TOP 10 Changes in the ACGME Institutional Requirements for July 2007

An educational resource brought to you by
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There are relativity few substantial changes in the new Institutional Requirements (IRs) according to the ACGME's impact statement accompanying the proposal.

The most numerous changes reconcile the Institutional Requirements with the Common Program Requirements (CPRs). For example, "Electronic medical literature databases with search capabilities should be available" and "education regarding sleep deprivation must be provided by the institution".

The reconciliation also allowed the removal of requirements that are in the CPRs and need not be in the IRs. For example, the definition of each competency has been removed and the reference to duty hours requirements (other then the need for the GMEC to monitor compliance) has been removed.

The following are the Top 10 Changes for July 2007. An asterisk appears before each item that was modified after Partners' Top 10 Proposed Changes in January.

***#1:* Sufficient salary support and resources:** Financial support and protected time for program directors **AND** the DIO and GME Office. No $$$ or hours specified (though some Review Committees do so).

***#2:* Potentially costly additions to resident contract**:
a) liability insurance to include legal defense;
*b) hospital and health insurance effective first officially-recognized day (unless statute/regulation requires a later date);
c) on-call rooms to accommodate privacy needs.

***#3:* Policy additions to resident contract**: contracts are meant to protect interest of residents as well as the institution
a) notification of non-promotion (and right to grievance);
b) expectations for faculty supervision;
*c) accommodation for residents with disabilities (policy need not be GME specific);
d) institutional closure.

***#4:* Vendor interactions**: Institutional policy (not necessarily GME specific) regarding interaction of vendors with residents and GME may have a financial impact on departmental budgets.

***#5:* DIO/GMEC authority**:
a) must have a DIO that works with GMEC to oversee all ACGME programs;
b) DIO & GMEC responsible for assuring compliance with ACGME requirements.

***#6:* Institutional Disaster Policy**: Covers financial and administrative support for all residents and programs and assistance for continuation of resident assignments.

***#7:* New GMEC Responsibilities**:
a) ensure communication between GMEC and all program directors;
b) ensure PD communication with site directors;
c) communication with medical staff to include impact of GME on patient safety/quality of care; accreditation status of programs and ACGME citations regarding patient care; well being of residents;
d) approve in advance and monitor all requests for experimentation and innovations that deviate from ACGME requirements.

***#8:* New aspects of Internal Reviews** :
*a) must be in process and documented in the GMEC minutes by approximately midpoint of the accreditation cycle
b) continue oversight even if program has no residents and do review after enrolling new resident(s);
c) asses compliance with common, specialty and institutional requirements;
*d) materials used in review to include previous annual program evaluation and results from resident surveys;
e) interview PD, key faculty and at least one peer selected resident from each level of training;
*f) DIO and GMEC must monitor the response by the program to recommended actions.

***#9:* Focus on Patient Safety**: Sponsor must be committed to patient safety and annual reports to the OMS are to address the impact of GME on patient safety and quality of care.

***#10:* Timing**:
*a) Institutional statement of commitment renewed at least within one year prior to the institutional site visit;
b) Institutional agreements renewed at least every 5 years.

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