GRADUATE MEDICAL EDUCATION COMMITTEE

GME 14.1 Review Date: August 2017

Chapter: Graduate Medical Education Committee

I. Purpose

To define the composition, duties, and responsibilities of the University of Utah Graduate Medical Education Committee (GMEC).

The Graduate Medical Education Committee (GMEC) oversees and monitors all aspects of resident\(^1\) education in accordance with ACGME Institutional, Common, and specialty-specific Review Committee Requirements. The GMEC is responsible for establishing and implementing policies and procedures regarding the quality of education and the learning and work environment for residents in all University of Utah ACGME-accredited and non-accredited graduate medical education programs to ensure that residents achieve the ability to practice the highest standard of care in their specialties as independent physicians upon graduation.

II. Duties and Responsibilities:

The GMEC will:

A. Establish policies and procedures consistent with ACGME Institutional, Common, and specialty-specific requirements for wellness and the working environment, alertness management/fatigue mitigation, supervision, selection, evaluation, promotion, dismissal, resident work hours, and moonlighting.

B. Establish policies and procedures for ensuring and monitoring effective, structured hand-over processes to facilitate both continuity of care and patient safety.

C. Establish and maintain liaison with Program Directors, Department Chairs, and appropriate administrative personnel. The GMEC will also ensure that Program Directors establish and maintain proper oversight of and liaison with appropriate personnel of affiliated institutions participating in University of Utah graduate medical education programs.

\(^1\) The term resident in this policy refers to both specialty residents and subspecialty fellows.
D. Establish policies and procedures for dealing with grievances brought forward by residents relevant to the conduct of their graduate medical education programs. The GMEC will ensure that such policies and procedures satisfy the requirements of due process, and that they are applied equally to all residents.

E. Review and approve annual proposals for resident stipends and benefits.

F. Review and monitor program support, resident participation in scholarly activities, and resident participation in interdepartmental patient safety and quality improvement efforts.

G. Coordinate and conduct accreditation mid-cycle internal reviews of all residency programs to ensure compliance with Institutional, Common, and specialty-specific requirements.

H. Regularly review Institutional and Program accreditation letters (ACGME Letters of Notification) and monitor action plans for correction of concerns and areas of non-compliance.

I. Ensure that each Program provides a curriculum and evaluation system to ensure that all residents demonstrate achievement of the ACGME General Competencies.

J. Communicate with the Organized Medical Staff (OMS) regarding the safety and quality of patient care that includes the annual report to the OMS and description of resident participation in patient safety and quality of care and the accreditation status of programs and any citations regarding patient care issues.

K. Review and approve the following prior to submission to the ACGME:
   1. All applications for ACGME accreditation of new programs;
   2. Changes in resident complement;
   3. Major changes in program structure or length of training;
   4. All requests for changes in the program that would have significant impact, including financial, on the program or the institution;
   5. Additions or deletions of participating Institutions;
   6. Appointments of new Program Directors;
   7. Progress reports requested by any Review Committee;
   8. Responses to all proposed adverse actions;
   9. Requests for appeal of an adverse action;
   10. Requests for increases or any change to resident work hours;
   11. Requests for voluntary withdrawal, inactive status, or reactivation of any ACGME accredited program;
   12. Appeal presentations a Board of Appeal or the ACGME; and
   13. Proposals to ACGME for approval of innovative educational approaches.

III. Leadership and Membership

A Chair of the GMEC shall be designated by the Dean of the School of Medicine or designee. GMEC membership shall include representative program directors, peer-selected residents, peer-selected program coordinators, representative of the Sponsoring Institution, the DIO, and
appropriate representatives of major participating institutions. Appointments are recommended by the Chair of the GMEC and voted on by the GMEC membership. Membership is reviewed annually.

