

**POLICY: GMEC Responsibilities**

**PURPOSE: To provide a policy on the responsibilities and organization of the GMEC**

The UCSF Fresno Graduate Medical Education Committee (GMEC) has the responsibility for monitoring and advising on all aspects of residency education in compliance with the requirements of the Accreditation Council on Graduate Medical Education (ACGME).

A Sponsoring Institution with multiple ACGME-accredited programs must have a GMEC that includes at least the following voting members: (1.9.)

- DIO;
- A representative sample of program directors (minimum of 2) from its ACGME-accredited programs;
- A minimum of two peer-selected residents/fellows from among its ACGME-accredited programs;
- A quality improvement or patient safety officer or designee.

Responsibilities of GMEC (1.12.)

- 1) The ACGME institutional requirements state that the UCSF Fresno GMEC must include oversight of the ACGME accreditation status of the Sponsoring Institution and its ACGME-accredited programs, the quality of the GME learning and work environment within the Sponsoring Institution, its ACGME-accredited programs, and its participating sites; 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; the ACGME-accredited programs' annual evaluation and self-studies; 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; all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites and the Sponsoring Institution; and 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.

2) Review and approve prior to submission to the ACGME

- a) Institutional GME policies and procedures;
- b) Annual recommendations to the Sponsoring Institution's administration regarding trainee stipends and benefits;
- c) Applications for ACGME accreditation of new programs and subspecialties;
- d) Requests for permanent changes in trainee complement;
- e) Major changes in each ACGME-accredited programs' structure or length of training; including any change in the designation of a program's primary clinical site:
  - Additions and deletions of each ACGME-accredited programs' participating sites;
  - Appointments of new program directors;
  - Progress reports requested by a Review Committee;
  - Requests for exceptions to clinical and educational work hour requirements;
  - Voluntary withdrawal of ACGME program accreditation or recognition;
  - Requests for an appeal of an adverse action by a Review Committee; and appeal presentations to an ACGME Appeals Panel;
  - Exceptionally qualified candidates for trainee appointments who do not satisfy the Sponsoring Institution's trainee eligibility policy and/or trainee eligibility requirements in the Common Program Requirements.

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

The GMEC must identify institutional performance indicators for the AIR to include at a minimum:

- a) The most recent ACGME institutional letter of notification;
- b) Results of ACGME surveys of residents/fellows and core faculty members; and
- c) All the ACGME-accredited program's ACGME accreditation information, including accreditation statuses and citations.

The DIO must submit a written annual executive summary of the AIR to the Sponsoring Institution's Governing Body that must include:

- a) A summary of institutional performance on indicators for the AIR; and
- b) Action plans and performance monitoring procedures resulting from the AIR.

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

The Special Review process must include a protocol that:

- 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,
- results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines.

Organization of GMEC:

The Designated Institutional Official (DIO) or their designee (in the DIO's absence) reviews and cosigns all program information forms and any/all documents and/or correspondence to be submitted to GMEC for review, discussion, and approval prior to submission to the ACGME by program directors.

### **Sub Committees**

The UCSF Fresno GMEC utilizes established sub-committees to conduct the regular tasks and assignments of the GMEC in the assigned areas of responsibility. The sub-committees are responsible to the GMEC and shall make recommendations to the GMEC for actions or approval. GMEC meetings are held every other month. Sub-committees should meet as noted below unless determined by the GMEC Chair that an ad hoc basis is appropriate. Formal minutes shall be recorded for presentation to the GMEC meeting for review and approval. Should a GMEC matter require an immediate decision, the Chair of the GMEC (or designee) may call an ad hoc GMEC meeting or conduct a membership vote toward a decision until the next regularly scheduled GMEC meeting is conducted.

Established sub-committees are as follows:

- A. Work Hours
- B. Faculty Development
- C. Wellness (LIVE)
- D. Diversity
- E. Ad-Hoc Recruitment

Voting Membership:

The voting membership of the UCSF Fresno Graduate Medical Education Committee is comprised of the DIO, Director of Graduate Medical Education, 1 vote per program chief, 1 vote per program director, 1 vote per resident/fellow members, 1 institutional partner vote per affiliate, with a total

of 39 members. A quorum will have been established at 8 voting members (including at least one resident/fellow). Only voting members can vote or send a proxy to vote on their behalf when unable to attend meetings.

All members are responsible for communicating the actions of the GMEC back to their program faculty, residents/fellows, and staff as appropriate.

*Leadership:*

Assistant Dean, Graduate Medical Education, DIO

*Residency Program Membership*

Chief, Emergency Medicine

Chief, Family and Community Medicine

Chief, Internal Medicine

Chief, OB/GYN

Chief, Orthopaedic Surgery

Chief, Pediatrics

Chief, Psychiatry

Chief, Surgery

Chief, Oral Maxillofacial Surgery

Program Director, Internal Medicine

Program Director, Cardiovascular Disease

Program Director, Endocrinology, diabetes, and metabolism

Program Director, Gastroenterology

Program Director, Hematology and Medical Oncology

Program Director, Infectious Diseases

Program Director, Interventional Cardiology

Program Director, Pulmonary Critical Care

Program Director, Sleep Medicine

Program Director, OB/GYN

Program Director, Orthopaedic Surgery

Program Director, Pediatrics

Program Director, Psychiatry

Program Director, Surgery

Program Director, Surgical Critical Care

Program Director, Oral Maxillofacial Surgery

Program Director, Family and Community Medicine

Program Director, Hospice and Palliative Medicine

Program Director, Emergency Medicine

*Resident/Fellow Membership* (House staff vote conducted annually/nominated by peers)

6 Peer Selected Residents/Fellows

*Institutional Partner Membership*

Chief Education Officer, VACCHCS  
CRMC (Patient Safety / QI representative)  
United Health Centers of the San Joaquin Valley

*Other Membership*

Director of Graduate Medical Education, UCSF Fresno