


Title: Graduate Medical Education - GMEC Composition and Responsibilities-Policy

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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 (MUHC) 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

- a. Not Applicable

III. Process/Content

- a. GMEC Composition and Meetings
 - i. The ACGME requires that institutions sponsoring graduate medical education programs have a GMEC.
 - ii. Voting Members on the GMEC include:
 1. The Designated Institution Official (DIO)
 2. Program Directors of all ACGME accredited residency programs. Program Directors of ACGME accredited fellowships that have 11 or more fellows.
 3. The House Staff Organization (HSO) President, President-Elect.
 4. Representatives from Hospital Administration
 5. MUHC manager of Medical Staff & GME
 6. Veteran's Administration (VA) Hospital Chief/Associate Chief of Staff
 7. Quality Improvement/Patient Safety officer
 8. 2 fellowship directors representing training programs with less than 11 fellows
 - iii. Other Members (non-voting) include:

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1. University of Missouri (MU) School of Medicine (SOM) Senior Associate Dean for Education and Faculty Development
 2. MUHC Chief Financial Officer/Reimbursement Manager
 3. MU SOM Associate Dean for Education and Improvement/Research Assistant
 4. Office of Graduate Medical Education (GME) Manager
 5. All program directors/associate program directors with less than 11 trainees and/or are unaccredited
- iv. The GMEC is required to meet at least quarterly. The GMEC at MUHC is scheduled to meet monthly, the first Tuesday of the month at 4pm.
 - v. The GMEC is required to maintain written minutes of their meetings.
 - vi. A quorum of 50% of vote-eligible members is required for voting on issues.
- b. GMEC Responsibilities
- i. GMEC responsibilities must include:
 1. Oversight of ACGME accreditation and recognition statuses of the Sponsoring Institution and its ACGME-accredited programs.
 2. Oversight of the quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME accredited program, and its participating sites.
 3. Oversight of the quality of educational 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.
 4. Oversight of ACGME accredited programs annual program evaluations and self-study.
 5. Oversight of ACGME accredited programs' implementation of institutional policies for vacation and leave of absence, including medical, parental, and caregiver leaves of absence, at least annually.
 6. Oversight of all processes related to reductions and closures of individual ACGME accredited programs, major participating sites, and the Sponsoring Institution.
 7. Oversight 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.
 8. Review and approval of institutional GME policies and procedures.

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9. Review and approval of GMEC subcommittee actions that address required GMEC responsibilities.
 10. Review and approval of the annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits.
 11. Review and approval of applications for ACGME accreditation of new programs.
 12. Review and approval of requests for permanent changes in resident/fellow compliment.
 13. Review and approval of 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.
 14. Review and approval of additions, and deletions of each of its ACGME accredited programs' participating sites.
 15. Review and approval of the appointment of new program directors.
 16. Review and approval of progress reports requested by a Review Committee.
 17. Review and approval of responses to the Clinical Learning Environment Review (CLER) reports.
 18. Review and approval of requests for exceptions to clinical and educational work hour requirements.
 19. Review and approval of voluntary withdrawal of ACGME program accreditation or recognition.
 20. Review and approval requests for appeal of an adverse action by a Review Committee.
 21. Review and approval of appeal presentations to an ACGME Appeals panel.
 22. Review and approval of exceptionally qualified candidates for resident/fellow appointments who do not satisfy the Sponsoring Institution's resident/fellow eligibility policy and/or resident/fellow eligibility requirements in the Common Program Requirements.
- ii. The GMEC must demonstration 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.

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- ii. Results of ACGME surveys of residents/fellows and core faculty members.
 - iii. Each of its ACGME accredited programs accreditation information, including 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.
 - c. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. 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.
 - ii. Results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines.
- c. Vendor Interactions
 - i. The GMEC supports the MUHC policy that addresses interactions between vendor representatives of corporations and residents in GME programs.

IV. Attachments

- a. [Graduate Medical Education - Work Hour - Policy](#)
- b. Special Review Protocol
- c. Vendor Policy

V. References, Regulatory References, Related Documents, or Links

- a. Not Applicable

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