Section 3	Evaluation and	Effective:	July 2015	
	Assessment Processes	Revised:	December 2021	
Policy 3.8	GME Annual Institutional Review (AIR)	Responsibility:	Designated Institutional Official	
GME Annual Institutional Review (AIR)				
Purpose	The purpose of this policy is to establish an Annual Institutional Review (AIR) policy that is compliant with the ACGME Institutional Requirements (I.B.5.):			
	I.B.5. The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR). I.B.5.a) The GMEC must identify institutional performance indicators for the AIR, which include: I.B.5.a).(1) results of the most recent institutional self-study visit; I.B.5.a).(2) results of ACGME surveys of residents/fellows and core faculty members; and, I.B.5.a).(3) notification of each of its ACGME-accredited programs' accreditation statuses and self-study visits. I.B.5.b) The AIR must include monitoring procedures for action plans resulting from the review. I.B.5.c) The DIO must submit a written annual executive summary of the AIR to the Governing Body.			
Policy	Most recent CLEInstitutional Self-Aggregated FacuAggregated Resi	g the Annual Institut w for the AIR will be eviewed by the com red to: tutional Letter of No	ional Review (AIR). the previous mittee should tification (LON) tilable) Reports ty Reports	

- ACGME Attachment #1 and/or most recent program LONs
- Resident funding
- NRMP results
- GME Office resources (i.e., staffing, facilities)
- Program Self-Study
- Special Program Review Reports
- Common themes emerging from APE Reports
- Institutional wellness initiatives
- Institutional quality improvement/patient safety initiatives
- Other Program performance indicators

AIR Committee Membership and Process

AIR committee membership will be determined by the AIR Committee chair. Representation on the AIR will include at least three Program Directors representing surgical, medical and hospital-based programs, respectively. In addition, the AIR committee will include at least one Resident, one Fellow and one Program Coordinator and representatives from participating sites. The AIR committee will begin the AIR in December of each year. The AIR will include review of documents supporting the areas listed in the Policy section of the document. Review will include a Strengths, Weakness, Opportunities and Threats (SWOT) analysis and generation of an Action Plan. The committee members will determine the number of meetings and length of time needed to complete the process.

AIR Report and Action Plan

The Report and Action Plan, prepared by the AIR Committee chair, is presented to the GMEC for approval. This Report contains AIR Report recommended Strategies to opportunities for improvement identified and prioritized. These are then assigned to entities (i.e., GMEC Action Committees, OGME, individuals, etc.) as appropriate to develop the Action Plan (Tactics & Metrics). Progress on Action Plan items will be monitored by the GME Advisory Committee and GMEC. The Action Committee can:

- Incorporate the AIR Action Item into their plan for the current academic year,
- Accept ownership of the AIR Action Item but defer it,
- Reject the AIR Action Item

UTHSCSA Graduate Medical Education Policies

Re	ferences22ACGME Institutional Requirements effective
7/1	/2022 I.B.5.