

Title: Graduate Medical Education Committee Responsibilities

References: ACGME Institutional Requirements (IR, focused revision effective July 1, 2021)

I. Purpose

The Graduate Medical Education (GME) Committee (GMEC), in collaboration with the Designated Institutional Official (DIO), oversees and takes responsibility for all Accreditation Council for Graduate Medical Education (ACGME)-accredited programs of the Sponsoring Institution. The GMEC has responsibility for establishing and implementing policies, monitoring and advising on all aspects of residency education in sponsored GME programs, and adjudicating matters of deliberation. This responsibility includes ensuring the quality of education and the work environment for all residents in all programs and ensuring compliance with ACGME’s responsibility for all ACGME-accredited programs of the Sponsoring Institution.

II. Policy

A. Membership [IR: I.B.1.]

A sponsoring institution with multiple ACGME-accredited programs must have a GMEC that includes at least the following voting members:

- i. the DIO;
- ii. a representative sample of program directors (minimum of two) from its ACGME-accredited programs;
- iii. a minimum of two peer-selected residents/fellows from among its ACGME-accredited programs; and,
- iv. a quality improvement or patient safety officer or designee.

B. Additional GMEC members and subcommittees may be appointed by the DIO in order to carry out portions of the GMEC’s responsibilities.

- i. Chairs of GMEC subcommittees will serve as members of the GMEC at the discretion of the DIO.
- ii. Additional members may be appointed at the discretion of the DIO based on educational and institutional priorities.
- iii. Subcommittees that address required GMEC responsibilities must include a peer-selected resident/fellow.

C. Meetings and Attendance [IR: I.B.3]

- i. GMEC must meet a minimum of once every quarter during each academic year.
- ii. Each meeting of the GMEC must include attendance by at least one resident/fellow member
- iii. The GMEC must maintain meeting minutes that document execution of all required GMEC functions and responsibilities.

D. Responsibilities: GMEC responsibilities must include [IR: I.B.4.]:

- i. Oversight of:
 - 1. ACGME accreditation and recognition statuses of the Sponsoring Institution and its ACGME-accredited programs;
 - 2. Quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME- accredited programs and its participating sites;

3. 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. ACGME-accredited programs' annual evaluations and self-studies;
 5. The 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;
 6. Processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution.
- ii. Review and approval of [IR: I.B.4.b)]
1. institutional and program GME policies and procedures;
 2. GMEC subcommittee actions that address required GMEC responsibilities;
 3. annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits;
 4. applications for ACGME accreditation of new programs;
 5. requests for permanent changes in resident/fellow complement;
 6. major changes in ACGME-accredited programs' structure or duration of education, including any change in the designation of a program's primary clinical site;
 7. additions and deletions of ACGME-accredited programs' participating sites;
 8. appointment of new program directors;
 9. progress reports requested by a Review Committee;
 10. responses to Clinical Learning Environment Review (CLER) reports;
 11. requests for exceptions to clinical and educational work hour requirements (to be considered by the GMEC only in unusual circumstances, after review by DIO);
 12. voluntary withdrawal of ACGME program accreditation or recognition;
 13. request for appeal of an adverse action by an RRC;
 14. appeal presentation to an ACGME Appeals Panel; and,
 15. 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.
- E. The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR). [IR: I.B.5.]
- i. The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum:
 1. the most recent ACGME institutional letter of notification;
 2. results of ACGME surveys of residents/fellows and core faculty members; and,
 3. each of its ACGME-accredited programs' ACGME accreditation information, including accreditation and recognition statuses and citations.
- F. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review Process [IR: I.B.6.]
- i. The special review must include a protocol that:
 1. 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; and,
 2. results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines.
 - ii. The Special Review Process for UTRGV is described in the institutional [Special Review Process Policy](#)