

<p><b>The University of Alabama Hospital</b> Graduate Medical Education Policy and Procedure</p>	<p>GMEC Approved Date: May 6, 2025</p>
<p><b>AIR Policy</b></p>	<p>Next Review Date: Spring 2026</p>

**PURPOSE:**

The purpose of this policy is to establish an Annual Institutional Review (AIR) policy that is compliant with the ACGME Institutional Requirements.

**DEFINITIONS:**

Designated Institutional Official (DIO): A designated institutional official (DIO) collaborates with a Graduate Medical Education Committee (GMEC) to ensure a Sponsoring Institution's and its programs' substantial compliance with the applicable ACGME Institutional, Common, and specialty- /subspecialty-specific Program Requirements.

Graduate Medical Education Committee (GMEC): The official committee that oversees the graduate medical education (GME) program.

**POLICY:**

The Annual Institutional Review (AIR) will include the following components as stated in the ACGME Institutional Requirements.

- 1.14 The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR).
  - 1.14.a. The GMEC must identify institutional performance indicators for the AIR, which include:
    - 1.14.a.1. the most recent ACGME institutional letter of notification;
    - 1.14.a.2. results of ACGME surveys of residents/fellows and core faculty members; and,
    - 1.14.a.3. each of its ACGME-accredited programs' ACGME accreditation information, including accreditation and recognition statuses and citations.
  - 1.14.b. The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution's Governing Body.
    - 1.14.b.1. The written executive summary must include a summary of institutional performance on indicators for the AIR.
    - 1.14.b.2 The written executive summary must include action plans and performance monitoring procedures resulting from the AIR.

**AIR Subcommittee Membership and Process**

The AIR Subcommittee membership is the GMEC Executive Committee. The Executive Committee membership is broad in terms of Program Directors and specialties and includes 1 resident/fellow member. The AIR will begin in October of each year. The AIR will include a review of documents listed below. The review will consist of a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis and the generation of an Action Plan.

**Institutional Performance Documentation**

- The AIR Report must include the following:
- A. The most recent ACGME institutional letter of notification (when available);
  - B. Results of ACGME surveys of residents/fellows and core faculty (report of results)
  - C. Each of its ACGME-accredited programs' ACGME accreditation information, including accreditation statuses and citations.
  - D. Number of Residents/Fellows placed on Administrative Probation due to USMLE Step 3/COMLEX Level 3 and Licensure Requirements

- E. Number of Residents/Fellows either placed on Academic Probation, Terminated or Resigned from Program during the calendar year
- F. Dashboard Results – Annual Program Evaluation
- G. Dashboard Results – Clinical Learning Environment Review (CLER)
- H. Dashboard Results – Program Accreditation
- I. Citations related to the 80-hour work week
- J. Resident Demographics for Access and Engagement

**AIR Report and Action Plan**

The AIR Report will include a GME-wide action plan to address priority areas for the institution based on the results of a SWOT analysis, review of the documents and discussion.

An Executive Summary of the AIR will be presented to the Medical Executive Committee (Governing Body) by the DIO annually.