

UCSD Description of Internal Review Process

UCSD complies with the ACGME Institutional Requirements in conducting internal reviews of sponsored programs. Internal reviews are organized and performed under the auspices of the institutional Graduate Medical Education Committee (GMEC) and the Associate Dean for Graduate Medical Education (GME)/Designated Institutional Official (DIO). A subcommittee of the GMEC; the GME Internal Review committee (GME IRC) is responsible for organizing and implementing the internal review process and reporting to the GMEC.

The process for mid-cycle reviews is as follows:

1. a) An internal review team for each training program is formed and includes at least one faculty member and at least one resident from within the Sponsoring Institution but not from within the program being reviewed. Additional internal or external reviewers may be included. Often, a staff member from the office of GME participates.
- b) A standardized written protocol approved by the GMEC has been developed that incorporates, at a minimum, the requirements of Section IV of the ACGME Institutional Requirements. At UCSD this includes a standardized template that is completed by the training program director, an internal review report template completed by the reviewers, as well as a standardized template for questions that the house officer reviewer asks of the house officers in the program. During internal reviews, programs are assessed to ensure that they maintain adequate faculty and staff resources, clinical volume, and other necessary curricular elements required to be in substantial compliance with the ACGME requirements. Specifically, the following elements at a minimum are reviewed:
 - i) Compliance with the Common, specialty/subspecialty specific Program, and Institutional Requirements;
 - ii) Educational objectives and effectiveness in meeting those objectives;
 - iii) Educational and financial resources;
 - iv) Effectiveness in addressing areas of non-compliance and concerns in previous ACGME accreditation notification letters and previous internal reviews;
 - v) Effectiveness of educational outcomes in the ACGME general competencies;
 - vi) Effectiveness in using evaluation tools and outcome measures to assess a resident's level of competence in each of the ACGME general competencies;
 - vii) Annual program improvement efforts in: (1) resident performance using aggregated resident data; (2) faculty development; (3) graduate performance including performance of program graduates on the certification examination; and, (4) program quality.

2. Internal reviews are conducted by approximately the midpoint of the accreditation cycle for a given program and are reviewed first at the level of the GME IRC, then a summary presented at the next general GMEC monthly meeting and documented in the GMEC minutes. The ACGME now provides the date by which internal reviews are to be completed and this is entered into a master scheduling spreadsheet.

3. Materials and data that the review committee uses include the following:

- a) The ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements in effect at the time of the review;
- b) Accreditation letters of notification from previous ACGME reviews and progress reports sent to the respective RRC;
- c) Reports from previous internal reviews of the program;
- d) Previous annual program evaluations;
- e) Results from internal or external resident surveys.
- f) Written educational goals and objectives, method of distribution
- g) Documentation of core competency process and evaluation tools
- h) Written policies on lines of supervision, duty hours, moonlighting, etc.
- i) board certification status
- j) Program curriculum, block rotations and schedules

4. The internal review team conducts interviews with the program director, program coordinator, key faculty members, at least one peer-selected resident from each level of training in the program, and other individuals deemed appropriate by the team.

5. The Internal Review written report for each program contains:

- a) The name of the program reviewed;
- b) The date of the assigned midpoint and the status of the GMEC's oversight of the internal review at that midpoint;
- c) The names and titles of the internal review team members;
- d) A brief description of how the internal review process was conducted, including the list of the groups/individuals interviewed and the documents reviewed;
- e) Standardized documentation to demonstrate that a comprehensive review followed the GMEC's internal review protocol;
- f) A list of the citations and areas of non-compliance or any concerns or comments from the previous ACGME accreditation letter of notification with a summary of how the program or institution subsequently addressed each item.
- g) Description of program strengths, weaknesses, and suggestions for improvements.

6. The DIO and the Chair of the GMEC will assure that the GME IRC monitors the response by the program to actions recommended during the internal review process.