


# 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 the 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.
- c. [Click here to type why the policy is important.](#)

## 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
    7. Staff
    8. MUHC Chief Clinical Officer
    9. Quality Improvement/Patient Safety officer

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10. 3 fellowship directors from among the institutions fellowships with less than 11 fellows.
- iii. Other Members (non-voting) include:
  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) Administrator
  5. Meetings are open to individuals from any programs who wish to attend as non-voting members
- iv. The GMEC is required to meet at least quarterly. The GMEC at MUHC endeavors to meet monthly.
- 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. The GMEC establishes and implements policies and procedures regarding the quality of education and the work environment for residents in all sponsored programs. These policies and procedures include:
    1. Stipends and Position Allocation
      - a. The GMEC annually reviews and makes recommendations to MUHC administration regarding resident stipends, benefits, and funding for resident positions. (See GME-23 Determining Salary of Residents Policy)
    2. Communication With Program Directors
      - a. The GMEC ensures that communication mechanisms exist between the GMEC and all program directors within the sponsored programs.
      - b. 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.
    3. Resident Work Hours
      - a. The GMEC must develop and implement written policies and procedures regarding resident work hours to ensure compliance with the Institutional, Common, and

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Specialty/Subspecialty-specific Program Requirements. (See GME-04 Work Hours Policy)

- b. 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 work hours, up to 10% or up to a maximum of 88 hours in compliance with ACGME policies and procedures for work hour exceptions. (See GME-24 Work Hours Exception Policy).
4. Resident Supervision
  - a. The GMEC monitors programs' supervision of residents and ensures that supervision is consistent with:
    - i. Provision of safe and effective patient care.
    - ii. Educational needs of residents.
    - iii. Progressive responsibility appropriate to residents' levels of education, competence, and experience
    - iv. Other applicable Common and Specialty/Subspecialty-specific Program Requirements.
5. Communication with Medical Staff
  - a. The GMEC facilitates communication between leadership of the medical staff regarding the safety and quality of patient care that includes:
    - i. The annual report to the Executive Committee of the Medical Staff.
    - ii. Description of resident participation in patient safety and quality of care education.
    - iii. The accreditation status of programs and any citations regarding patient care issues.
6. Curriculum and Evaluation
  - a. 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.
7. Resident Status

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- a. The GMEC monitors selection, evaluation, promotion, transfer, discipline and/or dismissal of residents in compliance with the ACGME institutional and program requirements.
8. Oversight of Program Accreditation
  - a. The GMEC reviews all of the ACGME program accreditation letters of notification and monitors action plans for correction of citations and areas of noncompliance.
9. Management of Institutional Accreditation
  - a. 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.
10. Oversight of Reductions and Closures
  - a. The GMEC reviews the following for approval, prior to submission to the ACGME by program directors:
    - i. All applications for ACGME accreditation of new programs
    - ii. Changes in resident complement
    - iii. Major changes in program structure or length of training
    - iv. Additions and deletions of participating sites
    - v. Appointments of new program directors
    - vi. Progress reports requested by any RRC
    - vii. Responses to all proposed adverse actions
    - viii. Requests for exceptions of resident work hours
    - ix. Voluntary withdrawal of program accreditation
    - x. Requests for an appeal of an adverse action
    - xi. Appeal presentations to a Board of Appeal or the ACGME
11. Experimentation and Innovation
  - a. 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:
    - i. Approval prior to submission to the ACGME and/or respective RRC

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- ii. Adherence to procedures for “Approving Proposals for Experimentation or Innovative Projects” in ACGME Policies and Procedures.
- iii. Monitoring quality of education provided to residents for the duration of such a project.

## 12. Vendor Interactions

- a. 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. [Graduate Medical Education - Request for Work Hour Exemption](#)

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

- a. Not Applicable