Graduate Medical Education Committee

The Graduate Medical Education Committee (GMEC) includes the Designated Institutional Official (DIO), residents nominated by their peers, representative program directors, and administrators. It may also include other members of the faculty or other members as determined. The GMEC meets monthly (November and December meetings are combined). Written minutes are kept by the GME office in the Office of Faculty and Clinical Affairs.

GMEC Voting Membership

Voting member. A member who has attended 50% or more GMEC meetings in the previous calendar year or a new program director within the first calendar year of appointment is counted as a voting member.

Designated voter. A GMEC member may designate another person to attend and vote in the absence of the member

Approved October 23, 2003 by GMEC

GMEC Vice Chair and Chair

The GMEC vice chair will be elected for a two-year term. At the end of the term, the vice chair will assume the chair position, also a two-year term. Elections will occur every two years (November or December).

The GMEC chair position is a two-year term.

A nominating committee, comprised of three GMEC members, will be appointed and chaired by the immediate past-chair of the GMEC. Nominees must be from the GMEC membership and must agree to serve in the vice chair/chair positions. The slate of nominees will be presented at a GMEC meeting and additional nominees may be proposed at that meeting.

RMS (Residency Management Suite) will be used for a confidential ballot.

Responsibilities

The GMEC must establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all programs. These policies and procedures must include:

1. *Stipends and position allocation*. Review annually resident stipends, benefits, and funding for resident positions.

2. *Communication with program directors*.

    a) Ensure that communication mechanisms exist between the GMEC and all program directors within the institution.

    b) Ensure that program directors maintain effective communication mechanisms with the site directors at each participating site for their respective programs to maintain proper oversight at all clinical sites.

3. *Resident duty hours*.

    a) Develop and implement written policies and procedures regarding resident duty hours to ensure compliance with the Institutional, Common, and specialty/subspecialty-specific Program Requirements.

    b) Consider for approval requests from program directors 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 in compliance with ACGME Policies and Procedures for duty hour exceptions.

4. *Resident supervision*. Monitor programs' supervision of residents and ensure that supervision is consistent with:

    a) Provision of safe and effective patient care;

    b) Educational needs of residents;

    c) Progressive responsibility appropriate to residents' level of education, competence, and experience; and,

    d) Other applicable Common and specialty/ subspecialty specific Program Requirements.

5. *Communication with Medical Staff*. Communication between leadership of the medical staff regarding the safety and quality of patient care that includes:

a) The annual report to the OMS;

b) Description of resident participation in patient safety and quality of care education; and,

c) The accreditation status of programs and any citations regarding patient care issues

6. *Curriculum and evaluation*. Assurance that each program provides a curriculum and an evaluation system that enables residents to demonstrate achievement of the ACGME general competencies as defined in the Common and specialty/ subspecialty-specific Program Requirements.

7. *Resident status*. Selection, evaluation, promotion, transfer, discipline, and/or dismissal of residents in compliance with the Institutional and Common Program Requirements.

8. Oversight of program accreditation: Review of all ACGME program accreditation letters of notification and monitoring of action plans for correction of citations and areas of noncompliance.

9. Management of institutional accreditation: Review of the Sponsoring Institution's ACGME letter of notification from the IRC and monitoring of action plans for correction of citations and areas of noncompliance.

10. Oversight of program changes: Review of the following for approval, prior to submission to the ACGME by program directors:

    a) All applications for ACGME accreditation of new programs;

    b) Changes in resident complement;

    c) Major changes in program structure or length of training;

    d) Additions and deletions of participating sites;

    e) Appointments of new program directors;

    f) Progress reports requested by any Review Committee;

    g) Responses to all proposed adverse actions;

    h) Requests for exceptions of resident duty hours;

    i) Voluntary withdrawal of program accreditation;

j) Requests for an appeal of an adverse action; and,

k) Appeal presentations to a Board of Appeal or the ACGME.

11. Experimentation and innovation: Oversight of all phases of educational experiments and innovations that may deviate from Institutional, Common, and specialty/subspecialty-specific Program Requirements, including:

    a) Approval prior to submission to the ACGME and/or respective Review Committee;

    b) Adherence to Procedures for "Approving Proposals for Experimentation or Innovative Projects" in *ACGME Policies and Procedures*; and,

    c) Monitoring quality of education provided to residents for the duration of such a project.

12. *Oversight of reductions and closures*. Oversight of all processes related to reductions and/or closures of:

    a) Individual programs;

    b) Major participating sites; and,

    c) The Sponsoring Institution.

13. *Vendor interactions.* Provision of a statement or institutional policy (not necessarily GME-specific) that addresses interactions between vendor representatives/corporations and residents/GME programs.