



INSTITUTIONAL GRADUATE MEDICAL EDUCATION POLICY

SUBJECT: Approval of Documents

DATE EFFECTIVE: April 22, 2005

POLICY: Approval of Documents

PAGE: 1 of 3

I. PURPOSE:

The purpose of this policy is to ensure that the Graduate Medical Education Committee (GMEC) and the Designated Institutional Official (DIO) have appropriate oversight for reviewing and approving all documents and correspondence sent to the Accreditation for Graduate Medical Education (ACGME) per Children's National Hospital (CH) requirements.

II. POLICY SCOPE:

All Accreditation Council for Graduate Medical Education (ACGME) accredited residency and fellowship programs sponsored by CH.

III. DEFINITIONS:

Trainee

Trainee refers to all interns, residents and fellows participating in ACGME-accredited training programs sponsored by CH.

Training Program

Training program or program refers to an ACGME accredited or non-ACGME internship, residency or fellowship training program sponsored by CH.

IV. RESPONSIBILITY:

It is the responsibility of all training program directors, the GMEC, and CH officials to comply with this policy.

The process for submission of documents for review and approval are as follows:

1. The GMEC delegates the preliminary review of all documents requiring its attention to the GME Office. Documents for review should arrive at the GME Office at least 30 days prior to the submission due date to the ACGME.

2. The GME Office is responsible for bringing all proposals to the GMEC for review at its regularly scheduled meetings. In extraordinary circumstances, the GMEC may delegate authority for final review and approval to the Chair of the GMEC.
3. All submissions must be signed by the appropriate training program director as well as the Chair of the GMEC. If other signatures are required by the ACGME, it is the responsibility of the GME Office to obtain those signatures.

V. **DOCUMENTS:**

Documents for GMEC Review and Approval

1. Institutional GME policies and procedures
2. GMEC subcommittee actions that address required GMEC responsibilities
3. Appointment of a new training program director
4. Change in trainee complement
5. Changes in program structure and length of training
6. Additions and/or deletions of programs' participating sites
7. All applications for new training programs
8. Progress reports requested by Review Committee
9. Responses to Clinical Learning Environment Review (CLER) reports
10. Request for appeal of an adverse action by a Review Committee
11. Requests for exceptions to trainee clinical and educational work hour requirements
12. Voluntary withdrawal of training program accreditation
13. Appeal presentations to an ACGME Appeals Panel
14. Requests to accept exceptionally qualified candidates for trainee appointments who do not satisfy the Sponsoring Institution's trainee eligibility policy and/or trainee eligibility requirements in the Common Program Requirements

Documents for DIO Review and Approval

1. ACGME Program Annual Update – All ACGME accredited training programs are required to complete an annual update once a year. The annual update must be reviewed by the DIO prior to submission to the ACGME. The DIO will provide programs with an institutional deadline for review each academic year.
2. Annual Program Evaluation – All programs are required to complete an Annual Program Evaluation once a year. Each Program Evaluation Committee (PEC) must review standard program metrics and complete the APE, including Action Items for the upcoming academic year.

VI. APPROVAL

Approved by:



DIO/Vice Chair, Medical Education

5/8/2024

Date

VII. REVIEW OR REVISION DATE

Approved by the GMEC: April 22, 2005

Modified and Approved by the GMEC: May 19, 2010

Modified and Approved by the GMEC: January 20, 2017

Modified and Approved by the GMEC: March 13, 2019

Modified and Approved by the GMEC: September 9, 2020

Reviewed and Approved by the GMEC: October 13, 2021

Modified and Approved by the GMEC: June 15, 2022

Reviewed by GMEC: September 13, 2023

Modified and Approved by GMEC: May 8, 2024