

PROCEDURE GME02

Subject:
COMPOSITION AND RESPONSIBILITIES OF
GRADUATE MEDICAL EDUCATION COMMITTEE AND
RESIDENT COUNCIL

Effective Date:
NOVEMBER 2004

Applies to:
THE METHODIST HOSPITAL SYSTEM—GME

Date Revised:
November 2015

Originating Area:
GRADUATE MEDICAL EDUCATION COMMITTEE

Target Review Date:
May 2017

I. GENERAL STATEMENT

The Graduate Medical Education Committee (GMEC) supervises, coordinates, reviews, and assures quality of education in all Accreditation Council for Graduate Medical Education (ACGME)-accredited Programs, which includes Programs for Residents at all levels of training. This committee, through the Designated Institutional Official (DIO), also reviews and assures quality of education in non-ACGME accredited Programs of Graduate Medical Education (GME) (including, but not limited to, Texas Medical Board (TMB)-approved and American Dental Association accredited Programs).

This procedure also describes the selection process, length of term, and responsibilities for the peer-nominated and elected Resident representatives to the GMEC, which also compose the Resident Council.

II. DESCRIPTION OF GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC)

A. Composition:

1. The GMEC will have the following voting members:
 - a. The DIO
 - b. Chair of the GMEC
 - c. A representative sample (not less than 25%) of Program Directors from Methodist-sponsored ACGME-accredited Programs
 - d. One peer-nominated and elected Resident from each Methodist-sponsored Core Discipline Program with at least 5 Residents
 - e. One peer-nominated and elected Resident from Methodist-sponsored non-Core Discipline Programs (including non-ACGME approved programs) and Core Discipline Programs with less than 5 Residents combined by the DIO in associated specialties
 - f. No more than five peer-nominated and elected Program Coordinators for Methodist-sponsored programs, including ACGME, TMB, and non-accredited GMEC-sponsored Programs
 - g. A Methodist-appointed quality improvement/safety officer
2. The DIO may appoint additional voting members to the GMEC, including:

- a. One or more Program Directors of subspecialty or non-Core Discipline Programs, including Texas Medical Board approved fellowships, GMEC-sponsored fellowships, or programs in submission to the ACGME
 - b. One at large Faculty member to be selected based on proven interest in GME
 - c. One or more Residents with proven interest in GME, particularly patient safety and quality improvement
 - 3. Additional GMEC non-voting members may be appointed to the GMEC. Non-voting members include, but are not limited to:
 - a. Program Directors
 - b. Program Faculty
 - c. Residents
 - d. Program Coordinators
 - e. Methodist Physicians with proven interest in GME
 - f. Methodist Hospital administrators charged with oversight of educational activities or funding
 - g. Representatives from Participating Sites
- B. Meetings: The GMEC will meet monthly with an agenda developed by the DIO and the Chair. No absences will be excused. If unable to attend, a voting member must send a knowledgeable surrogate. Any voting member may be replaced after the third absence in an Academic Year.
- C. According to the ACGME Institutional Requirements, the GMEC must review and approve:
- 1. Institutional GME policies and procedures
 - 2. Annual recommendations to the Sponsoring Institution's administration regarding Resident stipends and benefits
 - 3. Applications for ACGME accreditation of new Programs; requests for permanent changes in Resident complement; major changes in ACGME-accredited Programs' structure or duration of education; and additions and deletions of ACGME-accredited Programs' Participating sites
 - 4. Appointment of new Program Directors
 - 5. Progress reports requested by a Review Committee
 - 6. Responses to Clinical Learning Environment Review (CLER) reports
 - 7. Voluntary withdrawal of ACGME Program accreditation
 - 8. Requests for appeal of an adverse action by a Review Committee
 - 9. Appeal presentations to an ACGME Appeals Panel
- D. According to the ACGME Institutional Requirements, the GMEC provide effective oversight of:
- 1. The Sponsoring Institution's ACGME accreditation status through an Annual Institutional Review (AIR) that:
 - a. Identifies Institutional performance indicators
 - b. Uses results of the most recent institutional self-study visit, results of ACGME surveys of Residents and core Faculty, and notification of ACGME-accredited Programs' accreditation statuses and self-study visits
 - c. Monitors action plans resulting from the review
 - 2. The ACGME accreditation status of the Sponsoring Institution's ACGME-accredited Programs

