



Accreditation Council

Policies and Procedures

**Approved by UCNS Board of Directors:
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INTRODUCTION

The mission of the United Council for Neurologic Subspecialties (UCNS) is to provide for accreditation and certification with the goal of enhancing the quality of training for physicians in neurological subspecialties and the quality of patient care. The Accreditation Council (AC) strives to develop evaluation methods and processes that are valid, effective, fair, open and ethical. The AC is a voluntary accreditation organization and functions as a council of the UCNS. In creating these procedures, the AC has referenced the model used by the Accreditation Council for Graduate Medical Education (ACGME).

I. ORGANIZATION

A. Accreditation Council (AC)

1. Composition of the AC

a. Members

Regular AC members shall be appointed by the UCNS Board.

b. Chair of AC

The AC Chair shall be appointed by the UCNS Chair for a two-year term and may be re-appointed for one additional term. All voting members of the AC shall be eligible to serve as Chair and shall be eligible for re-appointment. If the Chair for any reason relinquishes the Chair prior to the completion of the term, the UCNS Chair shall appoint a new Chair.

The AC Chair shall call and preside over regularly scheduled meetings of the AC. The Chair will ensure that the AC conducts its responsibilities in accordance with established AC policies and procedures.

c. Vice-Chair

The Vice-Chair shall be appointed by the UCNS Chair for a two-year term and may be re-appointed for one additional term. The Vice-Chair shall assume the duties of the Chair in the latter's absence.

d. General Consultants

The AC may invite consultants to attend meetings to provide information concerning a specific matter to be considered at that meeting. Unless authorized, consultants should not be present when the AC is evaluating fellowship programs or when votes are taken.

2. Terms

AC members' terms of office should be staggered in accordance with the UCNS Policy Compendium so as to provide for appropriate experience and leadership on a continuing basis and to avoid jeopardizing AC functions in the event of premature resignation of senior members.

Members of the AC shall serve a term of three (3) years. Members may serve a maximum of six (6) years.

3. Staff

The UCNS Board will authorize employment of or contracting with staff and/or consultants, as necessary, to administer the business and affairs of the council. Within approved budget limits, the UCNS Board may authorize additional personnel as needed.

B. Qualifications of AC Members

1. Professional Qualifications. Regular Member Appointees to the AC:

- a. must be willing to support AC approved policies concerning the role of accreditation;
- b. must be willing to give priority to attendance at AC meetings;
- c. must have demonstrated substantial experience in administration and/or teaching;
- d. must be board-certified by the American Board of Psychiatry and Neurology;
- e. should have knowledge of the accreditation process;
- f. must agree to the number of meetings and the workload in the review of programs and other tasks of the AC.
- g. should be actively involved or have prior experience in graduate medical education, thus exemplifying the principle of peer review.

II. RESPONSIBILITIES OF THE AC

The primary responsibility of the AC members shall be to review fellowship programs to determine whether they are in substantial compliance with the Program Requirements. An AC member may also be requested to participate in the preparation of accreditation materials used by the AC for reviewing fellowship programs. AC members are expected to attend each of the regular AC meetings and to have reviewed the materials in advance so as to constructively participate in the deliberations. Repeated failure to meet the AC's standards may require the Chair of the AC to request a replacement from the appointing organization.

A. Review and Accreditation of Programs

The AC shall hold regularly scheduled meetings to review programs to determine whether the programs are in substantial compliance with the approved program requirements. The AC may devise special procedures and materials to facilitate the review process.

B. Preparation of Program Requirements

The AC is responsible for preparation of the program requirements and for periodic revisions to reflect current educational practice.

The Chair of the AC or designee will be invited to attend the UCNS Board meeting as a non-voting member when program requirements are decided.

C. Conflict of Interest

The following policies will be observed by AC members in avoiding conflict of interest situations relating to their responsibilities for accreditation of graduate medical education programs:

1. No member of the AC (including consultants) may participate in the accreditation review of a program if for any reason it is determined that participation of the individual would involve a conflict of interest. Under such circumstances, the individual will withdraw from all deliberation of the issue under discussion and will leave the meeting room. This action will be recorded

in the minutes of the meeting and in the history summary for the program under consideration.

2. **Fiduciary Duty of AC Appointees**

AC appointees have an independent fiduciary duty. This fiduciary duty includes (1) a duty of care and (2) duty of loyalty. The appointees must be attentive to the needs and priorities of the AC, and must act in what they believe to be the best interests of the AC and the UCNS.

If a member of a council cannot exercise a fiduciary responsibility to act in the best interest of the AC on any particular issue, the member should declare a conflict of interest.

