GRADUATE MEDICAL EDUCATION

TRAINEE POLICIES AND PROCEDURES

POLICY: GRADUATE MEDICAL EDUCATION COMMITTEE
Policy Number: 14.1
Chapter: Graduate Medical Education Committee

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

The GMEC oversees and monitors all aspects of GME trainee education, in accordance with ACGME Institutional, Common, and Specialty-specific Requirements, and Policies and Procedures. The GMEC is responsible for establishing and implementing policies and procedures regarding the quality of education and the learning and working environment for trainees in all University of Utah Health (UUH) ACGME-accredited and non-accredited GME programs. This ensures that trainees achieve the ability to practice the highest standard of care in their specialties as independent physicians upon graduation.

Policy:
A. Membership:
   A Sponsoring Institution with multiple ACGME-accredited programs must have a GMEC that includes at least the following voting members:
   1. The Designated Institutional Official (DIO), serving as GMEC Chair
   2. Director, Office of Graduate Medical Education
   3. 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
   4. Program Directors or designees from the following Residency Programs:
      a. Family Medicine
      b. General Surgery

Owner:
Sharee Bracken

Liaison(s):
Mark Harris
Feliz Martinez

Approval Body:
Graduate Medical Education Committee

Current Approval Date:
April 5, 2021

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c. Internal Medicine
d. Neurology
e. Obstetrics and Gynecology
f. Pediatrics
g. Psychiatry
5. Program Directors or designees from at least 6 other residency or fellowship programs
6. A maximum of eight (8) peer-selected trainees
7. Chair, Resident Interdisciplinary Committee
8. Two (2) peer-selected Program Managers that will serve a two-year term
9. GME Director of Value
10. GME Director of Wellness
11. University of Utah Health Chief Medical Officer (ex officio)
12. Dean of the School of Medicine (ex officio)
13. Additional GMEC members and subcommittees:
   a. In order to carry out portions of the GMEC’s responsibilities, additional GMEC membership may include others as determined by the GMEC.
   b. Subcommittees that address required GMEC responsibilities must include a peer-selected trainee.

B. Meetings and Attendance:
1. The GMEC must meet a minimum of once per quarter during each academic year.
   a. 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.
   b. 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.
   c. With advanced notification to the GMEC Chair, GMEC members may occasionally designate a proxy. Proxies may exercise the Committee member’s voting privileges.
   d. 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 in attendance.
   e. Voting members are required to attend a minimum of 70% of meetings on an annual basis.
   f. Each meeting of the GMEC must include attendance by at least one trainee member.
   g. The GMEC must maintain meeting minutes that document execution of all required GMEC functions and responsibilities.
C. **GMEC Sub-Committees:**

1. **Executive Committee**
   a. 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.
   b. The main purpose of the Executive Committee is to take any actions needed between regularly scheduled meetings of the GMEC. All actions of the Executive Committee will be reviewed at monthly GMEC meetings and included in the minutes.
   c. The GMEC Chair will also serve as the Executive Committee Chair. Additional members from the GMEC will include the GME Director, the Resident Interdisciplinary Committee Chair, and three program director GMEC members.

2. **Program Review Committee (PRC):**
   a. This committee meets monthly and reviews all programs based on both program self-report via the program’s Annual Program Evaluation (APE), internal GME data (including Work Hour submission and violations), data from the ACGME Resident and Faculty Surveys and ADS data submitted by the program (including Annual Updates and Case Logs data), and annual Letters of Notification (LONs). After reviewing program performance, the subcommittee uses a peer-review format to perform Special Program Reviews (SPRs) 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.

3. **Resident Interdisciplinary Council (RIC):**
   a. This council is a trainee-directed team from all specialties, working to enhance patient care, provide a voice for resident issues, contribute to a positive trainee experience, and improve resident education. The RIC will typically meet quarterly and is supported by GME via the GME Wellness Office. The RIC chair/president is a member of the GMEC.

4. **Ad hoc Committees/Sub-Committees** may be formed with approval of the GMEC to address issues of a timely manner.
B. **Duties and Responsibilities:**

Per the ACGME Institutional Requirements (effective 7/1/2021, the GMEC responsibilities include:

1. **Oversight of:**
   a. ACGME accreditation and recognition statuses of the Sponsoring Institution and each of its ACGME-accredited programs.
   b. The quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites.
   c. The quality of education 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.
   d. The ACGME-accredited programs’ annual program evaluations and Self-Studies.
   e. All processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution.
   f. The provision of summary information of patient safety reports to trainees, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided.

2. **Review and Approval of:**
   a. Institutional GME policies and procedures.
   b. GMEC subcommittee actions that address required GMEC responsibilities.
   c. Annual recommendations to the Sponsoring Institution’s administration regarding trainee stipends and benefits.
   d. Applications for ACGME accreditation of new programs.
   e. Requests for permanent changes in trainee complements.
   f. Major changes in each of its ACGME-accredited programs’ structure or duration of education, including any change in the designation of a program’s primary clinical site.
   g. Additions and deletions of each of its ACGME-accredited programs’ participating sites.
   h. Appointment of new program directors.
   i. Progress reports requested by a Review Committee.
   j. Responses to Clinical Learning Environment Review (CLER) reports.
   k. Requests for exceptions to clinical and educational
work hour requirements.
I. Voluntary withdrawal of ACGME program accreditation or recognition.

m. Requests for appeal of an adverse action by a Review Committee.
n. Exceptionally qualified candidates for trainee appointments who do not satisfy the Sponsoring Institution’s trainee eligibility policy and/or trainee eligibility requirements in the ACGME Common Program Requirements.

3. 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, to include, at a minimum:
i. The most recent ACGME institutional letter of notification,
ii. Results of ACGME surveys of trainees and core faculty members,
iii. Each of its ACGME-accredited programs’ ACGME information, including accreditation and recognition statuses and citations.

4. The GMEC must demonstrate effective oversight of underperforming programs through a Special Review process.
a. The Special Review process must include a protocol that:
i. Establishes a variety of criteria for identifying underperformance that includes, at a minimum, program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies; and
ii. Results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring outcomes, including timelines.