A. Voting members of the GMEC include:
   1. GMEC Chair
   2. GMEC Vice Chair
   3. ACGME Designated Institutional Official (DIO)
   4. Director, Office of Graduate Medical Education
   5. Representatives of Major Participating Institutions:
      a. George E. Wahlen Department of Veterans Affairs Medical Center
      b. Intermountain Health Care
      c. Primary Children’s Medical Center
   6. Program Directors or designees from the following Residency Programs:
      a. Family Medicine
      b. General Surgery
      c. Internal Medicine
      d. Neurology
      e. Obstetrics and Gynecology
      f. Pediatrics
      g. Psychiatry
   7. Program Directors or designees from at least 6 residency, advanced residency, or fellowship programs
   8. A maximum of eight (8) Peer-Selected residents
   9. Chair, Resident Interdisciplinary Committee
   10. Two (2) Peer-Selected Program Coordinators (two year term)
   11. GME Director of Quality & Safety
   12. GME Director of Wellness
   13. University Hospital Chief Medical Officer (ex officio)
   14. Dean of the School of Medicine (ex officio)

B. The GMEC will meet on the first Monday of each month. When an approved holiday falls on the first Monday, the GMEC will meet on the second Monday. There is no meeting in July.

C. Term of appointments to the GMEC will be for one year with the potential for automatic reappointment of individuals with their continuation in the roles listed above and minimum meeting attendance records.

D. With advanced notification to the GMEC Chair, GMEC members may occasionally designate a proxy. Proxies may exercise the Committee member’s voting privileges.
E. For purposes of voting, a quorum of the GMEC shall consist of 50% of the voting members. Matters brought to the GMEC will be decided by a simple majority of all voting members who are in attendance.

F. Voting members are required to attend a minimum of 70% of meetings on an annual basis.

IV. GMEC Committees

A. Executive Committee.

The GMEC will designate an Executive Committee, which serves as an adjunct to the GMEC to augment the work of the full committee and to handle issues that are sensitive and more appropriate for a small group. The Executive Committee meets monthly.

The purpose of the Executive Committee is to review letters sent to and received from the ACGME, develop new GMEC policies and processes as needed, annually review existing GMEC policies, annually review GMEC committee membership and attendance, and take any actions needed between regularly scheduled meetings of the GMEC. All actions of the Executive Committee will be reviewed at monthly GMEC meeting and included in the minutes.

The GMEC Chair will also serve as the Executive Committee Chair. Additional members form the GMEC will include the DIO, one resident GMEC member, one participating institutional representative, and three program director GMEC members.

B. GMEC Subcommittees

Standing sub-committees of the GMEC include the following:

1. Program Review Committee. This committee meets monthly and reviews all programs based on both program self-report (via the program’s APE), internal GME data, and data from the ACGME, including Resident and Faculty Surveys, ADS data submitted by the program (to include Resident and Faculty Scholarly Activity, Duty Hours, Case Logs data, etc.), and ACGME Letters of Notification. After reviewing program performance, the subcommittee uses a peer-review format to perform Special Program Reviews and Focused Program Reviews to determine the need for assistance or intervention. These reviews result in a report that describes quality improvement goals, corrective actions, and the process for GMEC monitoring of outcomes.

2. Trainee Health Committee. The purpose of the Trainee Health Committee is to act as one of many resources for program directors who are addressing resident/fellow health or performance issues in order to increase the potential for a resident/fellow who returns to good health and function

3. GME Wellness Committee-The purpose of this committee is to support, coordinate and provide feedback on GME wellness efforts to the GME Wellness Office and the GMEC. This committee typically meets bimonthly (6 times/year) and has representatives from a cross-section of staff, faculty, administration and residents/fellows interested in GME wellness.
4. GME Value Committee-The purpose of this committee is to coordinate training of residents and fellows in delivering value in patient care. The committee meets monthly to discuss, collaborate, and advise on GME-level educational initiatives in value, with particular emphasis on quality improvement, patient safety, and the clinical learning environment. Membership is open to program directors, faculty, staff, and residents with an interest in quality improvement and patient safety education.

5. Resident Interdisciplinary Committee-The Resident Interdisciplinary Council is a resident directed team from all specialties working to enhance patient care, provide a voice for resident issues, contribute to a positive resident experience, and improve resident education. The RIC will typically meet once a month and is supported by GME via the GME Wellness Office. The RIC president is a member of the GMEC.

6. Ad Hoc Committees-Subcommittees may be formed with approval of the GMEC to address issues of a timely nature.