



SUBJECT Graduate Medical Education Committee (GMEC)	POLICY NUMBER 100.001	PAGE 1 of 4
SOURCE Academic Affairs- Administration	ORIGINATION OR LAST REVISION DATE 11/08/07	EFFECTIVE DATE 12/11/07

POLICY

I. GMEC Composition and Meetings

A. Composition

The purpose of the Graduate Medical Education Committee (GMEC) is to provide monitoring and advising on all aspects of residency education. The Designated Institutional Official (DIO) chairs the GMEC, and voting members are composed of program directors, administrators, peer-nominated residents and members of the faculty.

B. Meetings

The committee meets at least quarterly, and maintains written minutes documenting fulfillment of the committee's responsibilities. Minutes will be housed and available in the Department of Academic Affairs.

II. GMEC Responsibilities

GMEC must:

1. Establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all Accreditation Council for Graduate Medical Education (ACGME)-accredited programs.
2. Review annually and make recommendations to the Sponsoring Institution on resident stipends, benefits, and funding for resident positions to assure that these are reasonable and fair
3. Ensure that communication mechanisms exist between the GMEC and all program directors within the institution.



4. Ensure that program directors maintain effective communication mechanisms with the site directors at each participating institution for their respective programs to maintain proper oversight at all clinical sites.
5. Develop and implement written policies and procedures regarding resident duty hours to ensure compliance with the Institutional, Common, and specialty/subspecialty-specific Program requirements.
6. 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.
7. Monitor programs' supervision of residents and ensure that supervision is consistent with provision of safe and effective patient care; educational needs of residents; progressive responsibility appropriate to resident's level of education, competence, and experience; and, other applicable Common and specialty/subspecialty-specific Program Requirements.
8. Assure 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.
9. Establish and implement written institutional policies for the selection, evaluation, promotion, transfer, discipline, and/or dismissal of residents in compliance with the Institutional and Common Program requirements.
10. Regularly review all ACGME program accreditation letters of notification and monitor action plans for the correction of citations and areas of noncompliance.
11. Regularly review the Sponsoring Institution's ACGME Letter of Notification from the Institutional Review Committee (IRC) and develop and monitor action plans for the correction of citations and areas of noncompliance.
12. Review and approve prior to submission by program directors to the ACGME:



- a. All applications for the ACGME accreditation of new programs and subspecialties;
 - b. Changes in resident complement;
 - c. Major changes in program structure or length of training;
 - d. Additions and deletions of participating institutions;
 - 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. Requests for "inactive status" or to reactivate a program;
 - j. Voluntary withdrawals of program accreditation;
 - k. Requests for an appeal of an adverse action; and,
 - l. Appeal presentations to a Board of Appeal or the ACGME.
13. Conduct internal reviews of all ACGME-accredited programs including subspecialty programs to assess their compliance with the institutional requirements and the program requirements of the ACGME Residency Review Committees.
14. 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.
15. Oversight of all processes related to reductions and/or closures of:
- a) Individual programs;
 - b) Major participating institutions; and,
 - c) The sponsoring Institution

16. Provision of a statement or institutional policy that addresses interactions between vendor representatives/corporations and residents/ GME programs.

REVIEWED AND IN COMPLIANCE WITH:	DATE
ACGME	11/08/07
CHW	11/08/07
JCAHO	11/08/07
RISK/LEGAL	11/08/07
HUMAN RESOURCES	11/08/07
REVISED & APPROVED BY	
Policy/Procedure Committee	11/08/07
Organized Medical Staff	11/08/07
GMEC	12/11/07

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