I. Policy Statement
   A. The purpose of this policy is to define the composition and responsibilities of the Graduate Medical Education Committee (GMEC) at University of Missouri Health Care (UMHC) in accordance with the standards established by the Accreditation Council for Graduate Medical Education (ACGME) in the institutional requirements.
   B. This policy is important because compliance with ACGME requirements regarding the GMEC is essential for continued accreditation.

II. Definitions
   Not Applicable

III. Process/Content
   A. GMEC Composition and Meetings
      1. The ACGME requires that institutions sponsoring graduate medical education programs have a GMEC.
      2. Voting Members on the GMEC include:
         a. The Designated Institution Official (DIO)
         b. Program Directors of programs that have 11 or more residents
         c. The House Staff Organization (HSO) President, President-Elect, and up to three (3) counselors
         d. Representatives from Hospital Administration
         e. UMHC Chief of Staff
         f. Veteran’s Administration (VA) Hospital Chief/Associate Chief of Staff
         g. Manager of Medical Staff Affairs and Graduate Medical Education (GME)
      3. Other Members (non-voting) include:
         a. University of Missouri (MU) School of Medicine (SOM) Senior Associate Dean for Education and Faculty Development
         b. UMHC Associate Chief Financial Officer and Reimbursement Manager
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c. MU SOM Associate Dean for Education and Improvement/Research Assistant
d. GME Instructional Design Specialist
e. GME Administrator
f. Meetings are open to individuals from any programs who wish to attend as non-voting members

4. The GMEC is required to meet at least quarterly. The GMEC at UMHC endeavors to meet monthly.

5. The GMEC is required to maintain written minutes of their meetings.

B. GMEC Responsibilities

1. The GMEC establishes and implements policies and procedures regarding the quality of education and the work environment for residents in all programs. These policies and procedures include:

   a. Stipends and Position Allocation
      (1) The GMEC annually reviews and makes recommendations to UMHC administration regarding resident stipends, benefits, and funding for resident positions. (See GME-23 Determining Salary-Stipend Policy)

   b. Communication With Program Directors
      (1) The GMEC ensures that communication mechanisms exist between the GMEC and all program directors within the institution.
      (2) The GMEC ensures that program directors maintain effective communication mechanisms with the site directors at each participating location for their respective programs to maintain proper oversight at all clinical sites.

   c. Resident Duty Hours
      (1) The GMEC must develop and implement written policies and procedures regarding resident duty hours to ensure compliance with the Institutional, Common, and Specialty/Subspecialty-specific Program Requirements. (See GME-04 Duty Hours Policy)
      (2) The GMEC will consider for approval requests from program directors, prior to submission to a Residency Review Committee (RRC) for exemptions in the weekly limit on duty hours, up to 10% or up to a maximum of
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88 hours in compliance with ACGME policies and procedures for duty hour exceptions. (See GME-24 Duty Hours Exception Policy).

d. Resident Supervision
   (1) The GMEC monitors programs’ supervision of residents and ensures that supervision is consistent with:
       (a) Provision of safe and effective patient care.
       (b) Educational needs of residents.
       (c) Progressive responsibility appropriate to residents’ levels of education, competence, and experience
       (d) Other applicable Common and Specialty/Subspecialty-specific Program Requirements.

e. Communication with Medical Staff
   (1) The GMEC facilitates communication between leadership of the medical staff regarding the safety and quality of patient care that includes:
       (a) The annual report to the Executive Committee of the Medical Staff.
       (b) Description of resident participation in patient safety and quality of care education.
       (c) The accreditation status of programs and any citations regarding patient care issues.

f. Curriculum and Evaluation
   (1) The GMEC monitors curriculum and evaluation procedures to 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.

g. Resident Status
   (1) The GMEC monitors selection, evaluation, promotion, transfer, discipline and/or dismissal of residents in compliance with the ACGME institutional and program requirements.

h. Oversight of Program Accreditation
(1) The GMEC reviews all of the ACGME program accreditation letters of notification and monitors action plans for correction of citations and areas of noncompliance.

i. Management of Institutional Accreditation
(1) The GMEC reviews the sponsoring institution’s ACGME letter of notification from the Institutional Review Committee (IRC) and monitors action plans for correction of citations and areas of noncompliance.

j. Oversight of Reductions and Closures
(1) The GMEC reviews the following for approval, prior to submission to the ACGME by program directors:
   (a) All applications for ACGME accreditation of new programs
   (b) Changes in resident complement
   (c) Major changes in program structure or length of training
   (d) Additions and deletions of participating sites
   (e) Appointments of new program directors
   (f) Progress reports requested by any RRC
   (g) Responses to all proposed adverse actions
   (h) Requests for exceptions of resident duty hours
   (i) Voluntary withdrawal of program accreditation
   (j) Requests for an appeal of an adverse action
   (k) Appeal presentations to a Board of Appeal or the ACGME

k. Experimentation and Innovation
(1) The GMEC provides oversight of all phases of educational experiments and innovations that may deviate from ACGME Institutional, Common, and Specialty/Subspecialty-Specific Program Requirements, including:
   (a) Approval prior to submission to the ACGME and/or respective RRC
   (b) Adherence to procedures for “Approving Proposals for Experimentation or Innovative Projects” in ACGME Policies and Procedures.
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(c) Monitoring quality of education provided to residents for the duration of such a project.

I. Vendor Interactions

(1) The GMEC supports the UMHC policy that addresses interactions between vendor representatives of corporations and residents in GME programs.

IV Attachments

A. GME-04 Duty Hours Policy.
B. GME-24 Duty Hours Exception Policy

V. References, Regulatory References, Related Documents, or Links
Not Applicable