

Protocol for Internal Review of Residency Programs

The Graduate Medical Education Committee (GMEC) is responsible for the development, implementation and oversight of the internal review process. To fulfill this responsibility, the following protocol will be used:

1. An internal review must be in process and documented in the GMEC minutes by approximately the midpoint of the accreditation cycle of each residency program. 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.
2. The chairperson of the GMEC will appoint the members and chairperson of the Internal Review Committee (IRC).
3. The IRC must include at least one faculty member and at least one resident from within the institution, but from residency programs other than the one that is being reviewed. Additional internal or external reviewers may be included on the IRC as determined by the GMEC. Administrators from outside the program may also be included.
4. The internal review will assess each program's:
 - a. compliance with the Common, specialty/subspecialty specific Program, and Institutional Requirements;
 - b. educational objectives, and effectiveness in meeting those objectives;
 - c. educational and financial resources;
 - d. effectiveness in addressing areas of noncompliance and concerns in previous ACGME accreditation letters of notification and previous internal reviews;
 - e. effectiveness in using evaluation tools and outcome measures to assess a resident's level of competence in each of the ACGME general competencies; and
 - f. annual program improvement efforts in:
 - (1) resident performance using aggregated resident data;
 - (2) faculty development;
 - (3) graduate performance, including performance of graduates on the certification examination; and
 - (4) program quality.

6. The chairperson of the IRC will coordinate scheduling of the internal review site survey. The chairperson will request that the following documents be sent to committee members at least 10 days in advance of the internal review site survey:
 - a. A completed Program Information Form (PIF).
 - b. The ACGME Common, specialty/subspecialty specific Program, and Institutional Requirements in effect at the time of the review;
 - c. The accreditation letters from previous ACGME reviews and any progress reports or other communications sent to the RRC;
 - d. The reports from previous internal reviews of the program.
7. The IRC shall interview the following people during the internal review site survey:
 - a. the program director and the program coordinator ;
 - b. at least two additional faculty members from the program;
 - c. at least one peer-selected resident from each year of training in the program; and
 - d. any other individuals deemed appropriate by the committee.
8. The IRC will submit a written internal review report to the GMEC. The internal review report will include, at a minimum, the following:
 - a. the name of the program or subspecialty program reviewed and the date of the review;
 - b. the names and titles of the internal review committee members to include the resident(s);
 - c. a brief description of how the internal review process was carried out, including the list of the groups/individuals who were interviewed;
 - d. sufficient documentation or discussion of the specialty's or the subspecialty's Program Requirements and the Institutional Requirements to demonstrate that a comprehensive review was conducted and was based on the GMEC's internal review protocol;
 - e. a list of the areas of noncompliance or any concerns or comments from the previous ACGME accreditation letter with a summary of how the program and /or institution addressed each one; and
 - f. the findings of the committee regarding the program's compliance with ACGME requirements, any other concerns about the program, and any recommendations for correction of deficiencies.

11. The GMEC will review the report submitted by the IRC, and either approve the report as submitted, ask the IRC to investigate further, or modify the report. The GMEC may stipulate the need for corrective actions by the reviewed residency program. The GMEC should specify deadlines for any required corrective actions, and the manner in which outcomes will be assessed and reported to the GMEC.
12. The final report of the internal review, as approved by the GMEC, will be filed with the minutes of the GMEC.