


Name of Policy:	GME: The Graduate Medical Education Committee	 Revision/review date: 05/20/2024 Original effective date: 05/01/98	
Policy Number:	3364-86-021-00		
Approving Officer:	Dean, College of Medicine and Life Sciences		
Responsible Agent:	Director, Graduate Medical Education		
Scope:	UT College of Medicine Residency Programs		
	New policy proposal		Minor/technical revision of existing policy
	Major revision of existing policy	X	Reaffirmation of existing policy

POLICY

The University of Toledo formally assigns the responsibility for advising the institution on all aspects of the Graduate Medical Education programs under its sponsorship to the Graduate Medical Education Committee.

The University of Toledo formally charges the Graduate Medical Education Committee with the monitoring of all aspects of residency education.

PROCEDURE

I. Chairman.

The Chair of the Graduate Medical Education Committee will be appointed by the Dean of the College of Medicine. The Chair, or designee, will preside over all meetings and be responsible for the content of all meeting agendas. The Chair will advise the Dean of the College of Medicine, through the Senior Associate Dean for Clinical Affiliation, on issues related to Graduate Medical Education in programs sponsored by The University of Toledo. He/She will be responsible for the establishment and the maintenance of institutional policies governing Graduate Medical Education as outlined in Section IV of this policy. The Chair will establish and maintain a positive liaison with the administration of the integrated institutions participating in residency education and all program directors.

II. Membership.

The membership of the Graduate Medical Education Committee will include at least the following:

- The DIO
- A program director from each ACGME accredited program
- A peer-nominated Resident from each ACGME accredited program
- Administrative representatives from, major participating sites, including a quality improvement or patient safety officer or designee

It may also include other members of the faculty or other members as determined by the Chair or Senior Associate Dean for Clinical Affiliation with approval by the Dean of the College of

Medicine. This ensures that all programs have input into the advising, monitoring, and decision making and policymaking process, and voting representation for the educational programs. The involvement of the Residents will assure resident participation and input and allow the resident classes a means of communication with a decision-making committee for the institution in regard to their education. The involvement of the representatives from the participating institutions facilitates communication and understanding of inter-institutional concerns and provides the program directors with direct contact to the administrative system that provides the management of resources dedicated to education.

Additional GMEC members and subcommittees: In order to carry out portions of the GMEC's responsibilities; additional GMEC membership may include others as determined by the GMEC. Subcommittees that address required GMEC responsibilities must include a peer-selected resident/fellow. Subcommittee actions that address required GMEC responsibilities must be reviewed and approved by the GMEC.

III. Meetings.

The Graduate Medical Education Committee will meet regularly, at least once per quarter. Minutes will be kept. The minutes will be reviewed and approved at the following meeting. This will allow appropriate preparation and data gathering by all involved. The minutes will be stored in the Graduate Medical Education Office and will be available for inspection by accreditation personnel.

IV. Responsibilities.

GMEC responsibilities must include 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, each of its ACGME accredited programs, and its participating sites;
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;
4. the ACGME-accredited program(s)' annual evaluation and improvement activities; and,
5. all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution;
6. 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.

GMEC will review and approve:

1. institutional GME policies and procedures;
2. annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits;
3. applications for ACGME accreditation of new programs;
4. requests for permanent changes in resident/fellow complement;
5. major changes in each of its ACGME-accredited programs' structure or duration of education;
6. additions and deletions of each of its ACGME-accredited 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 program accreditation;
12. requests for appeal of an adverse action by a Review Committee; and,
13. appeal presentations to an ACGME Appeals Panel.

V. Annual Institutional Review.

The GMEC must demonstrate effective oversight of the Sponsoring Institution’s accreditation through an Annual Institutional Review (AIR).

The GMEC must identify institutional performance indicators for the AIR, which include:

1. results of the most recent institutional self-study visit and/or institutional letter of notification;
2. results of ACGME surveys of residents/fellows and core faculty members; and,
3. notification of each of its ACGME-accredited programs’ accreditation statuses and self-study visits.

The AIR must include monitoring procedures for action plans resulting from the review. The DIO must submit a written annual executive summary of the AIR to the Governing Body.

VI. Special Review Process.

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

The Special Review process must include a protocol that:

1. establishes criteria for identifying underperformance; and,
2. results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

<p>Approved by:</p> <p><u>/s/ Shaza Aouthmany, M.D.</u> Chair, Graduate Medical Education Committee</p> <p><u>/s/ Christopher J. Cooper, M.D.</u> Dean, College of Medicine and Life Sciences</p> <p>Review/Revision Completed by: <i>Graduate Medical Education Committee</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none"> • None <p>Initial effective date: 5/1998</p> <p>Review/Revision Date: Reviewed 5/01, Reviewed 5/03, Revised 5/05, Reviewed 5/1/07, Revised 5/6/09, Revised 5/3/11, Reviewed 5/7/13, Revised 8/5/15, Revised 11/7/17, Revised 11/5/19, Reviewed 5/2024</p> <p>Next review date: 5/2027</p>
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