

## SECTION FOUR – INSTITUTIONAL RESPONSIBILITIES

### POLICY NO: 4.2

### SUBJECT: THE INSTITUTIONAL GRADUATE MEDICAL EDUCATION COMMITTEE

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#### I. PURPOSE

GMEC is responsible for establishing policies and procedures regarding the Postgraduate Programs at SPUH, and ensuring that the operation and administration of the Postgraduate Programs comply with such policies and procedures and standards and requirements of the ACGME.

#### II. ADDITIONAL DEFINITIONS

- A. Chairman: The Chairman of the GMEC.
- B. IRC: Internal Review Committee, as designated by the GMEC.

#### III. RESPONSIBILITIES

The GMEC is responsible for monitoring and advising on all aspects of the Postgraduate Programs. Accordingly, it establishes and implements policies that affect all residency programs regarding the quality of education and the work environment for the residents in each program. These policies and procedures include:

- A. Stipends and position allocation: Annual review and recommendations to the Sponsoring Institution regarding resident stipends, benefits, and funding for resident positions.
- B. Communication with program directors:
  - 1. Ensure that communication mechanisms exist between the GMEC and all program directors within the institution.
  - 2. Ensure that program directors maintain effective communication mechanisms with the site directors at each participating institution for their respective programs to maintain proper oversight at all clinical sites.
  - 3. To correct any deviation from the established GME policy procedures
- C. Resident duty hours: The GMEC must:
  - 1. Develop and implement written policies and procedure regarding resident duty hours to ensure compliance with the Institutional, Common, and specialty/subspecialty-specific Program Requirements.
  - 2. Consider for approval requests from program directors prior to submission to an RRC for exceptions in the weekly limit on duty hours up to 10 percent or up to a maximum of 88 hours in compliance with ACGME Policies and procedures for duty hour exceptions.
- D. Resident Supervision: Monitor programs' supervision of residents and ensure that supervision is consistent with:
  - 1. Provision of safe and effective patient care;

2. Educational needs of residents;
  3. Progressive responsibility appropriate to residents' level of education, competence and experience; and
  4. Other applicable Common and specialty/subspecialty-specific program requirements.
- E. Communication with Medical Staff: Communication between leadership of the medical staff regarding the safety and quality of patient care that includes:
1. The annual report to the Board of Trustees through Medical Executive Committee;
  2. Description of resident participation in patient safety and quality of care education; and,
  3. The accreditation status of programs and any citations regarding patient care issues; and,
- F. Curriculum and evaluation: Assurance that each program provides a curriculum and an evaluation system that enables residents to demonstrate achievement of the ACGME general competencies as defined in the Common and specialty/subspecialty-specific Program Requirements.
- G. Resident Status: Selection, evaluation, promotion, transfer, discipline and/or dismissal of residents in compliance with the Institutional and Common Program Requirements.
- H. Oversight of program accreditation: Review of all ACGME program accreditation letters of notification and monitoring of action plans for correction of citations and areas of noncompliance.
- I. Management of institutional accreditation: Review of the Sponsoring Institution's ACGME letter of notification from the IRC and monitoring of action plans for correction of citations and areas of noncompliance.
- J. Oversight of program changes: Review of the following for approval by GMEC and the DIO, prior to submission to the ACGME by program directors:
1. All applications for ACGME accreditation of new programs
  2. Changes in resident complement
  3. Major changes in program structure or length of training
  4. Additions and deletions of participating institutions
  5. Appointments of new program directors
  6. Progress reports requested by any review committee
  7. Responses to all proposed adverse actions
  8. Requests for exceptions of resident duty hours
  9. Voluntary withdrawal of program accreditation
  10. Requests for an appeal of an adverse action; and
  11. Appeal presentations to a Board of Appeal or the ACGME
  12. Request for "inactive status" or to activate a program

- K. Experimentation and innovation: Oversight of all phases of educational experiments and innovations that may deviate from Institutional, Common, and specialty/subspecialty-specific Program requirements, including:
  - 1. Approval prior to submission to the ACGME and/or respective Review Committee
  - 2. Adherence to Procedures for “Approving Proposals for Experimentation or Innovative Projects” in *ACGME Policies and Procedures*; and,
  - 3. Monitoring quality of education provided to residents for the duration of such a project.
  
- L. Oversight of reductions and closures: Oversight of all processes related to reductions and/or closures of:
  - 1. Individual programs;
  - 2. Major participating institutions, and,
  - 3. The Sponsoring Institution
  
- M. Vendor Interactions: Provision of a statement or institutional policy (not necessarily GME-specific) that addresses interactions between vendor representatives/corporations and residents/GME programs.
  
