

**Frequently Asked Questions: Institutional Review
Review Committee-International
ACGME-I**

Question	Answer
Institutional Organization	
<p>What makes up a Sponsoring Institution?</p> <p><i>[Institutional Requirement: I.A.1.]</i></p>	<p>A Sponsoring Institution is an entity that oversees, supports, and administers a certain set of ACGME-I-accredited residency/fellowship programs. A governing body (which can be a person or a group) has ultimate authority over and responsibility for graduate medical education (GME) in a Sponsoring Institution. A designated institutional official (DIO) collaborates with a Graduate Medical Education Committee (GMEC) to ensure a Sponsoring Institution's and its programs' substantial compliance with the applicable ACGME-I Institutional, Foundational, and Advanced Specialty/Subspecialty Requirements.</p> <p>A Sponsoring Institution's organizational chart(s) should illustrate the ultimate authority of a single governing body and its relationships with a DIO, GMEC, and other components of GME in the Sponsoring Institution, including program directors, participating sites.</p>
<p>What are the essential components in a Sponsoring Institution's written statement of commitment to graduate medical education (GME)?</p> <p><i>[Institutional Requirement: I.B.2.]</i></p>	<p>The Sponsoring Institution's written statement of commitment must include the following components:</p> <ol style="list-style-type: none"> 1. Name of the ACGME-I-accredited Sponsoring Institution 2. Date(s) of the statement of commitment 3. Explicit reference(s) to the necessary financial support for <i>all</i> areas specified in the requirement or the administrative, educational, and human resources to support GME 4. Signatures of (a) the DIO; (b) a representative of the Sponsoring Institution's senior administration; and (c) a representative of the governing body. The printed name, title(s), and role(s) should appear with each signature. If one individual holds more than one of the roles of the required signatories, each of the roles should be separately identified with the signature. For example, Dr. Jane Smith, designated institutional official, Governing Body Representative.

Question	Answer
<p>What qualifications are specified for the DIO?</p> <p><i>[[Institutional Requirement: I.B.3.]</i></p>	<p>The Institutional Requirements do not specify qualifications for the DIO. A Sponsoring Institution must identify a DIO positioned in the organizational structure to have authority and responsibility for overseeing the Sponsoring Institution’s ACGME-I-accredited programs. The DIO must also be positioned to be actively involved and readily accessible to faculty members, residents/fellows, and GME staff members on matters related to the educational program(s).</p> <p>A program director or faculty member of an ACGME-I-accredited program may simultaneously serve as a DIO. When a DIO is also a program director or faculty member, the Sponsoring Institution should carefully manage conflicts of interest that may arise for the DIO in program oversight. Such DIOs may be recused from some GMEC oversight functions, as appropriate. Sponsoring Institutions should ensure that institutional mechanisms for residents/fellows to raise concerns confidentially do not rely solely on individuals with roles in the residents’/fellows’ programs.</p>
<p>What administrative body does the medical staff organization or equivalent refer to?</p> <p><i>[[Institutional Requirement: I.B.4.b)]</i></p>	<p>The medical staff organization is an organization comprised of representatives of the medical staff; often these are chairs of individual departments and frequently there are “at large” representatives elected by medical staff members. Leaders of such an organization serve as a conduit to the administration of the institution and as such provide important information to physicians through this representative process.</p> <p>The main function of the medical staff organization is to ensure that the medical staff and the institution’s mission are aligned, and that individual departments understand and respect the need for dialogue with others beyond their own departments in order to achieve this mission. The medical staff organization assumes significant responsibility for the quality of care. Examples of other responsibilities include oversight of a credentialing process for physicians wishing to join the institution; adjudication of inappropriate physician behavior; and, review of quality indicators such as adverse events.</p> <p>The medical staff organization in general does not directly oversee GME and residency/fellowship programs; however, it is expected to receive reports from individual(s) responsible for GME at least annually.</p>

Question	Answer
The Learning and Working Environment	
<p>How is 'burnout' defined?</p> <p><i>[Institutional Requirement III.C.8.b]</i></p>	<p>Stress is inherent in medicine; however, burnout should not be. Burnout is a syndrome resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one's job; and/or feelings of negativism or cynicism related to one's job.</p>
Graduate Medical Education Committee (GMEC)	
<p>What is the correct operating structure for a GMEC?</p> <p><i>[Institutional Requirements: IV.A.2.]</i></p>	<p>There is no single correct operating structure for the GMEC. The Sponsoring Institution should develop a structure that best meets its needs based on the number of ACGME-I-accredited programs, program complexity, and need for effective and efficient communication among stakeholders.</p> <p>A GMEC may have permanent and/or ad hoc subcommittees or may function without subcommittees. If a GMEC has an executive committee, it is assumed that the executive committee fulfills required GMEC responsibilities and therefore counts as a subcommittee of the GMEC under the requirements. If there are permanent and/or ad hoc subcommittees, the Sponsoring Institution should describe them when applying for accreditation and/or as part of the Accreditation Data System (ADS) Annual Update. The institution should also clarify whether each subcommittee fulfills each of the required GMEC responsibilities as outlined in requirement IV.B. For each subcommittee that fulfills required GMEC responsibilities, it is expected that the Sponsoring Institution is able to document inclusion of a peer-selected resident/fellow, as well as the GMEC's review and approval of subcommittee actions as part of the GMEC meeting minutes.</p> <p>It is expected that Program Evaluation Committees (PECs) and Clinical Competency Committees (CCCs) operate as program-level committees. To ensure that information about individual residents' performance is not shared with GMEC members, peer-selected residents should not have access to individual resident performance, and therefore, the CCC should not function as a subcommittee of the GMEC. While the Review Committees-International do not expect the PECs to report to the GMEC, it may be appropriate to facilitate required oversight of ACGME-I-accredited programs' Annual Program Evaluations.</p>

