UCSF Fresno

GMEC Approval Date: 7/15/2025
Revised: 7/2025
Superseded: 11/17/2020
Next Revision Date: 7/2028

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 of 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