

**Policy Title and Number:** Internal Review Process

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Susan M. Cox, M.D.  
Associate Dean for Medical Education  
Designated Institutional Official

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## PURPOSE

A responsibility of the Graduate Medical Education Committee (GMEC) within institutions that sponsor Graduate Medical Education is to develop, implement, and oversee an internal review process and ensure that regular internal reviews are conducted for all accredited programs. All active programs seeking reaccreditation/reactivation from the ACGME must participate in an internal review.

## PROCEDURE

### 1. Members of the Internal Review Panel

Each Internal Review panel shall consist of at least three (3) members including representatives from GME faculty, residents, and GME administrators from within UT Southwestern. Panel members shall not be associated with the program being reviewed.

### 2. Frequency of Review

Reviews will be conducted by approximately the midpoint of the accreditation cycle as noted in the program's most recent letter of notification.

### 3. Protocol

The Program Director will be notified of the time of the scheduled Internal Review. The Program Director will submit each of the following documents to the Graduate Medical Education office no later than two (2) weeks prior to the scheduled Internal Review:

- Updated Program Information Form (PIF)
- Written Responses to Internal Review Questions
- Most recent ACGME Resident/Fellow Survey (*as applicable*)
- Overall Educational Objectives
- Sample of each Competency Evaluation Instrument
- Summary of Aggregate Data related to Educational Outcomes
  - Competency data
  - Board Performance data
  - Other aggregate data
- Program-specific policies (if any) governing resident/fellow participation in the program. (*Institutional GME policies need not be submitted.*)
- Names of three (3) faculty members (one from each level—i.e., Professor, Associate, Assistant) to be interviewed by the panel
- Names of one peer-selected resident/fellow from each training level in the program to be interviewed by the panel.

The Graduate Medical Education Office will distribute an Internal Review packet to the Internal Review panel at least 10 working days prior to the scheduled review. The packet will include:

- Materials listed above
- Internal Review Agenda—including names/positions of person to be interviewed
- Accreditation letters of notification from previous ACGME reviews and any progress reports sent to the respective RRC. (In some cases the prior Letters of Notification might also be required.)
- Any additional written correspondence to or from ACGME since the last site visit
- The ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements in effect at the time of the review
- Previous Internal Review (*as applicable*)
- Most recent Annual Program Review

#### **4. Review Process**

The internal review panel will conduct interviews with:

- the program director
- key faculty members
- at least one peer-selected resident from each level of training in the program
- other individuals deemed appropriate by the panel

The members of the Internal Review Panel will assess the following elements as specified by ACGME Institutional Requirements IV.A.4.(a-g):

- Compliance with the Common, specialty/subspecialty-specific Program, and Institutional Requirements;
- Educational objectives and effectiveness in meeting those objectives;
- Educational and financial resources;
- 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,
- Annual program improvement efforts in:
  - Resident performance using aggregated resident data;
  - Faculty development;
  - Graduate performance including performance of program graduates on the certification examination;
  - Program quality.

#### **5. Written Report of Internal Review**

The Chair of the Internal Review panel will compose a written report detailing the following:

- The name of the program reviewed
- The date of the assigned midpoint and the status of the GMEC's oversight of the internal review at that midpoint
- The date the review was conducted
- The names and titles of the internal review panel members
- A brief description of how the internal review process was conducted, including the list of the groups/individuals interviewed and the documents reviewed
- A list of documentation reviewed that is sufficient to demonstrate that a comprehensive review followed the GMEC's internal review protocol
- 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 and/or institution subsequently addressed each item
- The internal review panels findings and recommendations
- The date a response/action plan to the panel's findings and recommendations must be submitted for review and presentation to GMEC.

## **6. Follow Up Process**

The DIO and the GMEC will review and act on the Internal Review report at its next scheduled meeting. Following action by the GMEC, copies of the Internal Review report will be sent to the Program Director and the Department Chair. When deficiencies or areas of noncompliance are identified, the program faculty will develop an action plan for correction. The DIO and the GMEC will monitor the response by the program to actions recommended by the GMEC in the internal review process.