3. Members of the AC (including consultants) may not act or speak for or on behalf of the council without authorization by the AC. This does not preclude AC members from reporting on council activities without identifying specific programs to appropriate organizations.
4. Active members of AC shall not serve as consultants to graduate medical education programs and shall not act as specialist site visitors.
5. The geographic proximity is not a conflict of interest when reviewing programs and voting on program accreditation status, unless the reviewer deems a conflict of interest.
6. A reviewer from the same institution being reviewed will not participate in the review, discussion, or voting.

D. Confidentiality of Documents and Information

The AC and its members shall treat all documents submitted to the AC as confidential. All discussions by the AC members in arriving at accreditation decisions are confidential. Official decisions of the AC shall be issued in writing by the Executive Office of the UCNS.

III. ACCREDITATION OF GRADUATE MEDICAL EDUCATION PROGRAMS

A. Procedures for Program Accreditation

1. **Accreditation Documents**

The AC is responsible for the development of a program application. The completed forms may serve for review of a continuing program or as an application for a proposed program. In addition, the AC may prepare a report form to be completed by the site visitor. Submission of appropriately signed forms by the designated officials(s) constitutes a request by the program for review and accreditation.

2. **Site Visit**

A site visit of a graduate medical education program is conducted by a specialist appointed by the AC. The site visitor's primary responsibility

is to verify the information, which has been provided by the program director in the program application. The site visitor also conducts interviews with administrators, faculty, and fellows in order to report on the various aspects of the program. The site visitor should not make recommendations regarding the program's accreditation status and does not participate in the accreditation decision by the AC. The AC may include in a letter of notification regarding accreditation of a program, specific issues to be addressed by a site visitor in the course of the next general review of the program.

Specialist site visitors should be chosen for their competence and experience in graduate medical education and in the specialty of Neurology. The AC shall maintain a roster of specialists approved for this purpose.

3. Review and Accreditation

The AC may grant initial accreditation to programs upon application/re-application without a site visit.

A site visit and review of a program must be conducted before the status of an accredited program can be changed to a less favorable status, except in cases of administrative action, or as otherwise specified by the AC. The AC reviews the completed program information forms, the site visitor's report, and related correspondence in determining whether a program is in substantial compliance with the Program Requirements. The AC designates an accreditation status for each program and identifies points of partial compliance and/or non-compliance with the published educational standards. The program is evaluated on the basis of the Program Requirements that are effective at the time of the site visit.

A program director may be permitted to submit additional or revised information that arrives sufficiently in advance of the council meeting to allow for proper review.

a. Program Review

Prior to the AC meeting, the documents for each program to be reviewed are forwarded by the UCNS Staff to one or more members of the council for review. In the course of program review the AC will consider the site visitor's observations on the programs. The AC will take formal action on each program under consideration. The UCNS Director will prepare a formal statement of action taken by the council on each program, which will be transmitted, to the program director in a letter of notification.

b. The Program File

The program file will contain the following items:

- 1) The Notification Letter(s) to the program director summarizing the recommendations and actions of the AC and the notification letter to the program director.

In the case of a program reapplying for accreditation after accreditation had been previously withheld or withdrawn, the accreditation history of that program may be included as part of the program file.

- 2) A copy of the most recent program information forms submitted by the program director.
- 3) A copy of the most recent site visitor's report.
- 4) All pertinent correspondence subsequent to the most recent notification letter to the program director.

4. Period of Accreditation

When a program is initially accredited, accreditation commences with the date of the meeting or as specified in the letter of notification. A Program Director may petition the Accreditation Council in writing with specific justification supporting an alternate date for their consideration. The Accreditation Council will not grant a start date earlier than the beginning of the academic year during which the program was awarded accreditation. (AC 5/08)

A program remains accredited until action is taken by the AC to withdraw accreditation of the program. Accredited programs are reviewed in accordance with cycles established for each category of accreditation, e.g., provisional, full, and probationary. The AC may reduce the length of the cycle for any one of the categories or for a specific program. A program director may petition the AC for an early review of a program and an accredited program may be reviewed at the discretion of the AC following notice to the program director. The AC may provide a longer cycle length based on evidence of significant progress or for necessary logistical accommodations.

5. Letter of Notification

All accreditation actions taken by the AC are reported to program directors by the UCNS Director who prepares formal letters of notification. The letters should be completed in a reasonable time following a council meeting.

Letters of notification will state the action taken by the AC and will indicate the current accreditation status, the length of the accredited program, the number of fellows approved for the program (if included in the accreditation action), and the approximate date for the next review of the program. AC notification letters are addressed to program directors.

