



# OMEKO

## **Graduate Medical Education Policy**

Approved by the GMEC (Graduate Medical Education Committee) on

**Effective Date:**

**Review Date:** May 2023 (New)

**Next Review Date:**

**Corresponding Forms/Templates/Pathways:** [Local GMEC template minutes.xlsx](#)

### **Policy Title: Local GME (Graduate Medical Education) Subcommittee Policy**

**Purpose:** To describe the content that is required to be discussed and documented at the level of the local Sponsored Program when a local GME meeting is required by the Sponsoring institution.

**Policy Type:** Sponsoring Institution Policy

**Membership and Appointment:** Membership should include the Program Directors (or their designee) of each Sponsored Program. Sponsored Programs are required to have a local GMEC if they have more than five residency or fellowship training programs.

One individual (if it is different from one of the assigned Program Directors) that is responsible for monitoring patient safety and quality improvement.

One or more individuals that are involved in GME but are not the Program Director or the person tasked for patient safety and quality improvement. Often this member is administrative in nature and can respond to concerns as it relates to the clinical learning environment or issues as they relate to salary and benefits.

One Trainee from the training programs must be a member of this committee and should be peer selected. They should be considered voting members.

**Chair:** The Chair of the GMEC should be a Program Director of one of the training programs.

**Frequency of Meetings and Quorum:** Meetings will be held at a minimum semi-annually and more frequently at the discretion of the local GMEC Chair. The Quorum will have at least three voting members.

**Record of Meetings:** Minutes should be recorded and translated to the spreadsheet created by the Sponsoring Institution.

### **Meeting Items that Should be Discussed at Local GMEC:**

- I.B.4.a). (1) ACGME (Accreditation Council for Graduate Medical Education) accreditation and recognition statuses of the local program/s;
- I.B.4.a). (2) the quality of the GME learning and working environment within the local Institution
- I.B.4.a). (4) the ACGME-accredited program(s)' annual program evaluation(s) and Self-Study(ies); (Core)
- I.B.4.a). (5) 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; (Core)
- I.B.4.a). (6) all processes related to reductions and closures of the individual ACGME-accredited programs within the local GMEC as well as major participating sites (Core)
- I.B.4.a). (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. (Detail)
- I.B.4.b) review and approval of:
- I.B.4.b). (1) institutional GME policies and procedures; (Core)
- I.B.4.b). (2) GMEC subcommittee actions that address required GMEC responsibilities; (Core) I.B.4.b). (3) annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits; (Core)
- I.B.4.b). (4) applications for ACGME accreditation of new programs that may be added to the local community and would have a responsibility to the local GMEC; (Core)
- I.B.4.b). (5) requests for permanent changes in resident/fellow complement prior to submission to the sponsoring institution with a rationale for the complement increase in addition to determining how the funding will be derived; (Core)
- I.B.4.b). (6) major changes in each of its ACGME-accredited programs' structure or duration of education, including any change in the designation of a program's primary clinical site; (Core)
- I.B.4.b). (7) additions and deletions of each of its ACGME-accredited programs' participating sites; (Core)
- I.B.4.b). (8) appointment of new program directors; (Core)
- I.B.4.b). (9) progress reports requested by a Review Committee; (Core)
- I.B.4.b). (10) responses to Clinical Learning Environment Review (CLER) reports; (Core)
- I.B.4.b). (11) requests for exceptions to clinical and educational work hour requirements; (Core) I.B.4.b). (12) voluntary withdrawal of ACGME program accreditation or recognition; (Core) I.B.4.b). (13) requests for appeal of an adverse action by a Review Committee; and (Core) I.B.4.b). (14) appeal presentations to an ACGME Appeals Panel; and (Core)
- I.B.4.b). (15) 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 Requirements. (Core)

**Reporting Mechanism:** Minutes of the meetings will be submitted to the Chair of the GMEC and the DIO (Designated Institutional Official) two weeks prior to the Quarterly GMEC meetings held at OSU Medical Center.

### **Functions and Delegated Authority:**

The Local GMEC will convene local business to ensure that local matters are being addressed as they come forward in a timely function. The local GMEC serves as a leadership team within their local

community clinical learning environment. They will function in a mechanism that serves as a local resource for their Trainees to address issues that may best be handled at a local level. Issues not resolved to the satisfaction of the program at a local level will escalate to the resident forum, the Sponsoring Institution or to the DIO directly.

The DIO will serve as a consultant in all matters that are not readily resolved in the area of local GME.