

Name of Policy:	GME: The Graduate Medical Education Committee	 Reviewed/Revised: 11/05/19 10/2/2023 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	☐	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. Chair~~man~~.

The Chair of the Graduate Medical Education Committee will be appointed by the Dean of the College of Medicine ~~and Life Sciences (COMLS)~~. 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 COMLS~~, 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 Designated Institutional Official (DIO)
- Director of the Graduate Medical Education Office
- A program director from each ACGME accredited program A Residency and Fellowship Program Director and/or Associate Program Director A program director and/or associate program director from each ACGME accredited program
- A peer nominated Resident from each ACGME accredited program, -aA representative group of Residents and Fellows from each ACGME accredited program nominated by their peers, and up to 2 peer selected Program Coordinators. Program coordinator members serve a two-year term.
- Administrative representatives from, major participating sites, including a quality improvement or patient safety officer or designee.
- It may also include other Additional 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 COMLS.

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~~This ensures that all~~ 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 and Fellows 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. All members of the GMEC are voting members.

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 and Attendance:

- The Graduate Medical Education Committee will meet ~~regularly, at least once per quarter~~ six times per year (every other month on the even numbered months).
 - A Quorum is reached when there are a simple majority of committee members in attendance, including at least 1 peer-selected resident/fellow representative.
 - Meetings are typically conducted remotely via WebEx, in-person meetings may be scheduled as needed.
 - Meetings are recorded expressly for the purposes of taking minutes. Recordings are not circulated to members or others and are deleted by the GME Office staff once minutes have been approved by the GMEC.
- Minutes will be kept ~~documenting~~ documenting the ACGME required GMEC functions and responsibilities. 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.

- Agenda is set by the Committee Chair, and members may request to add items to the agenda two weeks prior to a given meeting (at the discretion of the Committee Chair).
 - A tentative agenda and related materials are emailed to committee members one week prior to each meeting.
 - Some committee business items may be added to the consent agenda at the discretion of the committee Chair.
 - Any materials related to these items should be emailed to committee members one week in advance of each meeting. Any member of the committee may move during a meeting to remove an item from the consent agenda and add it to the discussion agenda.
- Each meeting must include attendance by at least one resident/fellow member.
- GMEC members must vote on GMEC matters, as requested by the Chair.
- GMEC actions requiring approval must pass a vote with greater than or equal to 70% of member approval in attendance at meeting.
- Voting members are required to attend a minimum of 60% of the scheduled meetings annually. Otherwise, they will be removed as ~~will no longer be a voting member.~~

IV. Responsibilities.

GMEC responsibilities must include Oversight of:

1. the ACGME accreditation and recognition 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 programs' annual program evaluation and self-study at least annually;
- ~~3-5.~~ the ACGME accredited program's implementation of the institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually;
- ~~4.~~ the ACGME accredited program(s)' annual evaluation and improvement activities; and,
- ~~5-6.~~ all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; and,
- ~~6-7.~~ 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.

GMEC will review and approve:

1. institutional GME policies and procedures;
- ~~1-2.~~ GMEC subcommittee actions that address GMEC responsibilities;
- ~~2-3.~~ annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits;
- ~~3-4.~~ applications for ACGME accreditation of new programs;
- ~~4-5.~~ requests for permanent changes in resident/fellow complement;
- ~~5-6.~~ major changes in each of its ACGME-accredited programs' structure or duration of education, including any change in designation of a program's primary clinical site;
- ~~6-7.~~ additions and deletions of each of its ACGME-accredited programs' participating sites;
- ~~7-8.~~ appointment of new program directors and associate/assistant program directors;

- ~~9.~~ progress reports requested by a Review Committee;
 - ~~8,10.~~ responses to Clinical Learning Environment Review (CLER) reports;
 - ~~9.~~ responses to Clinical Learning Environment Review (CLER) reports;
 - ~~10,11.~~ requests for exceptions to clinical and educational work hour requirements (duty hours); requirements;
 - ~~11,12.~~ voluntary withdrawal of ACGME program accreditation or recognition;
 - ~~12,13.~~ requests for appeal of an adverse action by a Review Committee; and,
 - ~~14.~~ appeal presentations to an ACGME Appeals Panel; and,
 15. Review and approve if appropriate, exceptionally qualified candidates for resident/fellow appointments who do not specifically satisfy the Sponsoring Institution's resident/fellow eligibility policy and/or the resident/fellow eligibility requirements in the Common Program Requirements.
- ~~Although not applicable, 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 Requirement~~

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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 information, including accreditation and recognition statuses and citations. ~~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 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 or at the discretion of the DIO; and, ~~and, ~~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 timeliness.

