

**TEXAS TECH HEALTH SCIENCES CENTER EL PASO**  
**Paul L. Foster School of Medicine**  
**GRADUATE MEDICAL EDUCATION**  
**Standard Policy and/or Procedure**

**TITLE:** Graduate Medical Education Committee (GMEC) Oversight, Membership and Attendance

**APPROVED:** 4/17/2009

**REVISED:** 06/02/2016

**EFFECTIVE DATE:** 06/02/2016

**PURPOSE:** The Paul L. Foster School of Medicine (PLFSOM) shall maintain a Graduate Medical Education Committee (GMEC) to perform the functions of oversight, review and approval of the diverse elements related to ACGME and other accredited Graduate Medical Education Programs.

**POLICY STATEMENT:** This policy should detail the structure and operational principles of the GMEC.

**PROCEDURE(S):** The GMEC responsibilities are:

**Oversight of:**

1. The accreditation status of the Sponsoring Institution and each of its ACGME and other accredited training programs.
2. The quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME and other accredited training programs, and its participating sites;
3. The quality of educational experiences in each ACGME and other accredited training programs that lead to measurable achievement of educational outcomes as identified in their requirements;
4. The ACGME and other accredited training programs' annual evaluation and improvement activities, and;
5. All processes related to reductions and closures of individual ACGME and other accredited training programs, major participating sites, and the Sponsoring Institution (SI).

**Review and Approval of:**

1. Institutional GME policies and procedures;
2. Annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits;
3. Applications for accreditation of new GME training programs;
4. Requests for permanent changes in resident/fellow complement;
5. Major changes in each of its ACGME and other accredited training programs' structure or duration of education;
6. Additions and deletions of each of its ACGME and other accredited training programs' participating sites;
7. Appointment of new program directors;
8. Progress reports requested by a Review Committee;
9. Responses to Clinical Learning Environment Review (CLER) reports;
10. Requests for exceptions to duty hour requirements;

11. Voluntary withdrawal of ACGME and other accredited training program accreditation;
12. Requests for appeal of an adverse action by a Review Committee; and,
13. Appeal presentations to an ACGME and other Appeals Panel.
14. The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR).
15. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process.

### **Membership:**

The GMEC Membership policy will follow this process in accordance with the ACGME Institutional Requirements and **must** include the following:

1. Designated Institutional Official (DIO)
2. A minimum of two peer-selected residents/fellows
3. One representative of each GME training program (Program Director as primary, Assistant/Associate Program Director(s)/Core Faculty, secondary)
4. A Quality Improvement or Patient Safety Officer or designee
5. Any other members as deemed appropriate by the GMEC

*Ex officio* (non-voting) members: Administrative and support staff of the Office for Graduate Medical Education and any other individual as deemed appropriate by the GMEC.

### **GMEC Subcommittees:**

In order to carry out portions of the GMEC's responsibilities, subcommittees may be created as determined and agreed by the GMEC.

- a. Subcommittees that address required GMEC responsibilities must include a peer-selected resident/fellow.
- b. Subcommittee actions that address required GMEC responsibilities must be reviewed and approved by the GMEC.

### **Attendance and Responsibilities of Members**

The GMEC and GMEC Subcommittee(s) will meet monthly or no less than quarterly. All members of the GMEC are expected to attend at least 75% of all GMEC meetings as scheduled. Each meeting of the GMEC and GMEC Subcommittee(s) must include attendance by at least one resident/fellow member.

A GMEC and GMEC Subcommittee(s) can send a faculty (Associate Program Director or Core Faculty) as replacement if unable to attend. Department Chairs must assure that faculty and House Staff Representative(s) is free from departmental duties to fully participate in GMEC activities. Attendance records will be maintained and members will be notified if attendance becomes problematic.

### **Voting**

A quorum for GMEC and GMEC Subcommittee(s) will consist of a minimum of 50% of voting members in attendance and required for any voted action to be valid.

1. If there is a majority vote, then the motion is passed.
2. If a quorum is not present or if an item(s) is not presented at the meeting and a decision needs approval before the next scheduled meeting, an electronic communication method will be used with a deadline. Absence of response by the deadline provided will be counted as approval of the motion.

**Minutes:**

Minutes will be taken at all GMEC and GMEC Subcommittee(s) meetings and distributed to all members of the GMEC for review, modification or correction and approval.

**Reports:**

The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR), which includes:

1. Results of the most recent institutional self-study visit if available;
2. Results of ACGME surveys of residents/fellows and core faculty members; and,
3. Notification of each of its ACGME and other accredited programs' accreditation status and self-study visits.
4. The AIR must include monitoring procedures for action plans resulting from the review.
5. The DIO must submit a written Annual Executive Summary of the AIR to the Governing Body.

**References:**

ACGME Institutional Requirements Effective July 1<sup>st</sup>, 2015