B. Actions Regarding Accreditation

The following actions may be taken by the AC regarding the accreditation status of general specialty programs.

1. Withhold Accreditation

The AC may withhold accreditation when it determines that the proposal for a new program does not substantially comply with the UCNS approved program requirements for the subspecialty. The council will cite those areas in which the proposed program does not comply with the standards.

2. Provisional Accreditation

Provisional accreditation is granted for initial accreditation of a program, or for a previously accredited program, which had its accreditation withdrawn and has subsequently applied for re-accreditation.

Provisional accreditation may also be used in the unusual circumstance in which separately accredited general specialty programs merge into one or an accredited program has been so altered that in the judgment of the AC it is the equivalent of a new program.

Provisional accreditation implies that a program is in a developmental stage. It remains to be demonstrated that the proposal for which accreditation was granted will be implemented as planned. Accordingly the AC will monitor the developmental progress of a program accredited on a provisional basis. Following accreditation, programs should undergo a site visit in approximately two years in preparation for review by the AC. The interval between accreditation and the next review of the program by the AC should not exceed three years. In the course of monitoring a program's development, the AC may continue provisional accreditation; however, the total period of provisional accreditation should not exceed five years for programs of four years duration or less, or the length of the program plus one year for programs of five years duration or longer. With the exception of special cases as determined by the AC, if full accreditation is not granted within either of these time frames, accreditation of the program should be withdrawn.

When a program is accredited on a provisional basis, the effective date of accreditation is the date of the meeting or will be specifically stipulated. Under special circumstances, the effective date may be made retroactive; however it should not precede the beginning of the academic year during which the program is accredited.

3. Full Accreditation

The AC may grant full accreditation in three circumstances:

- a. When programs holding provisional accreditation have demonstrated that they are functioning on a stable basis in substantial compliance with the Program Requirements.
- b. When programs holding full accreditation have demonstrated upon review that they continue to be in substantial compliance with the Program Requirements.
- c. When programs holding probationary accreditation have demonstrated upon review that they are in substantial compliance with the Program Requirements.

The maximum interval between reviews of programs holding full accreditation is five years; however, the AC may specify a shorter cycle.

4. **Probationary Accreditation**
The AC may grant probationary accreditation in the case of programs holding full accreditation, which upon review are no longer considered to be in substantial compliance with the AC Program Requirements.

In reviewing a program, which holds probationary accreditation, the AC may exercise the following options: grant full accreditation, withdraw accreditation, or, in special circumstances, continue probationary accreditation.

The normal interval for review of programs holding probationary accreditation is two years; however, the AC may specify a shorter cycle. A program should not hold probationary accreditation for more than four consecutive years until it is returned to full accreditation or the AC acts to withdraw accreditation. This period may be extended for procedural reasons as when a program director exercises the right to appeal procedures or the review schedule exceeds four years. The probationary period is calculated from the date of the initial decision for probation.

5. **Withdrawal of Accreditation**
Accreditation may be withdrawn from a program under the following conditions:
- a. **Noncompliance with Program Requirements**
Accreditation may be withdrawn from programs holding either provisional accreditation or probationary accreditation as follows:
 - 1) For programs holding provisional accreditation, once the AC has notified a program director that the program has not established and maintained substantial compliance with the Program Requirements, the program will be subject to withdrawal of accreditation for failure to be in substantial compliance with the Program Requirements.
 - 2) For programs holding probationary accreditation, once the AC has notified a program director that the program is accredited on a probationary basis, the program will be subject to withdrawal of accreditation for continued failure to be in substantial compliance with the Program Requirements.
 - 3) In giving notification, as indicated in 1) and 2) above, the AC must indicate the areas in which the program is judged not to be in substantial compliance with the Program Requirements. It is understood that these areas may change in the course of multiple reviews conducted from the time a program is first given notice that it is not in compliance until the possible withdrawal of accreditation occurs.
 - b. **Request of Program**
Voluntary withdrawal of accreditation may occur at the request of the program director in the following ways:
 - 1) A program director may request voluntary withdrawal of accreditation, without prejudice. Such requests should

be in writing and should come from the program director.

- 2) Two or more general specialty programs may be merged into a single new program. If the AC accredits the new program, it will take concurrent action for voluntary withdrawal of accreditation, without prejudice, of the previously separate programs. The AC will consider the expressed preference of the program director in establishing the effective date for withdrawal of accreditation of the program(s).

c. **Effective Date of Withdrawal**

The following policies apply when action is taken to withdraw accreditation (except for establishment of an effective date in the case of voluntary withdrawal of accreditation or withdrawal of accreditation because of inactivity or deficiency):

- 1) The effective date of withdrawal of accreditation shall not be less than one year from the date of the final action taken in the procedures to withdraw accreditation.
- 2) The effective date of withdrawal of accreditation shall permit the completion of the training year in which the action becomes effective.
- 3) Once notification has been made of the effective date of withdrawal of accreditation, no fellows may be appointed to the program.
- 4) When action has been taken by the AC to withdraw accreditation of a program, and the program has entered into appeal procedures, an application for re-accreditation of the program, or any other program request, will not be considered until the appeal action is concluded.

