:

- The LUMC Program Director's Internal Review Worksheet;
- The ACGME institutional, common, specialty/subspecialty-specific program, requirements in effect at the time of the review;
- Accreditation letter of notification from the most recent ACGME review and progress reports sent to the respective RRC (as appropriate);
- Reports from the most recent internal review of the program;
- Program letters of agreement;
- Sample resident files including recent graduates;
- sample rotation goals and objectives;
- Standardized examination outcomes including in-training exams and board certification pass rates;
- Previous annual program evaluations; and,
- Results from internal or external resident surveys, if available.

Review Panel Composition

All internal reviews will be conducted by a committee appointed by the Chairman of the Graduate Medical Education Committee or their designee. All internal review committees will include, at a minimum, one member of the clinical faculty of LUMC and one member of the LUMC housestaff from within the Sponsoring Institution but not from within the GME program being reviewed. The Designated Institution Official or designee shall serve as an administrative member of the review panel and be responsible for coordinating a written report of the internal review. The faculty member shall serve as chairman of the internal review panel will be responsible for presenting the findings and making recommendation for follow-up if appropriate at the next regularly scheduled meeting of the LUMC Graduate Medical Education Committee.

Program Participants

At a minimum, internal review will include independent/group interviews with the program director, a representative sample of key faculty members, and peer-selected residents from each level of training in the program. When deemed appropriate, other individuals may also be requested to participate in the interview.

IV. Internal Review Report

There must be a written report for each internal review of the program that contains, at a minimum:

- the name of the program or subspecialty program reviewed and the date of the review;
- the names and titles of the internal review committee members;
- a brief description of how the internal review process was carried out;
- the names of the program representatives interviewed;
- sufficient documentation or discussion of the institutional, common and specialty's or subspecialty's program requirements to demonstrate that a comprehensive review was conducted and was consistent with the LUMC internal review protocol.
- a list of the areas of non-compliance as well as a list of concerns or comments from the previous ACGME accreditation letter or internal review with a summary of how the program and/or institution addressed each one.

Note: The Internal review report (findings and conclusions) is not shown to the site visitor at any time during a program review. Site visitors are prohibited from requesting to see the report in full. Site visitors require information about the date of the internal review, composition of the review panel, individuals interviewed, materials reviewed, and when the internal review report was reviewed by the GMEC. These elements will appear on the first page of the review and this single page can be reproduced for the reviewer.

V. Report and Follow-up

- A written report shall be provided to the Graduate Medical Education Committee at its next regular meeting following completion of the internal review summary.
- A copy of the internal review committee report shall be provided to the Department Chairperson and Program Director
- If deemed necessary, the Program shall be required to address specific issues identified by the internal review committee. The same shall be outlined in writing by the Chairman of the Graduate Medical Education Committee or designate.
- Written responses from the Program shall be reviewed by the GMEC at the next regular meeting following receipt.
- The DIO and the GMEC shall monitor the response by the program to actions recommended by the GMEC in the internal review process via requested follow-up reports or review of annual program review reports.

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