Background:
The Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements mandate that the sponsoring institutions’ Graduate Medical Education Committees (GMEC) develop, implement, and oversee a process of internal program reviews. At the Brigham and Women's Hospital (BWH) and the Massachusetts General Hospital (MGH) this responsibility is carried out by the BWH Education Committee (BWHEC) and the MGH Executive Committee on Teaching and Education (ECOTE), respectively. Working with the DIO, these committees provide oversight to the internal review process.

Purpose:
Internal reviews of accredited residency and fellowship training programs, managed by the Office of Graduate Medical Education (OGME), are conducted in accordance with accreditation requirements (Institutional Requirement IV) in order to: 1) assess the education provided by a program to their trainees; 2) monitor quality improvement through recommendations and follow up; and 3) help the program prepare for their next RRC site visit.

Frequency and Timing:
The internal review process for each accredited program is carried out at the approximate mid-point of the accreditation cycle as detailed in the Letter of Notification. Reviews conducted up to two months on either side of the mid-point date are acceptable to the ACGME without explanation. Within the two-month period of the mid-point, the internal review will be conducted and a draft report presented to the GMEC at the sponsoring institution. Any internal reviews in process (i.e. under curriculum review or scheduled for review) will be reflected in the minutes of the GMEC. At their discretion, the GMEC may schedule earlier or additional reviews triggered by (a) significant concerns from prior RRC or internal reviews; (b) an accreditation cycle of two years or shorter; (c) major changes in program or division leadership, structure, size or curriculum, or (d) other considerations raised by or addressed to the GMEC or Partners GME leadership.

Process Overview:
The entire internal review process may span up to one year, and involves the following actions taken by the OGME:
1) The GME Education Specialist reviews the program curriculum, including goals and objectives, supervision policy, and didactic schedule for the purpose of verifying the document includes teaching and assessment of the core competencies and incorporates any specific RRC requirements. The GME Education Specialist also reviews the evaluation templates. The review is conducted approximately 6 months prior to the internal review to allow time for discussion with the program director about changes to the curriculum and implementation strategies. The OGME notifies the program director (in writing) that the program is scheduled for an internal review in approximately 6 months and requests the curriculum, supervision policy, didactic schedule, and evaluation templates be electronically submitted to the Education Specialist and Program Manager.
2) The program director is notified (in writing) that the internal review needs to be scheduled and dates are confirmed.
3) The Internal Review Committee (IRC) is selected and program materials are collected and distributed to committee members. These materials include an updated curriculum and evaluation templates, if necessary after review/discussion with the Education Specialist.
4) The internal review meeting is conducted.
5) The internal review report is drafted with input from the IRC members and presented at the GMEC meeting for review and approval.
6) The final report is distributed to the program and sponsoring institution leadership.
7) Appropriate follow up and quality improvement is ensured by collecting written responses from the program and presenting progress reports to the GMEC.

**Materials for Review:**
In addition to the materials specified in the Institutional requirements*, the OGME will ask program director to submit the program documents listed below at least 15 days prior to the internal review meeting, so that IRC members have sufficient opportunity to review.

1) Program Director Questionnaire
2) Duty hour reports (for previous 3 months)
3) Evaluation templates (i.e., evaluation templates of trainee, faculty and program)
4) Trainee evaluations of the program (i.e., summative program evaluation results from previous academic year)
5) Internal trainee surveys conducted by the OGME.
6) Minutes of the annual program evaluation meeting and any additional program leadership education committee meetings.
7) Any additional materials relevant to the review, as requested by the OGME or GMEC (this may include information such as summary of in-training exam results and/or board exam results of recent graduates; diversity among recruited trainees; conference attendance; compliance with evaluation process; etc.)

**IRC Participants:**
The IRC includes one of the GME directors and the project manager. In addition, the OGME solicits at least one program director or faculty member and at least one trainee from sponsoring institution programs under the direction of an RRC other than the one the reviewed program reports to.