6. **Administrative Withdrawal of Accreditation**

a. **Delinquency of Payment**

Programs which are judged to be delinquent in payment of fees are not eligible for review and shall be notified by certified mail, return receipt requested, of the effective date of withdrawal of accreditation. On that date, the program will be removed from the list of AC accredited programs.

b. **Noncompliance with Accreditation Actions and Procedures.**

A program director may be deemed to have withdrawn from the voluntary process of accreditation and the AC may take appropriate action to withdraw accreditation if that director refuses to comply with the following actions and procedures:

- 1) To undergo a site visit and program review.
- 2) To follow directives associated with an accreditation action.
- 3) To supply the AC with requested information.

c. **Program Inactivity or Deficiency**

The AC may withdraw accreditation of a program regardless of its current accreditation status, under the following circumstances:

- 1) The program has been inactive for two or more years, without requesting and being granted official “inactive status.”
 - 2) The program has sustained a catastrophic loss or complete change of resources, e.g., faculty, facilities, or funding, such that the program is judged not accreditable.
 - 3) The program has incurred an egregious accreditation violation.
- d. **Withdrawal as Administrative Action**
Withdrawal of accreditation for reasons noted in the above paragraphs 6a-c, (Delinquency of Payment, Noncompliance with Accreditation Actions and Procedures, Program inactivity or Deficiency) is an administrative action and is not subject to the appeals procedures.
- e. **Inactive Status in Lieu of Withdrawal of Accreditation**
A program in otherwise good standing that has not been active (had fellows) for two or more years may request “inactive status” in lieu of withdrawal of accreditation if it is contemplated to reactivate the program within the next two years. The AC may stipulate what assurances must be provided for re-activation to be sure that the program continues in substantial compliance. Programs with fellows may not elect to become inactive until all fellows have left the program.

In any event a program may not retain accreditation for more than four consecutive years without fellows even with “inactive status.”

7. **Warning Procedure**

The AC may use a special procedure to advise a program director that it has serious concern about the quality of the program and that the program’s future accreditation status may be in jeopardy. In keeping with the flexibility inherent in the accreditation process, the AC may use this procedure in accordance with its own interpretation of program quality and use of the different accreditation categories. This procedure is not considered an adverse action and, therefore, is not subject to appeal procedures.

The warning procedure may be used as follows:

- a. **For a Program with Provisional Accreditation**
The AC may elect to continue provisional accreditation, but include in the letter of notification a statement that the program will be reviewed in approximately one year, following a site visit, at which time withdrawal of accreditation will be considered if the program has not achieved satisfactory development in establishing substantial compliance with the Program Requirements.
- b. **For a Program with Full Accreditation**
The AC may elect to continue full accreditation, but include in the letter of notification a statement that the program will be

reviewed in approximately one year, following a site visit, at which time probationary accreditation will be considered if the program is not in substantial compliance with the Program Requirements.

c. Interval Between Reviews

The AC may extend the interval before the next review to two years in cases where program improvements may be addressed more appropriately within two years rather than one year.

8. Deferral of Accreditation Action

The AC may defer a decision on the accreditation status of a program. The primary reason for deferral of accreditation action is lack of sufficient information about specific issues, which precludes an informed and reasonable decision. When the council defers accreditation or non-accreditation status, the AC may defer an accreditation decision for a maximum of one regular meeting. At the next regular meeting following the deferral, the AC shall make an accreditation decision using all current information submitted by the program.

9. Fellow Complement

The complement of fellows in a program must be commensurate with the total capacity of the program to offer for each fellow an educational experience consistent with accreditation standards. Thus, the AC may indicate that a program is accredited to train a specific number of fellows as a maximum at any one time. In addition, the council may indicate the number of fellows to be trained in each year of the program. The council may also indicate that a minimum number of fellows are considered necessary in each program to provide an effective learning environment.

10. Participating Institutions

The sponsoring institution of a program may utilize one or more additional institutions to provide necessary educational resources. In such cases, the AC may evaluate whether each participating institution contributes meaningfully to the educational program.

