

**Accreditation Council for  
Graduate Medical  
Education**

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December 16, 2013

Mary J Njoku, MD  
Designated Institutional Official  
University of Maryland Medical Center  
c/o The Graduate Medical Education Department  
110 S. Paca Street, Room 8N-121  
Baltimore, MD 21201



Dear Dr. Njoku,

The Institutional Review Committee (IRC), functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following institution:

University of Maryland Program  
Baltimore, MD

Institution: 8002300162

Based on all of the information available to it at the time of its recent meeting, the Review Committee accredited the institution as follows:

Status: Continued Accreditation  
Effective Date: 10/16/2013  
Approximate Date of Self-Study Visit(see the added information below): 10/01/2021

The Review Committee cited the following areas as not in compliance with the ACGME's Requirements for Graduate Medical Education:

**AREAS NOT IN COMPLIANCE (Citations)**

**Sponsoring Institutions | Since: 04/16/2008 | Status: Extended**

Graduate Medical Education Committee (GMEC), Oversight of Residencies: Citations identified in several programs (e.g., Dermatology, Cardiology, Neuroradiology, Urology, Psychiatry, Ophthalmology) were not listed in Attachment 1 of the Institutional Review Document (IRD). As a result, Attachment 2 was incomplete and did not address all those areas requiring action plans. Therefore, although the Sponsoring Institution demonstrates appropriate oversight of its graduate medical education programs where deficiencies have been identified, the fact that some missing areas of noncompliance were not included indicates that more thorough attention to program-specific citations must still occur. (Institutional Requirements, I.A.2; I.B.4)

Continued Non-Compliance: 10/16/2013

- The Sponsoring Institution has not completely corrected its previous citation related to oversight of its ACGME-accredited programs. In Attachment 2, the Designated Institutional Official (DIO) and GMEC addressed those categories for which there were two or more citations, but did not address those areas with only one citation.

Also related to a lack of effective oversight, though not related specifically to the previous component of the citation, is the finding during this review that the Sponsoring Institution does not appear to exercise effective oversight, even when improvement plans are documented as

can be found in Attachment 2. Although the internal reviews appear to have been thorough, discussions in the GMEC minutes do not provide evidence that the GMEC engages in substantive discussion and follow-up of issues. Therefore, the Institutional Review Committee (IRC) could not determine whether the GMEC was appropriately engaged in monitoring action plans for improvement.

In order to resolve this citation at the time of the next review, the Sponsoring Institution must demonstrate compliance with revised Institutional Requirements I.B.3.b) and I.B.4.a).(4). [effective July 1, 2014]

**Commitment to GME | Since: 10/16/2013 | Status: New**

Authority, Institutional Requirement I.B.4 [effective July 1, 2007]

The DIO and GMEC must have authority and responsibility for the oversight and administration of the Sponsoring Institution's programs and responsibility for assuring compliance with ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements.

It is not apparent that the DIO and the GMEC have the necessary authority for the oversight of the Sponsoring Institution's programs. For example, the series of events related to the ongoing postponement of the Urology program's internal review seem to indicate that these scheduling attempts by the graduate medical education office were not taken seriously by the program leadership, even though it was made clear to the program director that the absence of an internal review was indicative of noncompliance. In addition, the IRC noted that Attachment 1 included 15 citations in the areas of "Responsibilities of Program Director", with many related to submission of inaccurate or inadequate program information forms, incomplete resident log data, and absent submissions to the ACGME Accreditation Data System. (IRD, Attachments 1, 2 and 8)

While the DIO and GMEC plan to undertake a number of initiatives in order to address areas for improvement, the need to expect and engage full cooperation of its programs and to monitor and assess the results of these efforts will be critical to demonstrating effective oversight in the future.