3. The quality of the GME learning and working environment within the Sponsoring Institution, its ACGME-accredited Programs, and its Participating Institutions
 4. 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
 5. The annual evaluation and improvement activities of the sponsored ACGME-accredited Programs
 6. All processes related to reductions and closure of individual ACGME-accredited Programs, major Participating Institutions, and the Sponsoring Institution
 7. Underperforming ACGME-accredited Programs through a Special Review process using a protocol that:
 - a. Establishes criteria for identifying underperformance
 - b. Results in a report describing the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes
- E. The Sponsoring Institution, with the support of the GMEC, must establish and implement formal written policies and procedures for:
1. Resident recruitment and appointment, and monitoring for compliance with these procedures for each ACGME-accredited program
 2. Due process and grievances relating to Adverse Academic Actions, such as Suspension, Non-Renewal, Non-Promotion, and Termination
 3. Personal Time Off and other Leaves of Absence
 4. Supervision of Residents
 5. Effective oversight of Institutional and Program level compliance with ACGME Duty Hour standards, including moonlighting
 6. Interactions between vendor representatives/corporations and Residents and ACGME-accredited Programs
 7. Ensuring that no Resident is required to sign a non-competition guarantee or Restrictive Covenant
 8. Disasters or other interruptions in patient care
 9. Closures and Reductions in size of ACGME-accredited programs or Closure of the Sponsoring Institution
- F. Subcommittees: In order to carry out portions of the GMEC's responsibilities, the GMEC will identify subcommittees to help do the work of the GMEC. Each subcommittee will include a resident, members of the GME community including program directors/associate program directors, program coordinators, and GME administration. Minutes of subcommittee meetings that address required GMEC responsibilities must be reviewed and approved by the GMEC.
- G. DIO: The DIO (or the Chair of the GMEC) must submit a written executive summary of the Annual Institutional Review (AIR) to the Governing Body. This summary must include description of the institutional performance indicators, the performance improvement goals for GME, and the monitoring procedures to address deficiencies identified by the AIR.
- H. Resident Council: The Sponsoring Institution must provide an organization or other forum for residents to communicate and exchange information on their educational and work environments, their programs, and other resident issues. This Council will conduct its forum without the DIO, Faculty members, or other administrators

present. From time to time, the Council may choose to invite these individuals or others to attend at its discretion.

1. Representation. The members of the Resident Council shall include:
 - a. The peer nominated and selected Residents to the GMEC from each Methodist-sponsored Core Discipline Program with at least 5 residents
 - b. The peer-nominated and selected Residents to the GMEC from each Methodist-sponsored non-Core Discipline Program and Core Discipline Programs with less than 5 residents combined by the DIO in associated specialties
2. Length of Terms. Representatives shall serve two-year terms. Terms begin July 1 and expire June 30. Representatives may serve no more than two consecutive terms. A special election will be held to fill a vacancy if the representative or his/her alternate or both are no longer able to serve.
3. Responsibilities. Representatives must attend at least 75% of the scheduled GMEC meetings and may send a proxy to 25% of the GMEC meetings. Representatives must attend at least 75% of the separate Resident Council meetings to be held every three months to discuss the Council's goals, objectives, and action plans.
4. President. Representatives of the Resident Council will be responsible for selecting a President, who will communicate at least monthly or more often with the GME Office and DIO, to communicate resident concerns about their educational and work environments, their programs, and other resident issues.

IV. COMMITTEE REVIEWING OR APPROVING POLICY

1. Graduate Medical Education Committee [14 October 2004] [13 July 2006] [13 November 2008] [10 December 2009] [12 December 2013] [8 May 2014] [12 November 2015]

AUTHORITATIVE REFERENCES

Accreditation Council for Graduate Medical Education, Graduate Medical Education Directory 2004-2005. Chicago: AMA Press, 2004. (www.acgme.org)

In particular, see the Institutional Requirements, effective for Sponsoring Institutions July 1, 2014.