11. Progress Reports

The AC may request a progress report from a program director. The council should specify the exact information to be provided. When a progress report is requested, a specific due date should be included in the request. The AC may, among other things, change the pending cycle length (either longer or shorter) on the basis of the degree of progress reported.

C. Proposed Adverse Actions and Appeal Procedures

1. Adverse Actions

The following accreditation actions are considered to be adverse: withhold accreditation; probationary or continued probationary accreditation; withdraw accreditation; and reduce the fellow complement, unless requested by the program director.

2. **AC Procedures for Proposed Adverse Actions**

The following procedures will be implemented when the AC determines that a program is not in substantial compliance with the Program Requirements.

 - a. When the AC determines that an adverse action is warranted, it will first give notice of its proposed adverse action to the program director. This notice of proposed adverse action will include the citations that form the basis for the proposed adverse action, a copy of the site visitor's report if a site visit was conducted, and the date by which the program may submit, in writing, its response to each of the citations and to the proposed adverse action.
 - b. The program may provide to the AC written information revising or expanding factual information previously submitted; challenging the findings of the site visitor; rebutting the interpretation and conclusions of the AC; demonstrating that cited areas of noncompliance, with the published standards did not exist at the time when the AC reviewed the program and proposed an adverse decision; and contending that the program is in compliance with the standards. The AC will determine whether the information may be considered without verification by a site visitor.
 - c. The AC will complete its evaluation of the program at a regularly scheduled meeting, as indicated to the program director in the notice of proposed adverse action. The AC may confirm the adverse action or modify its position and take a nonadverse action.
 - d. If the AC confirms the adverse action, it will communicate to the program director the confirmed adverse action and the citations, as described above, including comments on the program director's response to these citations.
 - e. The letter of notification, which will include information on the right of the program to appeal the AC's decision, will be sent to the program director, as well as to the persons or agencies entitled to receive copies. The program director may appeal the decision; otherwise, it is final. If the decision is accepted as final, the program director may subsequently request a new review in order to demonstrate that the program is in compliance with the standards.
 - f. Upon receipt of notification of a confirmed adverse accreditation action, the program director must inform, in writing, the fellows and any applicants who have been invited to interview with the program that the adverse action has been confirmed, whether or not the action will be appealed. A copy of the written notice must be sent to the UCNS Director within 50 days of receipt of the AC's letter of notification.
3. **AC Procedures for Appeal of Adverse Actions**
 - a. If the AC takes an adverse action, the program may request a hearing before an appeals panel.

If a written request for such a hearing is not received by the Director of the UCNS within 30 days following receipt of the letter of notification, the action of the AC will be deemed final and not subject to further appeal.

Requests for a hearing must be sent express mail to: UCNS Director, UCNS Executive Office, 1080 Montreal Ave., St. Paul, MN 55116.

If a hearing is requested, the appeals panel will be appointed according to the following procedures:

- 1) The AC shall maintain a list of qualified persons as potential appeals panel members.
 - 2) For a given hearing, the program shall receive a copy of the list of potential appeals panel members and shall have an opportunity to delete a maximum of one-third of the names from the list of potential appeals panel members. Within 15 days of receipt of the list, the program shall submit its revised list to the UCNS Director.
 - 3) A three-member appeals panel will be constituted by the AC from among the remaining names on the list.
- b. When a program requests a hearing before an appeals panel, the program reverts to its status prior to the appealed adverse action until the AC makes a final determination on the status of the program. Nonetheless, at this time fellows and any applicants who have been invited to interview with the program must be informed in writing as to the confirmed adverse action by the AC on the accreditation status. A copy of the written notice must be sent to the UCNS Director within 50 days of receipt of the AC's letter of notification.
 - c. Hearings conducted in conformity with these procedures will be held at a time and place to be determined by the AC. At least 25 days prior to the hearing, the program shall be notified of the time and place of the hearing.
 - d. The program will be given the documentation of the AC action in confirming its adverse action.
 - e. The documents comprising the program file, the record of the AC's action, together with oral and written presentations to the appeals panel, shall be the basis for the recommendations of the appeals panel.
 - f. The appeals panel shall meet and review the written record, and receive the presentations. The AC shall be notified of the hearing and a representative of the AC may attend the hearing to be available to the appeals panel to provide clarification of the record.

Proceedings before an appeals panel are not of an adversary nature as typical in a court of law, but rather, provide an administrative mechanism for peer review of an accreditation decision about an educational program. The appeals panel shall

not be bound by technical rules of evidence usually employed in legal proceedings.

