1. PURPOSE

The purpose of this policy is to define the procedures for processing documents prior to submission to the ACGME.

2. POLICY

The DIO or a designee in the absence of the DIO must review and cosign all program information forms and any correspondence or document submitted to the ACGME by the program director that addresses the following issues:

A. All applications for ACGME accreditation of new programs and subspecialties
B. Changes in resident complement
C. Major changes in program structure or length of training
D. Additions and deletions of participating institutions used in a program
E. Appointments of new program directors
F. Progress reports requested by an Residency Review Committee
G. Responses to Clinical Learning Environment Review (CLER) reports
H. Responses to all proposed adverse actions
I. Requests for increases or any change in resident duty hours
J. Requests for “inactive status” or to reactivate a program
K. Voluntary withdrawals of ACGME-accredited programs
L. Requests for an appeal of an adverse action
M. Appeal presentations to a Board of Appeal or the ACGME

3. SCOPE

This policy applies to all Indiana University School of Medicine (IUSM) GME resident physicians and residency programs.

4. DEFINITIONS

4.1 ACGME is the Accreditation Council for Graduate Medical Education.

4.2 A resident is an IUSM resident or fellow, or a non-IUSM resident or fellow electively rotating through IUSM and provides clinical care as part of a GME program.
5. **PROCEDURE**

A. **Submission of Documents**
   The documents described above should be sent to the Assistant Director of Accreditation in the Graduate Medical Education Office for inclusion in the agenda of the next GMEC meeting.

B. **New Programs**
   Program directors who are applying for accreditation of new programs must also be present at the GMEC meeting to describe the program and answer any questions the committee may have.

C. **Approval**
   Upon approval by GMEC, the DIO will sign the document prior to sending it to the ACGME.

6. **IMPLEMENTATION**

The Designated Institutional Official (DIO) for Graduate Medical Education is responsible for implementation of this policy.

7. **OVERSIGHT**

Policy authority for this document resides with the Graduate Medical Education Committee. The DIO and the Graduate Medical Education Committee are responsible for oversight. This policy will be reviewed every three years or more often if deemed necessary.

8. **REFERENCES**

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| Supersedes: 03/11/2009 | Peter Nalin, MD, Associate Dean, GME |
| Approved by GMEC: 08/28/2013 | Electronic Signature on File |
| Issued by: ________________________ | (Signature and Title) |