

M E M O R A N D U M



TO: Preventive Medicine Program Directors

FROM: Patricia Levenberg, PhD, Executive Director,
Review Committee for Preventive Medicine

DATE: April 14, 2010

RE: Next Resident Member of the Review Committee for Preventive Medicine

The RRC is requesting nominations for their next Resident Member. A fact sheet about the ACGME and its Review Committees is attached.

Qualifications of the Resident Member

Resident members may not serve on two Review Committees simultaneously and must not be from the institution as other members of the Review Committee.

- Albert Einstein College of Medicine
- Johns Hopkins School of Public Health
- University of Texas Medical Branch
- Medical College of Wisconsin
- Civil Aerospace Medical Institute
- Madigan Army Medical Center
- Centers for Disease Control and Prevention
- University of Albany - SUNY

Responsibilities of the RRC Resident Member

The Resident Member participates as a full voting member in all RRC activities, including program review and policy discussion. The Resident Member is subject to the same confidentiality, conflict of interest, duality of interest, and fiduciary responsibility policies of the other members. Resident members must be able to devote 8 - 12 hours to program review before each Review Committee meeting.

The Resident Member is also a member of the ACGME Council of Review Committee Residents (CRCR). The CRCR is composed of the Resident Members of each Review Committee. It is a very important Council for the ACGME because it provides valuable input and feedback to the ACGME Board about matters related to residents, graduate medical education, and accreditation. The CRCR meets twice a year; dates are listed below.

Note: It is the program director's responsibility to ensure that the Resident Member will have sufficient time to review programs, attend RRC and CRCR meetings, and participate in activities of the RRC and the ACGME as expected. While this nomination is for a term that begins July 1, 2011, please know that the resident/fellow will start orientation/observation activities 6 months prior to the official start date to include a formal orientation meeting and one RRC meeting.

Selection of Next Resident Member

Nominating organizations are to submit at least two nominees for the opening. The RRC will review nominations in August 2010, and will forward the selection for the next Resident Member to the ACGME Board of Directors for approval at the September 27-28, 2010, ACGME meeting.

To Submit a Nomination

To nominate a resident, please submit all of the following required documents:

- Resident's Statement of Intention and Purpose
- Resident's *curriculum vitae*
- Two letters of recommendation

One letter should be a letter of recommendation from the program director ensuring that the Resident Member will have sufficient time to review programs, attend RRC and CRCR meetings, and participate in activities of the RRC and the ACGME as expected. The program director understands while this nomination is for a term that begins July 1, 2011, the resident/fellow will start orientation/observation activities 6 months prior to the official start date to include a formal orientation meeting and one RRC meeting.

Submit your nominations by **July 1, 2010**, to Billy Hart, Senior Accreditation Administrator, by either fax (312.755.7498 ATTN: Billy Hart) or e-mail (bhart@acgme.org). The Review Committee staff will confirm that your nomination has been received.

All program directors who submit nominations will be notified of the selection by e-mail after the ACGME Board meeting in September.

Additional Information

The RRC New Member Orientation (May 2, 2011) is an all-day session (early morning until late afternoon) and the Resident Member will have to schedule travel plans accordingly—likely, this would mean flying in on May 1 and flying out the evening of May 2.

CRCR Meetings are also all-day sessions, requiring similar travel arrangements.

The RRC meetings are usually scheduled for all day Thursday, with adjournment at Noon on Friday. Members will need to arrive on Wednesday.

All related travel and meeting expenses are covered by the ACGME.

More information about the ACGME can be found at www.acgme.org. Information specific to the RRC for Preventive Medicine is on the RRC webpage (http://www.acgme.org/acWebsite/navPages/nav_380.asp)

Please contact Billy Hart, Senior Accreditation Administrator, with specific questions.

<i>Nominations are due:</i>	<i>July 1, 2010</i>	
<i>RRC Selection is made by:</i>	<i>August 30, 2010</i>	
<i>Program directors are notified by:</i>	<i>October 1, 2010</i>	
RRC Orientation:	<i>May 2, 2011</i>	<i>Chicago, IL</i>
RRC Meeting (Observing):	<i>March 17-18, 2011</i>	<i>TBD</i>
<i>Resident Member term begins:</i>	<i>July 1, 2011</i>	
CRCR Meeting:	<i>September 30, 2011</i>	<i>Chicago, IL</i>

RRC Meeting: *October 6-7, 2011* *Chicago, IL*

CRCR and RRC meeting dates for 2012 and 2013 are TBD. CRCR meetings usually occur in February and September. RRC meetings usually occur in April and October.

Resident Member term ends: June 30, 2013

CC: Mary Cleveland

**ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION
FACT SHEET
(Updated December 2009)**

What is the Accreditation Council for Graduate Medical Education?

The ACGME is a private, non-profit organization that accredits more than 8500 medical residency and fellowship programs that educate more than 110,000 residents/fellows in over 120 specialties and subspecialties. Its mission is to improve the quality of patient care through improving and maintaining the quality of graduate medical education for physicians in training in the United States.

Why was the ACGME established?

The ACGME was established in 1981 out of a consensus need in the medical community for an independent accrediting organization for graduate medical education (GME) programs. Its forerunner was the Liaison Committee for Graduate Medical Education. The ACGME was incorporated in 2000.

How is the ACGME governed?