The program may not amend the statistical or narrative descriptions on which the decision of the AC was based. The appeals procedures limit the appeals panel's jurisdiction to clarification of information as of the time when the adverse action was proposed by the AC. Information about the program subsequent to that time cannot be considered in the appeal. Furthermore, the appeals panel shall not consider any changes in the program or descriptions of the program which were not in the record at the time when the AC reviewed the program and confirmed the adverse decision. (Note: When there have been substantial changes in a program and/or correction of citations after the date of the proposed action by the AC, a program may forego an appeal and request a new evaluation and accreditation decision. Such an evaluation will be done in accordance with the AC procedures, including an on-site survey of the program. The adverse status will remain in effect until a re-evaluation and an accreditation decision have been made by the AC).

Presentations shall be limited to clarifications of the record, arguments to address compliance by the program with the published standards for accreditation, and the review of the program in the context of the administrative procedures governing accreditation of programs. Presentations may include written and oral elements. The appellant may make oral arguments to the appeals panel, but the oral argument will be limited to two hours in duration.

The appellant shall communicate with the appeals panel only at the hearing or in writing through the executive director of the AC.

The appeals panel shall make recommendations to the AC whether there is substantial, credible and relevant evidence to support the action taken by the AC, in the matter that is being appealed.

- g. The program may submit additional written material within 15 days after the hearing. The intention to submit such material must be made known to the appeals panel at the hearing.
- h. The appeals panel shall submit its recommendations to the AC within 20 days after receipt of additional written material. The AC shall act on the appeal at its next regularly scheduled meeting.
- i. The decision of the AC in this matter shall be final. There is not provision for further appeal.

- j. The UCNS Director shall, within 15 days following the final AC decision, notify the program under appeal of the decision of the AC.
- k. See Finance section for expenses associated with appeals.

D. Notification of Fellows and Applicants

Program directors must inform current fellows as well as applicants, that is, all persons invited to come for an interview, of the accreditation status of the program as follows.

1. All fellows in a program should be aware of the accreditation status of the program and must be notified of any change in the accreditation status. During fellow interviews, site visitors will routinely inquire when and how fellows and applicants were informed of the accreditation status of the program or any change thereof.
2. If an adverse action regarding the accreditation status of a program is confirmed by the AC, the program director must ensure that all fellows and applicants are advised in writing of the adverse action regarding the program's accreditation status without regard to the status of an appeal. For applicants, the information on accreditation status must be provided in writing prior to having them come to the program for an interview. A copy of the written notification must be submitted to the UCNS Director within 50 days of the date of the notification letter advising the program director of the adverse action.
3. When the AC withholds accreditation of a proposed program, fellows enrolled in a formerly accredited program and applicants who have anticipated accreditation of the proposed program must be advised by the program director in writing of the failure of the program to obtain accreditation and a copy of that notification must be submitted to the UCNS Director within 50 days of the date of the letter of notification to the program director, regardless of institutional intent to appeal that decision.
4. A copy of the letters to fellows and applicants must be kept on file by the program director.

The UCNS Director will monitor compliance with the requirement to notify fellows and applicants in the case of adverse actions and will advise the AC if a program director has failed to comply with the specified procedures. If a program director fails to comply, the AC shall notify the sponsoring institution's GMEC to take appropriate action to ensure that fellows are notified of the program's current accreditation status.

E. Notification of Program Changes

The UCNS Director must be notified promptly of any major changes in the organization of the program, including changes in program directors, institutional sponsorship, loss of significant resources (including key faculty), or discontinuation of rotations to participating institutions. Since the complement of fellows in a program must be commensurate with the total capacity of the program to offer each fellow an educational experience consistent with accreditation standards, any change in the total number of fellows in the training program must be reported to the UCNS Director as well. (AC 5/08)

IV. FINANCE

A. Fee Structure

The AC charges fees to defray the cost of accreditation. These fees are annually determined by the UCNS Board and outlined in the UCNS Policy Compendium.

1. **Accreditation Fee**
The AC will impose a yearly accreditation fee on all accredited programs. This fee covers all of the ongoing costs associated with accreditation, including the following services: the site visit, preparation and distribution of information forms, review of the completed program materials by the council, and notification regarding the decision of the council.
2. **Application Fee**
A fee is charged for processing applications of programs seeking initial accreditation or continued accreditation.
3. **Inactive Fee**
Programs that have been deemed inactive will be assessed an inactive fee.
4. **Appeals Fee**
In the event of an appeal of an adverse action there will be an appeals fee. In addition, the program and the AC will divide equally the following costs associated with the appeal: cost of court reporter, as well as actual expenses for travel, meals, and hotel for appeals panel and AC member.
5. **Procedure**
Fees are payable within 30 days upon receipt of the invoice.

