Designated Institutional Official Responsibilities

In accordance with the ACGME statement regarding the responsibilities of the Designated Institutional Official (DIO), the KUSM-Wichita DIO has the authority and responsibility for the oversight and administration of the KUSM-Wichita ACGME-accredited programs and is responsible for assuring compliance with ACGME Institutional Requirements. The GMEC and the DIO or designee must review all program information forms and any correspondence or document submitted to the ACGME by a Program Director that either addresses program citations or requests changes in the program that would have significant impact on the program, the University or affiliated hospitals including but not limited to:

1) all applications for ACGME accreditation of new programs and subspecialties;
2) changes in resident complement;
3) major changes in program structure or length of training;
4) additions and deletions of participating institutions used in a program;
5) appointments of new Program Directors;
6) progress reports requested by any Review Committee;
7) responses to all proposed adverse actions;
8) requests for increases or any change in resident duty hours;
9) requests for “inactive status” or to reactivate a program;
10) voluntary withdrawals of ACGME-accredited program;
11) requests for an appeal of adverse actions; and, written appeal presentations to the ACGME.
12) appeal presentations to a Board of Appeal or the ACGME.

Any ACGME correspondence requiring review must be sent to the DIO at least two (2) weeks prior to submission to the ACGME.

Additionally, the DIO and/or the Chair of the GMEC shall present an annual report to the Organized Medical Staff(s) (OMS) and the governing body(s) of the major participating JCAHO-accredited hospitals in which the GME programs of the KUSM-W are conducted. This annual report will review the activities of the GMEC during the past year with attention to resident supervision, resident responsibilities, resident evaluation, and the Sponsoring Institution's participating hospitals' and programs' compliance with the duty-hour standards. The GMEC should receive concerns of the OMS related to the items listed above. The GMEC and the OMS should regularly communicate about the safety and quality of patient care provided by the residents.

Approved: GMEC 6/04
Revised GMEC: 4/13/06
Revised GMEC: 4/15/10