- N. Conduct regular internal reviews of the Post Graduate Programs to assess compliance with Institutional, Common and Program requirements.
  
- O. Other GMEC responsibilities:
  - 1. To ensure that each Postgraduate Program provides, at a minimum, the following:
    - (a) Regular review of ethical, socioeconomic, medical/legal and cost containment issues that affect medical practice;
    - (b) Introduction to communication skills, and to research design, statistics, and critical review of the literature necessary for acquiring skills for lifelong learning;
    - (c) Participation by house officers in departmental scholarly activities, as set forth in the applicable, Institutional and common Program Requirements;
    - (d) An education program on physician impairment, including substance abuse; and
    - (e) Implementation of the terms and conditions of the House Staff Agreement.
  - 2. To ensure that participants in the Postgraduate Programs are dealt with in accordance with GME policies and procedures.
  - 3. To deal with the professional, regulatory and governmental bodies who have authority or responsibility for medical education programs.

#### **IV. MEMBERSHIP OF THE GMEC**

##### **A. In General**

Members of the GMEC, with the exception of house officers serving on the Committee, shall be appointed by the Associate Dean of Medical Education.

Although appointment to the Committee is at the discretion of the Associate Dean of Medical Education, in general, the members of the Committee shall consist of the Director of Graduate Medical Education, the Program Directors for each Postgraduate Program, members of the Teaching Staff, additional faculty, and representatives of SPUH's senior management. In addition, at least one house officer from each sponsored program will be nominated by their peers and assigned to the Committee, subject to the final approval of the Chairman.

B. Chairman:

The Associate Dean of Medical Education, or his designee, shall serve as the Chairman of the GMEC. The Chairman shall be responsible for the overall operation and administration of the GMEC.

**V. MEETINGS OF THE GMEC**

A. Regular Meetings:

Regular meetings of the GMEC shall be held no less than **four (4)** times per academic year or at the call of the Chairman. Notice of regular meetings will be provided by the Chairman at least two (2) days in advance.

B. Special Meetings:

Special meetings of the GMEC may be called at any time by the Chairman. Notice of any special meeting will be provided at least one (1) day in advance. The business to be transacted at any special meeting shall be specified in the notice.

C. Attendance at Meetings:

Committee members are expected to attend all regular and special meetings unless absence is justified. In the event any Committee member is unable to attend a regular or special meeting, the Committee member shall provide advance notice of his or her planned absence to the Chairman.

D. Minutes:

The Director of Medical Education/DIO shall record the minutes of all meetings of the GMEC. In the event the DIO is absent from any meeting, the Chairman shall designate another member of the Committee to record the minutes for purposes of that meeting. Minutes shall be maintained by the Chairman in the Office of Medical Education.

**VI. ACTION BY THE GMEC**

A. Quorum and Action:

A majority of the members of the Committee shall constitute a quorum. The affirmative vote of a majority of the Committee at a meeting at which a quorum is present shall be action of the Committee.

B. Adoption of Policies and Procedures:

The Committee may adopt such policies and procedures as may be necessary for the proper conduct of its work, with the approval of at least a majority of those present at any duly organized meeting. Such policies and procedures shall be made a part of SPUH's Postgraduate Program Policies and Procedures Manual.

All policies and procedures adopted by the GMEC shall be consistent with the policies of SPUH and shall not conflict with the certificate of incorporation, bylaws or other instruments governing SPUH, its Executive Administration, the Bylaws, Rules and Regulations of the Medical Staff of SPUH, or the applicable laws of any federal, state or local body having jurisdiction over the Postgraduate Programs sponsored by SPUH.

C. Amendments:

Any policies and procedures adopted by the GMEC may be amended in the same manner set forth above for their adoption.

## **VII. TECHNOLOGICAL SUPPORT OF THE GMEC**

Computers, communication networks, telephones and information resources of SPUH, including access to the internet, exist at SPUH to support members of the GMEC, Teaching Staff and house staff. SPUH encourages and promotes the use of SPUH's technologies and resources to assist the GMEC, Teaching Staff and house staff in carrying out the healthcare, education, research and public service missions of SPUH. Access to and use of these resources are subject to restriction or prohibition for purposes or activities that (i) are contrary to applicable laws such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA); (ii) are contrary to the certificate of incorporation, bylaws, policies or procedures of SPUH; or (iii) do not support SPUH's missions or goals.