B. Expenses

Meeting and travel-related expenses will be reimbursed to the AC members in accordance with the UCNS Volunteer Travel Policy. Consultants will be eligible for reimbursement of expenses if they are attending the meeting at the request of the AC.

1. **Site Visit**

Specialist site visitors shall be reimbursed by the program being reviewed for actual transportation, meals, and lodging expenses.

V. OPERATIONAL RESPONSIBILITIES

A. UCNS Director

The UCNS Director is responsible for all administrative matters pertaining to the council. The UCNS Director is responsible for the council's following activities:

1. Directs the planning and organization of the AC's meetings, including the development of the AC's agendas.
2. Directs the AC's program review work to ensure that all accreditation actions follow policies and procedures.
3. Plans and provides training for new AC members in the areas of program review and AC policies and procedures.
4. Participates in the decision-making process of the AC by advising on policies and procedures and monitoring AC decisions for adherence to them and for fairness in the application of the published standards.
5. Analyzes program files and review materials before and after meetings and prepares texts of council accreditation actions in accordance with published standards and AC policies and procedures.
6. Supervises the preparation and dissemination of the letters notifying programs and institutions of AC accreditation decisions.
7. Provides consultation to program directors and other institutional officials regarding AC accreditation decisions, the accreditation process, and AC policies and procedures.
8. Coordinates the review and revision of Program Requirements.
9. Develops Program Information Forms and site visitor guidelines, with AC consultation, to collect appropriate information for fellowship program accreditation.
10. Represents the AC in the communication of information, both in oral and written form, regarding AC accreditation of fellowship programs.
11. Supports and directs the work of the AC and/or special projects as assigned.

B. Transacting AC Business Via Conference Telephone Calls

The AC may conduct business via conference call. Constituting a quorum, voting and other parliamentary proceedings shall be subject to the same

requirements as the UCNS Board of Directors proceedings in accordance with the UCNS Bylaws.

VI. GUIDELINES FOR PROGRAM REQUIREMENTS

A. Steps involved in Development and Approval of Program Requirements

The development and revision of Program Requirements is one of the responsibilities of the AC. The AC is expected to review the Program Requirements periodically; at least every five years they must carry out a complete review of the document.

The procedures are as follows:

1. Revision of the Program Requirements and preparation of a justification/impact statement for the proposed revision by the AC.
2. The AC shall submit a draft of revised Program Requirements to all program directors in the subspecialty so that they will have an opportunity to comment before the document is finally approved.
3. Distribution of the revised Program Requirements and the justification/impact statement to the appointing organizations of the AC.
4. Review by the AC of the comments submitted by the various organizations and revision of the document to accommodate these suggestions if they are acceptable to the AC. If the AC disagrees with a suggestion submitted by an AC appointing organization, it should provide a written statement explaining the disagreement.

VII. EFFECTIVE DATE

The effective date of the review policies and any further revisions is the last date printed on the title page. All AC meetings subsequent to the effective date will be guided by the documents as published.

GLOSSARY OF TERMS USED IN GME ACCREDITATION

1. Terms used in Program Requirements (PR)

Desirable: “Desirable” or “highly desirable” are phrases used for aspects of a training program that are not absolutely essential but are considered to be very significant.

Essential: Equates with indispensable and definitely identifies an absolute requirement.

Must: Indicates that something is required and connotes an absolute requirement.

Should: Is used for those dimensions of a training program that are so important that their absence must be justified. If the program has an alternative way to accomplish the intent of the **requirement**, this should be fully described. A program is at risk if it is not in compliance with a “should.”

Suggested: A term, along with its companion “strongly suggested,” used to indicate that something is distinctly urged rather than required. An institution or a program will not be cited for failing to do something that is suggested or strongly suggested.

2. Terms used in the Program Information Form (PIF)

Elective: Indicates a rotation/experience that may be chosen at the fellow’s discretion in consultation with the faculty.

Related Core Program: Supplemental program to the main program.

Required: Designates those experiences required by the program of **ALL** fellows although they may choose which month or year they are to be taken.

3. Other terms used in Graduate Medical Education (GME)

Applicant: Person who submits a completed application. Applicant may be invited to come for an interview for a GME program.

Consortium: Two or more organizations or institutions that have come together to pursue common objectives (e.g. GME). A consortium may serve as a “sponsoring institution” for GME programs if it is formally established as an ongoing institutional entity with a documented commitment to GME.

Designated Institutional Official (DIO): The person in a sponsoring institution of GME who assumes the authority and responsibility for the GME programs.

Fellow: A term used to designate physicians in subspecialty GME programs. Such physicians may also be termed "residents." Other uses of the term "fellow" require modifiers for precision and clarity, e.g. "research fellow."