In order to resolve this citation at the time of the next review, the Sponsoring Institution must demonstrate compliance with the revised Institutional Requirements [effective July 1, 2014] particularly with regard to oversight of the annual program evaluation (I.B.4.a).(4), the Annual Institutional Review (I.B.5-I.B.5.b), and the GMEC Special Review (I.B.6-I.B.6.a).(2).

**GMEC Responsibilities | Since: 10/16/2013 | Status: New**

Curriculum and evaluation, Institutional Requirement III.B.6 [effective July 1, 2007]

The GMEC must establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all programs. These policies and procedures must include [oversight of]: curriculum and evaluation: assurance that each program provides a curriculum and an evaluation system that enables residents to demonstrate achievement of the ACGME general competencies as defined in the Common and specialty/subspecialty-specific Program Requirements.

It is not apparent that that the Sponsoring Institution exercises effective oversight of the educational components of its ACGME-accredited programs. Since the last institutional site visit, eight programs received 14 citations related to the ACGME competencies. Lack of resident participation in quality improvement activities was also noted in this section. The IRC also noted that results of the 2013 ACGME Resident Survey appear to verify this area of non-compliance with a higher-than-average percentage of residents reporting no involvement in quality improvement activities. (IRD, Attachments 1 and 2; 2013 ACGME Resident Survey)

The IRC acknowledges that the revised Institutional Requirements do not include standards related to master affiliation agreements and internal reviews. However, the Sponsoring Institution and Designated Institutional Official (DIO) continue to bear responsibility for the administration of the many details associated with institutional and program accreditation, including submission of accurate and complete data. The IRC noted that the extension of this citation resulted specifically from the Sponsoring Institution's lack of careful attention to detail.

## OTHER COMMENTS

### AREA FOR IMPROVEMENT

The IRC noted that the Sponsoring Institution is engaged in many improvement activities. The overall theme of the citations in this letter relates to how the Sponsoring Institution will monitor, evaluate, and document its activities as it makes the transition to the Next Accreditation System.

With this accreditation review, your institution is transitioning to the Next Accreditation System (NAS). Your institution's first Self-Study Visit in the NAS is scheduled to occur on the date shown above. The actual date of the Self-Study Visit will be in a window beginning approximately four months before and ending approximately four months after the date shown above. The actual date will be announced approximately 12 months in advance.

Implementation of the NAS will result in significant changes in the accreditation process. Information about the Self-Study Visit, including how it will differ from current ACGME site visits, will be forthcoming in a series of updates. Additional information about the NAS also is available from a dedicated web page (<http://www.acgme-nas.org>). New information will be added to this site in the coming months. We encourage you to visit this web page to learn more about the NAS.

The ACGME must be notified of any major changes in the organization of the institution. When corresponding with the ACGME, please identify the institution by name and number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.

Sincerely,



Patricia Surdyk, PhD  
Executive Director  
Institutional Review Committee  
3127555005  
psurdyk@acgme.org

CC:  
Jeffrey A. Rivest

Participating Site(s):

Anne Arundel County Department of Health  
Baltimore Washington Medical Center  
Central Maryland Oncology Center  
Clifton T Perkins Hospital Center  
Clinical Center at the National Institutes of Health  
Correctional Mental Health Services - Carroll County  
Greater Baltimore Medical Center  
Johns Hopkins Hospital  
Maryland Reception Diagnostic and Classification Center  
Maryland State Department of Health and Mental Hygiene  
Medical Services Division of Circuit Court for Baltimore City  
Mercy Medical Center  
National Institute on Aging (Clinical Research Branch)  
Prince George's County Health Department  
R Adams Cowley Shock Trauma Center/University of Maryland  
Sheppard Pratt Health System  
Spring Grove Hospital Center  
St Agnes Hospital  
St. Joseph's Medical Center  
Stella Maris  
Union Memorial Hospital  
University of Maryland Medical Center Midtown Campus  
University of Maryland Rehabilitation & Orthopaedic Institute  
Veterans Affairs Medical Center (Baltimore)