

PROCEDURE GME02

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

Effective Date:
NOVEMBER 2004

Applies to:
HOUSTON METHODIST HOSPITAL SYSTEM—GME

Date Revised:
July 2023

Originating Area:
GRADUATE MEDICAL EDUCATION COMMITTEE

Target Review Date:
July 2026

I. GENERAL STATEMENT

The Graduate Medical Education Committee (GMEC) of the Houston Methodist System 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. 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. 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.
 10. Requests for exceptions to clinical and educational work hour requirements.
- D. The GMEC responsibilities must include provide effective oversight of:
1. The ACGME accreditation status of the Sponsoring Institution and each of its ACGME-accredited programs.
 2. The quality of the GME learning and working environment within the Sponsoring Institution, its ACGME-accredited Programs, and its Participating Institutions.
 3. The quality of educational experiences in each ACGME-accredited program must lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements.
 4. Each ACGME-accredited program(s)'s annual program evaluations and self-studies.
 5. All processes related to reductions and closure of individual ACGME-accredited Programs, major participating sites, and the Sponsoring Institution.

6. 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.
- E. The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR) (See Procedure GME 28)
1. The GMEC must identify institutional performance indicators for the AIR, to include at a minimum:
 - a. The most recent ACGME institutional letter of notification;
 - b. Results of ACGME surveys of residents/fellows and core faculty members; and,
 - c. Each of its ACGME-accredited programs' ACGME accreditation information, including accreditation statuses and citations.
 2. 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:
 - a. A summary of institutional performance on indicators for the AIR; and,
 - b. Action plans and performance monitoring procedures resulting from the AIR.
 3. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. The Special Review process must include a protocol that:
 - a. Establishes criteria for identifying underperformance; and,
 - b. Results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.
- F. 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.
- G. 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.
1. Representation. The programs must be represented in the membership of the subcommittees.

2. Length of Chair Term. Chairs for the subcommittees shall serve two-year terms. Chairs may serve no more than two terms.
- 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. 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] [11 July 2019] [14 September 2022] [12 July 2023]

AUTHORITATIVE REFERENCES

ACGME Institutional Requirements I.B., effective for July 1, 2023.