Question	Answer
<p>What are the specific expectations for a minimum of one GMEC meeting every quarter during each academic year? What is the specific expectation for new Sponsoring Institutions when providing GMEC minutes in the Sponsor Application?</p> <p><i>[Institutional Requirement: IV.A.4.]</i></p>	<p>The academic year comprises four quarters (every three months). During that timeframe, a GMEC must meet at least once per quarter. GMEC meeting minutes must specify the date of each meeting.</p> <p>For Sponsoring Institution applications, the minutes of all meetings that took place in the 12 months prior to submitting the application must be provided as an attachment. Institutions must have had at least one GMEC meeting prior to submitting their application. Once the first meeting of a GMEC occurs, the GMEC is expected to meet at least once in each subsequent quarter.</p>
<p>How should GMEC meeting minutes be annotated?</p> <p><i>[Institutional Requirement: IV.A.4.]</i></p>	<p>Although there is no one correct way to record minutes, GMEC meeting minutes submitted for the Review Committee-International’s review must clearly document execution of all required functions and responsibilities. The meeting minutes should be annotated, which is to say that a reference to a specific Institutional Requirement should accompany each GMEC action that fulfills that requirement. Ideally, annotations should be easy to identify such as using bold type or specific headings. Annotations may also be embedded in the text of the minutes or placed in a column running next to the text.</p> <p>Appropriate annotations include references to the GMEC responsibilities outlined in Institutional Requirements IV.B.1. through IV.B.14.</p>
<p>What are the expectations of a GMEC related to resident and fellow stipends and benefits? What is meant by “resident/fellow stipends and benefits”?</p> <p><i>[Institutional Requirement: IV.B.1.a)]</i></p>	<p>A GMEC must annually review and approve recommendations to the Sponsoring Institution’s administration regarding resident/fellow stipends and benefits. Review and approval must be documented in GMEC minutes. It is recognized that salary and benefits are often determined at a governmental or national level and are not under the control of the Sponsoring Institution; however, the GMEC’s responsibility is to collect appropriate information and provide it to the Sponsoring Institution, which will, in turn, submit the information and recommendations to the funding entity.</p> <p>“Stipends” is synonymous with “salaries” for the purposes of this requirement. Resident/fellow benefits include terms of the residents’/fellows’ appointments, such as health insurance. Benefits may also include one-time payments, which are sometimes also called “stipends,” to be used by residents/fellows for educational purposes, such as travel to attend professional meetings.</p>

Question	Answer
<p>What are a GMEC’s responsibilities and how does it demonstrate that it is fulfilling them?</p> <p><i>[Institutional Requirements: IV.B.1. through IV.B.14.]</i></p>	<p>A GMEC has responsibilities that include: (1) oversight of institutional and program accreditation; and (2) review and approval of various actions. “Oversight” includes routine monitoring of program and institutional accreditation, as well as review of the Annual Institutional Review (AIR) and any Special Review processes.</p> <p>There are activities that must be documented in GMEC meeting minutes at least annually, including:</p> <ol style="list-style-type: none"> (1) Oversight of program and institutional accreditation outcomes (2) Review and approval of recommendations to the Sponsoring Institution’s administration regarding stipends and benefits [IV.B.1.a)] (3) Oversight of the AIR and resulting action plans [IV.B.5.] (4) Oversight of Annual Program Evaluations and Self-Studies [IV.B.11.] <p>Other GMEC responsibilities for oversight, review, and approval should be documented as they occur. GMEC meeting minutes should reflect a GMEC’s approval of any of the specific actions enumerated in Institutional Requirements IV.B.1.-14. After a Special Review [IV.B.6.], a GMEC’s meeting minutes should document monitoring of outcomes under its Special Review protocol.</p> <p>GMEC responsibilities for review can be reflected in several ways. It is expected that GMEC meeting minutes record actions such as approvals, AIRs, and Special Review monitoring with precise language. For example, minutes should indicate when items are approved, tabled or discussed.</p>
<p>Do reports from the program director(s) and/or coordinator(s) to the Sponsoring Institution regarding work hours violations satisfy the requirements addressing the oversight of resident/ fellow clinical and educational work hours?</p> <p><i>[Institutional Requirement: IV.B.1.c)]</i></p>	<p>The Sponsoring Institution must implement policies and procedures and provide oversight of resident/fellow clinical and education work hours in each ACGME-I-accredited program. The GMEC’s oversight is independent of the program’s monitoring process(es). It is not sufficient for institutional oversight process(es) to rely solely on reports from program directors and/or coordinators to evaluate compliance with ACGME-I requirements addressing resident/fellow clinical and educational work hours. Results of the ACGME-I Resident/Fellow Surveys, information obtained from the residents’/fellows’ forum, or program responses to work hour citations are examples of additional sources of information on work hour compliance by ACGME-I-accredited programs.</p>