



## Graduate Medical Education Internal Review Policy and Procedure

February 2009

**Purpose:** To provide program directors and internal review committee members with expected standards for all internal reviews.

**Scope:** This policy and procedure applies to all post-graduate training programs sponsored by UMKC School of Medicine and accredited by the ACGME.

### Timing:

1. **Routine Internal Review:** The internal review must be in process or complete by the midpoint of the program's accreditation cycle. This date is included in the accreditation letter from the ACGME, but if not available can be calculated as the midpoint between the date of the RRC meeting where final accreditation action was taken and the date of the next site visit.
2. **Special Circumstances:**
  - a. No enrolled residents at the midpoint: In this circumstance, a modified internal review will be performed, confirming the presence of adequate faculty and educational resources to support resident education. A full internal review will be completed during the second six months of the first year once a trainee has enrolled in the program.
  - b. Special request: The GME Committee can recommend that additional internal reviews be performed at its discretion. The most common circumstances expected to warrant such a recommendation would be multiple, significant citations or concerns identified at the most recent ACGME site visit, internal review, or external report received by the GME Committee. In addition, a request for an internal review of a program by the Department Chairman or Program Director will generally be granted.

### Process:

1. **Data Collection:** The GME Office will be responsible for collecting and distributing the data needed to perform the internal review. The program director will be given, at a minimum, two months notice of the planned time of the internal review and of the specific data needs for the review.
2. **Data Reviewed:** At a minimum, the following documents and data will be reviewed as part of the internal review:
  - a. ACGME Institutional Requirements
  - b. ACGME Program (and Subspecialty) Requirements
  - c. Most recent ACGME accreditation letters
  - d. Response to accreditation citations
  - e. Most recent internal review
  - f. Response to internal review citations
  - g. Any additional communication between the program and the GME Committee
  - h. ACGME Resident Survey (if available)
  - i. ACGME Case Logs (if available)
  - j. UMKC Program Faculty Survey
  - k. Program Letters of Agreement

- l. Faculty qualifications and scholarly activity over the last three years
  - m. Program Curriculum
  - n. Program Goals and Objective for each learning experience
  - o. Evaluation policy, procedures and forms
  - p. Conference schedule
  - q. Annual program review
3. **Internal Review Committee:** The internal review committee will include the Associate Dean for Graduate Medical Education, a faculty member of the GME Committee (the faculty member must not be from the same department as the program under review), and a resident (also from a department different than that of the program under review). In the absence of the Associate Dean for Graduate Medical Education, a second faculty member of the GME Committee will participate.
4. **Review:** All members of the review committee will receive the program data at least one week in advance of the scheduled meeting with the program. The review committee will schedule two separate meetings: one with the program director and representative program faculty and a separate meeting with the program residents. The program residents will be peer-selected and represent each year of training. In programs with six or fewer residents, all residents will be asked to attend the review. In programs with more than ten residents, at least two residents from each year of training will be asked to meet with the committee. The meetings with the program director, faculty and residents will be used to clarify any questions raised by the data reviewed and to ascertain the following:
- a. Program compliance with the institutional, common, and specialty specific ACGME requirements
  - b. Educational and financial resources available to the program
  - c. Educational objectives and effectiveness at meeting the objectives
  - d. Progress in meeting concerns and citations from previous ACGME site visits and internal reviews
  - e. Effectiveness of education, evaluation, and program improvement in the core competencies
  - f. Ability of the program to assess the outcomes of its graduates and use these outcomes to direct program improvement
  - g. Faculty development activities within the program

**Report:**

- 1. **Recommendations:** Upon completion of the final interview, the internal review committee will meet to discuss their findings and develop a list of recommendations. Consensus on the recommendations will be reached prior to development of the internal review report.
- 2. **Internal Review Documentation:** A report of the internal review will be written by the Associate Dean for Graduate Medical Education, or a faculty designee in the absence of the Associate Dean. The report will include, at a minimum:
  - a. Program name
  - b. Date of internal review
  - c. Date of assigned midpoint and status of the internal review at that date
  - d. Names and titles of internal review committee
  - e. Names and titles of program director, faculty and residents interviewed
  - f. Documents and information reviewed as part of the internal review
  - g. Detailed documentation of adherence/non-adherence to program requirements
  - h. Previous ACGME citations and progress in resolution of citations
  - i. Previous internal review citations and progress in resolution of citations
  - j. Current areas of concern and citations
  - k. Required follow-up by program/program director
- 3. **Internal Review Report:** The internal review report will be distributed to the internal review committee and to the program director for editing for factual correctness. The final report will be submitted to the GME Committee for discussion and final recommendations. Once the report has been approved by the GME Committee, it will be sent to the program director and department chairman for review and action.

**GME Committee Oversight::**

1. **Internal Review Scheduling:** The GME Committee will receive a report at each meeting outlining the internal reviews scheduled for the upcoming year and the status of each review.
2. **Internal Review Progress Reports:** The GME Committee will review each internal review progress report and recommend appropriate action (acceptance, request more information, request additional action).

**Reference:** ACGME Institutional Requirements, July 1, 2007.

**Follow-up Responsibility:** Director, Graduate Medical Education Operations.

**Revision Data:** February 2013



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Date: February 9, 2009