

**Policy on Internal Review
Graduate Medical Education Committee
Children's National Medical Center**

- I. **Scope:** This policy applies to all training programs sponsored by Children's National Medical Center (CNMC). This policy is to provide a guideline for all ACGME-accredited programs to assess their compliance with both Institutional and Program Requirements.
- II. **Responsibility:** It is the responsibility of the program directors, residents and hospital administration to comply with this policy.
- III. **Procedure**
 - Internal review of all ACGME-accredited programs will be conducted by a Review Team designated by the Quality Subcommittee of the Graduate Medical Education Committee (GMEC) two months prior to the ACGME recommended date. The team will be composed of at least one program director and at least one resident identified by the program director from within the sponsoring institution but not from within the GME programs being reviewed; the GME Manager, and the DIO/Chair of GMEC. Additional internal or external reviewers may be included on the internal review Team as determined by the DIO/GMEC. Administrators from outside the program may also be included.
 - Internal review will be in process and documented in the GMEC minutes by approximately the midpoint of the accreditation cycle. CNMC GMEC will acknowledge the recommended date of internal review provided by the ACGME. In instances where a recommended date is not provided, the accreditation cycle will be calculated from the date of the meeting at which the final accreditation action was taken to the time of the next site visit.
 - When a program has no residents enrolled at the mid-point of the review cycle, the GMEC will conduct a modified internal review to ensure that the program has maintained adequate faculty and staff resources, clinical volume, and other necessary curricular elements required to be in substantial compliance with ACGME requirements. Once the program has enrolled a resident, an internal review will be completed within the second six-month period of the resident's first year in the program.
 - The Review will assess the following:
 1. Compliance with the Common, specialty/subspecialty-specific Program, and Institutional Requirements;
 2. Educational objectives and effectiveness of the program in meeting those objectives;
 3. Effectiveness in addressing areas of non-compliance and concerns in previous ACGME accreditation letters of notification and previous internal reviews;
 4. Effectiveness of educational outcomes in the ACGME general competencies;
 5. The adequacy of available educational and financial resources to support the program;
 6. Effectiveness in using evaluation tools and outcome measures to assess a resident's level of competence in each of the ACGME general competencies;
 7. Annual program improvement efforts in: resident performance using aggregated resident data; faculty development; graduate performance including performance of program graduates on the certification examination; and program quality.

Materials and data used in the review process:

1. ACGME Common, specialty/subspecialty-specific program, and Institutional Requirements in effect at the time of the review.
2. Accredited program Search Update
3. Accreditation letters of notification from most recent ACGME Review and progress reports sent to the respective RRC if applicable;

4. Prior Internal Review Report;
5. Previous annual program evaluations;
6. ACGME/CNMC Residents/Fellows Survey

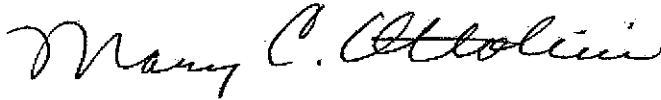
Internal Review Report:

The Review Team will present a written report of each internal review to the GMEC that will contain at a minimum:

1. The name of the program reviewed;
2. Names and Titles of Review Team
3. RRC Recommend Internal Review Date
4. CNMC Internal Review Date
5. Date IR Report was Reviewed by the GMEC
6. A brief description of how the internal review process was conducted, including the list of the groups/individuals interviewed and the documents reviewed;
7. 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.
8. A summary of how previous internal review concerns were addressed (if applicable)
9. Sufficient documentation to demonstrate that a comprehensive review followed the GMEC's internal review protocol;

Approved by CNMC GMEC: April 20, 2005, September 19, 2007

Modified and approved by GMEC: May 19, 2010



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Chair, GMEC