**The Internal Review Meeting:**
The internal review meeting is approximately two hours in duration. The IRC conducts three separate interviews with: (1) current trainees; (2) key faculty members and, in some circumstances, site directors; (3) the program director. The program director may include associate directors (if any) and/or program administrators in the interview. The sequence of the interviews is at the discretion of the GME director on the IRC and conveyed to the program at the time of scheduling.

The program director is responsible for inviting all current trainees enrolled in the program to the internal review meeting by informing them of the date, time and location, and distributing the "Internal Review Trainee Interview Outline" which outlines the program’s responsibilities for trainee selection (provided by the OGME to the program at the time of scheduling).

**Content of the Review:**
In addition to assessing those areas defined by the ACGME in the revised Institutional requirements effective 7/1/11**, the IRC may specifically review

1) Citations from the previous RRC site visit and recommendations from the previous internal review.
2) Information identified in the Program Director Questionnaire.
3) Concerns brought to the attention of the OGME by the DIO, program director, department chair, trainees, or hospital leadership.

**Internal Review Report:**
In addition to the content of the internal review report as specified by the ACGME***, the report cites:
1) Dates of the GMEC actions and program response due date.
2) Recommendations of the IRC to the program including, where appropriate, suggestions for program improvement through OGME support, institution resources, and reference to specific ACGME common program and/or RRC requirements.
3) Recommendations to the GMEC.

**Approval and Distribution of the Final Report:**
Written reports from the IRCs are presented to the sponsoring hospital's GMEC for consideration, potential revision, and approval. The program director is informed when the report is being presented and invited to attend the GMEC, if not already a member. Upon approval, the final report is forwarded to the program director and copied to the sponsoring hospital’s Chief Medical Officer (CMO), the department chair (both chairs for integrated programs), the division chief (where applicable), the program director of the related residency in the case of fellowship programs, and the coordinator or program manager. Final reports for integrated programs are presented at a subsequent meeting of the sister institution’s GMEC.

**Follow-up to the Internal Review:**
The GMEC is responsible for monitoring recommendations made in the internal review report to ensure that program improvement is achieved. Program directors are asked to respond in writing to each IRC recommendation by a defined date specified in the internal review report. The program director’s response and any additional requested materials or progress reports are reviewed by the OGME and presented to the GMEC for discussion and action.

**Availability of IRC Reports for ACGME Site Visits:**
Final internal review reports are submitted as a required part of the Institutional Review Document (IRD). If the institutional site visitor conducts individual program reviews at the same time as the institutional review, the internal review reports for those programs must not be shared with the site visitor. During individual program reviews, site visitors are provided with information regarding the time and process of the internal review, but not the results.

*Materials and data required by the ACGME to be used in the review process are cited in the Institutional Requirement IV.A.5. (Attached as an appendix)*

** Areas for assessment during the internal review as required by the ACGME are cited in the Institutional Requirement IV.A.4. (Attached as an appendix)*

***Content for the internal review report as required by the ACGME is cited in the Institutional Requirement IV.B. (Attached as an appendix)*

Additional Notes Regarding Internal Reviews

**Timing: Determining the Midpoint of the Accreditation Cycle**
Midpoints will be determined according to (1) the program’s previous ACGME/RRC accreditation letter (wherein the approximate date of the next internal review may be designated), or (2) the Institutional Review Document (IRD) on the ACGME web site, or (3) via calculation, when the midpoint is not listed in either of the previous two documents or when conflicting information exists in the aforementioned sources. The accreditation cycle midpoint is calculated from the date of the RRC’s meeting at which accreditation action was taken, to the date of the next site visit.
Vacant Programs
When a program has no residents enrolled at the mid-point of the review cycle, the GMEC must demonstrate continued oversight of the program through a modified internal review to ensure the program is maintaining adequate faculty and staff resources, clinical volume, and other necessary curricular elements to meet all requirements before enrolling a trainee. The GMEC must be notified if the program plans to recruit and enroll a new trainee. The program will then undergo an internal review within the second six-month period of its first trainee enrollment.

Approved by the Partners Education Committee 11/16/07
Revisions approved by the MGH Executive Committee on Teaching and Education 9/19/11
Revisions approved by the BWH Education Committee