

GMEC Policy

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Policy: GMEC Policy

Subject: Graduate Medical Education Committee

Policy Statement:

The purpose of this policy is to establish the Graduate Medical Education Committee to enable the institution to achieve substantial compliance with the Institutional Requirements of the American Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA) and Council of Podiatry Medical Education (CPME) to enable the accredited programs to achieve substantial compliance with Program Requirements. The committee is responsible for oversight authority on all aspects of residency education, including the ethical, professional, and educational environment in which the curricular requirements and the applicable requirements for scholarly activity and the general competencies can be met. The function of the committee is to regularly assess the quality of the graduate medical education programs, the performance of their residents, and the use of outcome assessment results for program improvement.

Procedure Guidelines:

1. **Composition:** The Graduate Medical Education Committee (GMEC) will be composed of program directors, DME, the Vice-Presidents of Medical Affairs, residents from all programs nominated by their peers, the Designated Institutional Official, other appointed faculty physicians, hospital management staff and residency coordinators from each training program. All members of the GMEC are considered voting members.
2. **Meetings:** The GMEC will meet monthly at a convenient time for a majority of the members, with special attention paid to making the time convenient for the resident representatives. Minutes will be kept.
3. **Attendance:** Attendance is mandatory for all members. All absences must be excused. Members may send designees on their behalf if they are unable to attend a meeting (program directors should send another faculty member; residents may ask another resident to attend in his/her place).
4. **Functions of the GMEC:**
 - A. Establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all accredited programs.

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- B. Review annually and make recommendations to the Human Resources Department on resident stipends, benefits, and funding for resident positions to assure that these are reasonable and fair.
- C. Establish and maintain appropriate oversight of and liaison with program directors and assure that program directors establish and maintain proper oversight of and liaison with appropriate personnel of other institutions participating in the accredited programs of the Sponsoring Institution.
- D. Develop and implement formal written policies and procedures governing resident duty hours in compliance with the Institutional, Common and specialty program Requirements. The GMEC must assure that the following requirements are met:
 - I. Each accredited program must establish formal written policies governing resident duty hours that are consistent with the Institutional and Program Requirements. These formal policies must apply to all participating institutions used by the residents and must address the following requirements:
 - a. The educational goals of the program and learning objectives of residents must not be compromised by excessive reliance on residents to fulfill institutional service obligations. Duty-hours and call schedules must be monitored by both the GMEC and programs and adjustments made as necessary to address excessive service demands and/or resident fatigue. Duty hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times.
 - a. Resident duty hours and on-call time periods must be in compliance with the Institutional and Program Requirements. The structuring of duty hours and on-call schedules must focus on the needs for patient safety, continuity of care, and the educational needs of the resident.
 - II. The GMEC must develop and implement procedures to regularly monitor resident duty hours for compliance with the Institutional and Program Requirements.
 - III. The GMEC must develop and implement written procedures to review and endorse requests from programs prior to submission to an RRC for exceptions in the weekly limit on duty hours up to 10 percent or up to a maximum of 88 hours.
- E. Assure and monitors all accredited programs provide appropriate supervision for all residents that are consistent with safe and effective patient care, the educational needs of residents, progressive responsibility appropriate to residents' level of education, competence and experience and other applicable Common and Specialty Program Requirements.
- F. Communicate with leadership of the medical staff regarding the safety and quality of patient care that includes:

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1. The annual report to the OMS
 2. The accreditation status of programs and any citations regarding patient care issues
 3. Description of resident participation in patient safety and quality of care issues.
- G. Assure that each program provides a curriculum and an evaluation system to ensure that residents demonstrate achievement of the core competencies as defined in each set of Common & Specialty Program Requirements.
- H. Establish and implement formal written institutional policies for the selection, evaluation, promotion, transfer, discipline and/or dismissal of residents in compliance with the Institutional and Program Requirements.
- I. Oversight of all program accreditation letters and monitor action plans for the correction of citations and areas of noncompliance.
- J. Management of Sponsoring Institution's accreditation letter from the IRC and appropriate associated OPTIs (Osteopathic Post-Doctoral Training Institutes) develop and monitor action plans for the correction of concerns and areas of noncompliance.
- K. Oversight of program changes to review of the following for approval, to submission to the ACGME/AOA/CPME:
- I. all applications for ACGME/AOA/CPME accreditation of new programs and subspecialties;
 - II. changes in resident complement;
 - III. major changes in program structure or length of training
 - IV. additions and deletions of participating institutions
 - V. appointments of new program directors;
 - VI. progress reports requested by any Review Committee;
 - VII. responses to all proposed adverse actions;
 - VIII. requests for exceptions of resident duty hours
 - IX. voluntary withdrawals of program accreditation programs;
 - X. requests for an appeal of an adverse action; and,
 - XI. appeal presentations to a Board of Appeal or the ACGME/AOA/CPME.
- L. Oversight of all phases of educational experiments and innovations that may deviate from Institutional, Common and specialty specific Program Requirements including:
1. Approval prior to submission to the ACGME and/or respective Review Committee
 2. Adherence to Procedures for "Approving Proposals for Experimentation or Innovative Projects" in ACGME Policies and Procedures

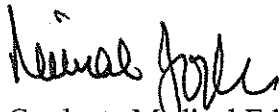
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3. Monitoring quality of education provided to residents for the duration of such a project.
- M. Oversight of all processes related to reductions and/or closures of:
1. Individual programs
 2. Major participating institutions
 3. The Sponsoring Institution
- N. Ensure that the Sponsoring Institution has a policy regarding interactions of residents and GME programs with vendor representatives.
- O. Conduct internal reviews of all ACGME/AOA-accredited programs including subspecialty programs to assess their compliance with the Institutional, Common, and Specialty/subspecialty specific Program Requirements of the ACGME/AOA Residency Review Committees.

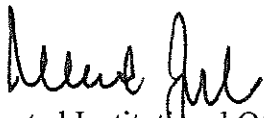
Effective: June 4, 2004

Approved by Graduate Medical Education Committee (date): June 4, 2004

Reviewed: 12/2005 – 6/2006 – 5/2007 – 3/2008



Chair, Graduate Medical Education Committee



Designated Institutional Official