GRADUATE MEDICAL EDUCATION

TRAINEE POLICIES AND PROCEDURES

POLICY: Graduate Medical Education Committee
Policy Number: 14.1
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 responsibilities include:

A. Oversight of:
   a. the ACGME accreditation status 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 educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Institutional Requirements Common and specialty/subspecialty-specific Program Requirements:

\(^1\) The term resident in this policy refers to both specialty residents and subspecialty fellows.
d. the ACGME-accredited program(s)’ annual program evaluation 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 residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided.

B. Review and approval of:

a. institutional GME policies and procedures;

b. annual recommendations to the Sponsoring Institution’s administration regarding resident/fellow stipends and benefits

c. applications for ACGME accreditation of new programs;

d. requests for permanent changes in resident/fellow complement;

e. major changes in each of its ACGME-accredited programs’ structure or duration of education;

f. additions and deletions of each of its ACGME -accredited programs’ participating sites;

g. appointment of new program directors;

h. progress reports requested by a Review Committee;

i. responses to Clinical Learning Environment Review (CLER) reports;

j. requests for exceptions to clinical and educational work hour requirements;

k. voluntary withdrawal of ACGME program accreditation;

l. requests for appeal of an adverse action by a Review Committee;

m. appeal presentations to an ACGME Appeals Panel.

C. Effective oversight of the Sponsoring Institution’s accreditation through an Annual Institutional Review (AIR).

a. Identification of 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 residents/fellows and core faculty members;

iii. each of its ACGME -accredited programs’ accreditation information, including accreditation statuses and citations.

b. The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution’s Governing Body. The written executive summary must include:

i. a summary of institutional performance on indicators for the AIR;
ii. action plans and performance monitoring procedures resulting from the AIR.

D. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process
   a. The Special Review process must include a protocol that:
      i. establishes criteria for identifying underperformance;
      ii. results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

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. ACGME Designated Institutional Official (DIO)
   3. Director, Office of Graduate Medical Education
   4. 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
   5. 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
   6. Program Directors or designees from at least 6 other residency or fellowship programs
   7. A maximum of eight (8) Peer-Selected residents
   8. Chair, Resident Interdisciplinary Committee
   9. Two (2) Peer-Selected Program Coordinators (two-year term)
10. GME Director of Value
11. GME Director of Wellness
12. University Hospital Chief Medical Officer (ex officio)
13. 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 from the GMEC will include the GME Director, one
resident GMEC member, three program director GMEC members, and
one additional GMEC member.

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
quarterly 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.