Graduate Medical Education Committee Responsibilities

Policy Category	Graduate Medical Education
Effective Date	July 1, 2015
Revision History	March 2020, May 2021, April 2025, September 2026

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. This policy outlines the responsibilities of the GMEC.

Scope

All UTRGV GME residency and fellowship training programs are accredited by the ACGME.

Policy

A. Oversight

The GMEC is responsible for the oversight of:

1. ACGME accreditation and recognition statuses of the Sponsoring Institution and each of its ACGME-accredited programs (IR 1.12.a);
2. The quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites (IR 1.12.b.);
3. 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 (IR 1.12.c.);
4. The ACGME-accredited program(s)' annual program evaluation(s) and Self-study(ies) (IR 1.12.d.);
5. ACGME-accredited programs' implementation of institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually (IR 1.12.e.);
6. All processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution (IR 1.12.f.) and,
7. 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 (IR 1.12.g).

B. Review and Approval

The GMEC responsibilities must include review and approval of:

1. Institutional GME policies and procedures (IR 1.13.a.);
2. GMEC subcommittee actions that address required GMEC responsibilities (IR 1.13.b.);
3. Annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits (IR 1.13.c.);
4. Applications for ACGME accreditation of new programs (IR 1.13.d.);
5. requests for permanent changes in resident/fellow complement (IR 1.13.e.);
6. 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 (IR 1.13.f.);
7. additions and deletions of each of its ACGME-accredited programs' participating sites (IR 1.13.g.);
8. appointment of new program directors (IR 1.13.h.);
9. progress reports requested by a Review Committee (IR 1.13.i.);
10. responses to Clinical Learning Environment Review (CLER) reports (IR 1.13.j.);
11. requests for exceptions to clinical and educational work hour requirements (IR 1.13.k.);
12. voluntary withdrawal of ACGME program accreditation or recognition (IR 1.13.l.);
13. requests for appeal of an adverse action by a Review Committee (IR 1.13.m.);
14. appeal presentations to an ACGME Appeals Panel (IR 1.13.n.); 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 (IR 1.13.o.).

C. Annual Institutional Report

The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Report (AIR) (IR 1.14.).

1. The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum (IR 1.14.a.):
    - The most recent ACGME institutional letter of notification (IR 1.14.a.1.)
    - Results of ACGME surveys of residents/fellows and core faculty members; (IR 1.14.a.2.) and
    - Each of its ACGME-accredited programs' ACGME accreditation information, including accreditation and recognition statuses and citations (IR 1.14.a.3.).

D. Underperforming Programs

The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process (IR. 1.15.).

1. The Special Review process must include a protocol that (1.15.a.)
    - 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, (IR 1.15.a.1.)
    - Results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines (IR 1.15.a.2.).

Membership and Attendance

A. Membership

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

1. The DIO (IR 1.9.a.1.);
2. A representative sample of program directors (minimum of two) from its ACGME-accredited programs (IR 1.9.a.2.);
3. A minimum of two peer-selected residents/fellows from among its ACGME-accredited programs; and, (IR 1.9.a.3.)
4. A quality improvement or patient safety officer or designee (IR 1.9.a.4.).
5. Other members as identified by the DIO and/or GMEC

Additional GMEC members and subcommittees: To carry out portions of the GMEC's responsibilities, additional GMEC membership may include others as determined by the GMEC (IR 1.10).

1. Subcommittees that address required GMEC responsibilities must include a peer selected resident/fellow (IR. 1.10.a.)

B. Meeting and Attendance

The GMEC must meet a minimum of once every quarter during each academic year (IR 1.11).

1. Each meeting of the GMEC must include attendance by at least one resident/fellow member (IR 1.11.a.).
2. Due to the critical role of the GMEC in overseeing all ACGME programs in collaboration with the DIO, Program Directors who are members should attend 75% or more of meetings. Annual reports on attendance will be provided to PD and their Chair
3. The GMEC must maintain meeting minutes that document execution of all required GMEC functions and responsibilities (IR 1.11.b.)
4. Other members that have been identified will serve on an ad hoc basis and required to attend meetings as deemed necessary

References

ACGME Institutional Requirements