I. Introduction

This protocol is based on the Institutional Requirements of the Accreditation Council for Graduate Medical Education (ACGME 2007). The Graduate Medical Education Committee (GMEC) of the University of California, Riverside School of Medicine (UCR SOM) regularly conducts an internal review of its accredited training programs. The review assesses compliance with institutional policies, ACGME institutional requirements, ACGME common program requirements and program specific requirements. The review is conducted at least once per accreditation cycle but may occur more frequently as deemed appropriate by the GMEC. The internal review will issue recommendations that the program will be expected to address.

II. Organizational Structure

The GMEC is responsible for the development, implementation and oversight of the internal review process. It has delegated responsibility for the conduct of the reviews to its Internal Review Committee (IRC). The Designated Institutional Official (DIO) of the UCR SOM identifies an Internal Review Panel (IRP) for each program. The IRP completes its review per this protocol. The IRC discusses the panel’s report and its chairman presents summative recommendations to the GMEC. These recommendations are then provided to the program under review. The IRC and DIO monitor the program’s response to the recommendations.

III. Internal Review Focus

The goal of the internal review is to provide feedback to programs, allowing them to improve quality and maximize accreditation length. The internal review achieves this goal through a five-step process:

- **Review** supporting materials and documents related to the program,
- **Verify** information in those documents using multiple sources (e.g., program leadership, housestaff),
- **Evaluate** compliance with ACGME and UCR SOM requirements,
- **Report** areas of strength, and
- **Recommend** strategies for program improvement.

The following information must be reviewed:

- The ACGME Common Requirements, Specialty/Subspecialty-Specific Program Requirements and Institutional Requirements
- Accreditation letters and any progress reports from previous two ACGME reviews
- Previous two internal review reports (as applicable)
- Annual program review
- ACGME and UCR SOM program evaluation survey results
- Program handbook and policies
- Program curriculum
- Program evaluation instruments
- Program Letters of Agreement
IV. Internal Review Timeline

The **target completion date** is the date the Internal Review report is presented to the GMEC and documented in the GMEC meeting minutes. This must occur at approximately the midpoint of the accreditation cycle. The accreditation cycle is defined as the time period from “the date of the meeting at which the final accreditation action was taken to the time of the next site visit”.

The **IRC meeting date** is the date the report must be reviewed by the IRC to ensure that the Institutional Requirement target completion date is met.

A. Fifteen Weeks Prior to IRC Meeting Date

1. The program director of the program under review receives a self-review packet from the DIO including:
   - Cover Letter
   - Instructions to the Program
   - Program self-review form
   - ACGME Program Requirements for the specialty/subspecialty (which include the common program requirements)
   - Accreditation letter from the most recent ACGME review and any progress report(s) sent to RRC
   - Most recent Internal Review report
   - Recent ACGME and UCR SOM survey results for the program
   - Recent Duty Hour Reports

The program director has six weeks to complete the self-review.

2. The DIO assigns an IRP to conduct the internal review. The four-person review team includes (a) the team leader who is a program director, associate program director or other experienced faculty member; (b) a resident/fellow; (c) an additional faculty member; and (d) an administrative person. All team members are external to the program undergoing review.

3. Once the team is established, the DIO notifies the Director and Coordinator of the program under review. The program coordinator works with the director and the program director, IRP leader and other team members to identify an Internal Review visit date. The coordinator should organize the day of the review based on the sample schedule below and ensure there is adequate time, space and facilities to conduct the interviews.

B. Nine Weeks Prior to IRC Meeting Date

1. Program self-review is sent to the DIO.

2. IRP members are provided with the following documents:
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- Instructions to the Internal Review Team Members
- Program self-review (ACGME Program Requirements are included)
- Accreditation letter from the most recent ACGME review and any progress report(s) sent to RRC
- Previous two internal review reports
- Recent ACGME and UCR SOM Survey results for the program
- Recent Duty Hour Reports
- Question guidelines for each team member
- Internal Review Report Form
- Sample Internal Review Report
- List of Current Residents/Fellows

The IRP has six weeks to read the program’s self-review and supporting documents, meet as a group, conduct interviews and write the report.

**Recommendations for the Day of the Internal Review and Writing the Report**

The IRP conducts the interviews in a single half-day simulating the ACGME site visit format allowing the process to be completed in an efficient manner. The IRP must conduct interviews with the program director, chair, chiefs/site directors (if applicable), faculty, peer-selected housestaff from each level of training in the program, the program coordinator and other individuals deemed appropriate. The purpose of the interviews is to verify the written information submitted by the program, explore topics in greater depth and clarify issues raised by the team. Multiple individuals are interviewed to confirm consistency in the program responses.

Sample schedule:

8:00-9:00   IRP convenes to review on-site documents, discuss findings, concerns and identify questions to be discussed during the interviews.
9:00-10:00  Entire IRP meets with the program director.
10:00-10:15 Entire IRP meets with the chair.
10:15-10:30  If applicable: Entire IRP meets with division chiefs and/or site directors.
10:30-11:30  Team leader and faculty member meet with the faculty, administrator meets with the program coordinator and/or administrative staff, resident meets with resident representatives.
11:30-11:45  IRP reconvenes to discuss remaining issues, questions or clarifications that should be addressed with the program director.
11:45-12:00  Entire IRP meets with the program director.
12:00-1:00   IRP conducts a summary discussion and plans the internal review report.

After the Internal Review visit, the IRP writes the internal review report using the UCR SOM Internal Review Report Form.

**C. Approximately Two Weeks Prior to IRC Meeting Date**

The IRP sends the Initial Review Report to the DIO. Following the receipt of the report:

1. An IRC member is assigned to review and present the Internal Review Report at the IRC meeting.
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2. The Internal Review Report is sent to all IRC members to read prior to the meeting.

3. On the day of the meeting, the report is presented and discussed. The IRC identifies specific recommendations the program is expected to address. The IRC also gives the program a rating of: Commendable, Pass or Warning.

D. Target Completion Date and After

1. On the target completion date, the IRC Chair presents a summary of the review and IRC recommendations to the GMEC for discussion.

2. A letter outlining the recommendations and program rating is sent to the Program Director and Chair by the DIO. The Program Director is given the opportunity to file a rebuttal which is discussed by the IRC.

3. The Program Director communicates to the DIO a follow up in 3 and 6 months describing how the program has addressed the recommendations. This update is presented to the IRC by the DIO. The IRC and DIO determine if the program has adequately addressed all recommendations. A letter is sent to the Program Director that either (a) indicates that the program has addressed all recommendations to the satisfaction of the IRC and DIO or (b) outlines areas that require further attention.

4. The DIO and IRC continue to monitor the program’s implementation of the recommendations of the internal review until all have been satisfactorily addressed.

This protocol was approved by the Graduate Medical Education Committee on September 21, 2011.

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Reference