TEXAS TECH HEALTH SCIENCES CENTER EL PASO **Paul L. Foster School of Medicine** **GRADUATE MEDICAL EDUCATION** **Standard Policy and/or Procedure**	

TITLE: Graduate Medical Education Committee (GMEC) Policy

APPROVED: 4/17/2009

REVISED: 06/02/2016; 12/19/2019

EFFECTIVE DATE: 06/02/2016; 12/19/2019

PURPOSE: The Paul L. Foster School of Medicine (PLFSOM) shall maintain a Graduate Medical Education Committee (GMEC) to perform the functions of oversight, review, and approval of the diverse elements related to ACGME and other accredited Graduate Medical Education Programs.

POLICY STATEMENT: This policy details the structure and operational principles of the GMEC.

PROCEDURE(S):

Membership:

A Sponsoring Institution with multiple ACGME-accredited programs must have a GMEC that includes at least the following voting members:

1. the DIO;
2. a representative sample of program directors (minimum of two) from its ACGME-accredited programs;
3. a minimum of two peer-selected residents/fellows from among its ACGME-accredited programs; and,
4. a quality improvement or patient safety officer or designee.

Additional GMEC members and subcommittees:

In order to carry out portions of the GMEC's responsibilities, additional GMEC membership may include others as determined by the GMEC.

Subcommittees that address required GMEC responsibilities must include a peer-selected resident/fellow. Subcommittee actions that address required GMEC responsibilities must be reviewed and approved by the GMEC.

Meetings and Attendance:

The GMEC must meet a minimum of once every quarter during each academic year. Each meeting of the GMEC must include attendance by at least one resident/fellow member.

References: ACGME Institutional Requirements Effective July 1st, 2018   1

The GMEC must maintain meeting minutes that document execution of all required GMEC functions and responsibilities.

It is expected that every core program is represented at each GMEC meeting.

A GMEC voting member may send a faculty (Associate Program Director or Core Faculty) as replacement if unable to attend.

Department Chairs must assure that faculty and House Staff Representative(s) are free from departmental duties to fully participate in GMEC activities.

Voting:

The DIO, Program Directors or one designee, resident representative, and quality improvement/patient safety officer or one designee are considered GMEC voting members.

A quorum will consist of a minimum of 50% of voting members in attendance and required for any voted action to be valid.

1. If there is a majority vote, then the motion is passed.

2. If a quorum is not present or if an item(s) is not presented at the meeting and a decision needs approval before the next scheduled meeting, an electronic communication method will be used with a deadline. Absence of response by the deadline provided will be counted as approval of the motion.

Responsibilities:

GMEC responsibilities must include:

Oversight of:

1. the ACGME accreditation status of the Sponsoring Institution and each of its ACGME-accredited programs;

2. the quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME accredited programs, and its participating sites;

3. the quality of educational experiences in each ACGME accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME

4. the ACGME-accredited program(s)' annual program evaluations and self-studies;

5. all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; and,

6. the provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided.

Review and Approval of:

1. institutional GME policies and procedures;

References: ACGME Institutional Requirements Effective July 1st, 2018   2

2. annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits;

3. applications for ACGME accreditation of new programs;

4. requests for permanent changes in resident/fellow complement;

5. major changes in each of its ACGME-accredited programs' structure or duration of education;

6. additions and deletions of each of its ACGME-accredited programs' participating sites;

7. appointment of new program directors;

8. progress reports requested by a Review Committee;

9. responses to Clinical Learning Environment Review (CLER) reports;

10. requests for exceptions to clinical and educational work hour requirements;

11. voluntary withdrawal of ACGME program accreditation;

12. requests for appeal of an adverse action by a Review Committee; and,

13. appeal presentations to an ACGME Appeals Panel. (Core)

The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR).

The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum:

1. the most recent ACGME institutional letter of notification;

2. results of ACGME surveys of residents/fellows and core faculty members; and,

3. each of its ACGME-accredited programs' ACGME accreditation information, including accreditation statuses and citations.

The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution's Governing Body. The written executive summary must include:

1. a summary of institutional performance on indicators for the AIR; and,

2. action plans and performance monitoring procedures resulting from the AIR.

The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process.

The Special Review process must include a protocol that:

1. establishes criteria for identifying underperformance; and,

2. results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.