The members of the ACGME Board of Directors are nominated in equal number by the Association of American of Medical Colleges, American Board of Medical Specialties, American Hospital Association, American Medical Association and Council of Medical Specialty Societies. The Board also includes two resident members, the Chair of the Council of Review Committee Chairs, three public members and an at-large member. Two federal representatives appointed by the Department of Health and Human Services and the Veterans Health Administration may attend meetings of the Board, but have no vote. The ACGME structure also includes a Council of Review Committees, composed of the chairs of the 26 residency review committees (RRCs), the transitional year review committee (TYRC), and the institutional review committee (IRC); and a Council of Review Committee Residents, composed of the resident members of the Review Committees.

What is a Review Committee (RRCs, TYRC, IRC)?

A Review Committee is an ACGME committee that handles the accreditation activities for a specialty or sponsoring institution, and functions according to ACGME policies and procedures. Each Review Committee is comprised of 7-20 volunteers and meets two to four times per year for a period of one to three days. The ACGME delegates accreditation authority to a Review Committee for up to five years, which is renewable upon review by the ACGME. The Review Committee is not an independent entity, nor does it belong to a specialty. The Review Committee's function is to set accreditation standards and to provide a peer evaluation of residency/fellowship programs in its specialty and accompanying subspecialties (or in the case of the IRC, institutions that sponsor these programs). The purposes of the evaluation are to assess whether a program or sponsoring institution substantially complies with a published set of educational standards, and to confer an accreditation status to programs and sponsoring institutions substantially meeting those standards.

What qualifications do ACGME Review Committee members possess?

Review Committee members are volunteer physicians nominated by the applicable medical specialty organization, medical specialty board and the AMA Council on Medical Education (or, in the case of the TYRC and IRC, by the ACGME) and confirmed by the ACGME Board of Directors. Review Committee members must be certified by the appropriate ABMS Board (excludes resident members and members of the IRC); must be actively involved in GME; should have substantial experience in the administration of and/or teaching in the specialty (e.g., program director or designated institutional official, active faculty member, or local site director); and should have knowledge of the accreditation process. Additional essential attributes include computer literacy, superior writing skills, objectivity, knowledge of good educational principles, and abilities to make appropriate decisions based on facts, to work well

in small groups, and to weigh how changes in national policy for GME affect the specialty. In considering prospective members for a review committee, the ACGME also considers diversity within the specialty, geographic distribution, and types of institutions represented.

What responsibilities do ACGME Review Committee members have?

Review Committee members serve a maximum tenure of six years. Review Committee members do not represent the nominating bodies, but have a fiduciary responsibility to the ACGME and must act on behalf of the ACGME in all Review Committee matters. They attend a new member orientation to learn about the accreditation process and about ACGME policies which govern Review Committee activities. Members commit to support and comply with ACGME policies and procedures, including those about Fiduciary Duty, Conflict and Duality of Interest, and Confidentiality. All Review Committee members annually sign an agreement committing to this service and complete a form disclosing conflicts and dualities of interest. They must not provide any type of consultation to accredited programs or institutions during their tenure on the committee. Review Committee members understand that a breach of these policies could result in irreparable damage to the Review Committees, the ACGME and its mission, as well as to the public, and may result in their dismissal from the Review Committee.

How does the accreditation process work?

The work of reviewing specific programs or sponsoring institutions and making accreditation decisions is carried out by 28 review committees - one for each major specialty as well as one for transitional year programs and one for institutions sponsoring accredited programs.

ACGME field staff representatives conduct one-day site visits to programs or sponsoring institutions once every one to five years. Approximately 2,000 programs are visited each year. Field staff representatives write narrative reports about the programs or sponsoring institutions based on in-depth interviews with the program directors, faculty, residents, and the designated institutional official, as well as a review of supporting documents.

Review Committee members prepare review reports based on the information submitted by the field staff, information submitted by the program or institution and related accreditation documents. Review Committees meet to review the information and the reviewers present a summary of each program, including identified areas of possible non-compliance, and suggest a survey cycle length. As part of its peer review process the full Review Committee determines the appropriate accreditation decision and cycle length for each program or sponsoring institution under review.

If they substantially comply with the ACGME common, specialty or subspecialty-specific requirements, and institutional requirements, new programs are granted initial accreditation and continuing programs are given full accreditation. Programs and sponsoring institutions that have deficiencies may be given accreditation with warning or probationary accreditation. Programs and sponsoring institutions that subsequently fail to demonstrate they have corrected their deficiencies may have their accreditation withdrawn.

Programs and sponsoring institutions may appeal adverse accreditation actions to an appeals panel composed of volunteer physicians in their specialty, or, in the case of TYRC or IRC, physicians knowledgeable about the transitional year programs or sponsoring institutions. Although withdrawal of accreditation is usually preceded by probationary accreditation, programs with egregious violations of program standards or that have experienced a catastrophic loss of resources may have their accreditation expeditiously withdrawn.

Is accreditation voluntary or mandatory?

Accreditation is voluntary. However, programs must be ACGME-accredited in order to receive graduate medical education funds from the Center for Medicare and Medicaid Services.

Residents must graduate from ACGME-accredited programs to be eligible to take their board

certification examinations. In addition, many states require completion of one or more years in an ACGME-accredited residency program for physician licensure.