Institution: An organization having the primary purpose of providing educational and/or health care services (e.g. a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner’s office, a consortium, an educational foundation).

Sponsoring Institution: The institution that assumes the ultimate responsibility for a program of GME.

Primary Institution: The institution that is used most heavily in the residency.

Participating Institution: An institution to which fellows rotate for a required experience.

Other Participating Institution: An institution that provides specific learning experiences within a multi-institutional program of GME. Subsections of institutions, such as department, clinic, or unit of a hospital do not qualify as participating institutions.

Institution Type: (these designations do not apply to all subspecialties)

Affiliated Institution: One that is related to the core program for the purpose of providing limited rotations that complement the experience available in the primary institution. Assignments at affiliated institutions must be made for educational purposes and not to fulfill service needs.

Integrated Institution: One that must formally acknowledge the authority of the subspecialty Program Director over the educational program in that hospital, including the appointments of all faculty and all fellows. Integrated institutions should be in close geographic proximity to the primary institution to allow all fellows to attend joint conferences. If an institution is not in geographic proximity and joint conferences cannot be held, an equivalent educational program in the integrated institution must be fully established and documented. Rotations to integrated institutions are not limited in duration. However, it is expected that the majority of the program will be provided in the primary institution. Prior approval of the UCNS must be obtained for participation of an institution on an integrated basis, regardless of the duration of the rotations.

International Medical Graduate (IMG): A graduate from a medical school outside the United States and Canada (and not accredited by the Liaison Committee on Medical Education (LCME)). IMGs may be citizens of the United States who chose to be educated elsewhere or non-citizens who were admitted to the United States by US Immigration authorities. All IMGs should undertake residency training in the United States before they can obtain a license to practice medicine in the United States even if they were fully trained, licensed, and practicing in another country.

Medical School Affiliation: Institutions that sponsor an accredited program may have a formal relationship with a medical school. Indicate that a medical school affiliation exists for an institution (or program) if the institution (or program) is an important part of the teaching program for the medical school. Do not include only brief, occasional, and/or unique rotations of students or fellows.

Months of Rotation: Refers to the total number of months a typical fellow spends at an institution. If the total number of months that each fellow spends at a location is different for different fellows, use the average (a decimal number may be reported).

Ownership Type of Institution: Refers to the governance, control, or type of ownership of the institution.

Primary Institution: If the sponsoring institution is a hospital, it is by definition the principal or primary institution for the residency program. If the sponsoring institution is a medical school, university, or

consortium of hospitals, the hospital that is used most heavily in the residency program is the principal or primary institution.

Program: The unit of subspecialty education, comprising a series of graduated learning experiences in GME, designed to conform to the program requirements of a particular subspecialty.

Program Director: The official responsible for maintaining the quality of a GME program. Other duties of the Program Director include preparing a written statement outlining the program's educational goals; providing an accurate statistical and narrative description of the program as requested by the UCNS; and providing for the selection, supervision, and evaluation of fellows for appointment to and completion of the program.

Program Letters of Agreement: The sponsoring institution must ensure that for each accredited program, appropriate letters of agreement exist between the sponsoring institution and the participating institutions used by a program that provides specific learning experiences.

Program Merge/Split/Absorption: In a merger, two programs combine to create one new program; the new program becomes the accredited unit and accreditation is voluntarily withdrawn from both former programs. In a split, one program divides into two separate programs and each program receives accreditation. In absorption, one program takes over the other program; the absorbed program is granted voluntary withdrawal status, while the other program remains accredited.

Program Year (see also "Graduate Year"): Refers to the current year of training within a specific program; this may or may not correspond to the graduate year.

Resident: A term that has been used to designate a physician at any level of GME in an accredited program. Participants in accredited subspecialty programs are included. Other uses of the term "resident" require modifiers. The UCNS refers to these physicians involved in post-residency training as fellows.

Scholarly Activity: Educational experiences that include active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship; active participation in journal clubs, research conferences, regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals; participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings; offering of guidance and technical support (e.g., research design, statistical analysis) for fellows involved in research; and provision of support for fellow participation as appropriate in scholarly activities. May be defined in more detail in specific Program Requirements.

Sponsoring Institution (See also "Institution"): The institution that assumes the ultimate responsibility for a program of GME.

Substantial Compliance: The determination of substantial compliance results from a judgment based on all available information as to the degree that the entity being evaluated meets accreditation standards.

Teaching Staff: Any individual who has received a formal assignment to teach fellow physicians. In some institutions, appointment to the medical staff of the hospital constitutes appointment to the teaching staff.