

UTHSCSA Graduate Medical Education Policies

Section 1	Administration and Organization	Effective:	July 2012
		Revised:	July 2014 May 2017
Policy 1.6.	Responsibilities of the GME Committee	Responsibility:	Designated Institutional Official

**Responsibilities of the GME Committee**

**Purpose** The GME Committee (GMEC), in collaboration with the Designated Institutional Official (DIO), oversees and takes responsibility for all ACGME-accredited programs of the Sponsoring Institution. The GMEC has responsibility for establishing and implementing policies, monitoring and advising on all aspects of residency education in sponsored GME programs, and adjudicating matters of deliberation.. This responsibility includes ensuring the quality of education and the work environment for all residents in all programs and ensuring compliance with ACGME, NRMP, TMB, ABMS member boards, and other relevant requirements.

**Policy** Specific responsibilities of the GMEC as detailed by the ACGME in the Institutional Requirements effective 7/1/14, and include the following:

1. Membership: The Sponsoring Institution must have a GMEC that includes at least the following voting members:
  - a) the DIO;
  - b) a representative sample of program directors from its ACGME-accredited programs;
  - c) a minimum of two peer-selected residents/fellows; and,
  - d) a quality improvement/safety officer or his or her designee.
- e) 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.
2. Subcommittees
  - a) that address required GMEC responsibilities must include a peer-selected resident/fellow.
  - b) Subcommittee actions that address required GMEC responsibilities must be reviewed and approved by the GMEC.
3. Meetings and Attendance: The GMEC must meet a minimum of once every quarter during each academic year.
  - a) Each meeting of the GMEC must include attendance by at least one resident/fellow member.
  - b) The GMEC must maintain meeting minutes that document execution of all required GMEC functions and responsibilities.
4. Responsibilities: GMEC responsibilities must include:
  - a) Oversight of:
    - 1) the ACGME accreditation status of the Sponsoring Institution and its ACGME-accredited programs;

- (2) the quality of the GME learning and working environment within the Sponsoring Institution, 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 Common and specialty/subspecialty-specific Program Requirements;
- (4) the ACGME-accredited programs' annual evaluation and improvement activities; and,
- (5) all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution.

b) review and approval of:

- (1) institutional GME policies and procedures;
- (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 ACGME-accredited programs' structure or duration of education;
- (6) additions and deletions of 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 duty 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.

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

a) The GMEC must identify institutional performance indicators for the AIR which include:

- (1) results of the most recent institutional self-study visit;
- (2) results of ACGME surveys of residents/fellows and core faculty; and,
- (3) notification of ACGME-accredited programs' accreditation statuses and self-study visits.

- b) The AIR must include monitoring procedures for action plans resulting from the review.
  - c) The DIO must submit a written annual executive summary of the AIR to the Governing Body.
6. The GMEC must demonstrate effective oversight of underperforming programs through a Special Review process.
- a) 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.

**Voting membership** on the committee must include at a minimum the 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.