

**UC Riverside, School of Medicine Policies and Procedures**

**Policy Title:** GMEC Responsibilities and Membership Policy

**Policy Number:** 950-09-025

<b>Responsible Officer:</b>	Associate Dean for Graduate Medical Education
<b>Responsible Office:</b>	Graduate Medical Education
<b>Origination Date:</b>	07/2021
<b>Date of Revision:</b>	
<b>Scope:</b>	The Graduate Medical Education Committee (GMEC) voted to fully endorse and adhere to the Accreditation Council for Graduate Medical Education (ACGME) requirements for the Graduate Medical Education Committee as contained in the ACGME Institutional Requirements section IB (effective July 1, 2021). Institution-specific comments are added in italics.

**I. Policy Summary**

**A. Membership**

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

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

**B. 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.

1. Subcommittees that address required GMEC responsibilities must include a peer- selected resident/fellow

*Membership on the GMEC must include the Designated Institutional Official (DIO), Designated Safety Officer (DSO), peer-selected residents/fellows, representative program directors and administrators.*

1. *Program Directors/Chairs, residents, fellows, school of medicine representatives and designated safety officers are voting members of the GMEC. Voting members are expected to attend 75% of GMEC meetings. If attendance of any voting member falls below 75% in a given academic year, the other Committee members (by a simple majority) may determine if membership should be discontinued.*
2. *Resident members must be in good standing and must be peer selected. A resident can only maintain representation on the GMEC if his/her Program Director is also on the GMEC. Each program represented by a resident gets one vote.*

3. *Quorum is met if the following are present: Chair of the Committee (or designee), one peer-selected GMEC resident/fellow member, four GMEC faculty members with voting rights.*
4. *Information received, reviewed and discussed by Committee member is considered confidential and must not be disclosed outside of the GMEC meetings. Evidence of any violation of this may result in immediate dismissal from the Committee. This decision will be determined by the other GMEC members.*

**C. GMEC Meeting Schedules**

1. Meetings and Attendance: The GMEC must meet a minimum of once every quarter during each academic year.
2. Each meeting of the GMEC must include attendance by at least one resident/fellow member.
3. The GMEC must maintain meeting minutes that document execution of all required GMEC functions and responsibilities.

*At UCR, GMEC meetings will be held 12 times per year and will maintain written minutes of each meeting.*

**II. Definitions**

N/A

**III. Policy Text**

N/A

**IV. Responsibilities**

GMEC responsibilities must include:

**A. Oversight of:**

1. The ACGME accreditation and recognition statuses 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 program(s)' annual evaluation(s) and self study(ies);
5. All processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; and
6. 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.

**B. Review and approval of:**

1. Institutional GME policies and procedures;
2. GMEC subcommittee actions that address required GMEC responsibilities; core
3. Annual recommendations to the Sponsoring Institution's
4. administration regarding resident/fellow stipends and benefits; I.B.4.b).(3) applications for ACGME accreditation of new programs,
5. Requests for permanent changes in resident/fellow complement; I.B.4.b).(5) major changes in each of its ACGME-accredited programs' structure or duration of education, including any change in the designation of a programs primary clinical site;
6. Additions and deletions of each of its ACGME-accredited programs' participating sites;
7. Appointment of new program directors;
8. Progress reports requested by a Review Committee;
9. Responses to Clinical Learning Environment Review (CLER) reports;
10. Requests for exceptions to clinical and educational work hour requirements;
11. Voluntary withdrawal of ACGME program accreditation or recognition;
12. requests for appeal of an adverse action by a Review Committee;
13. appeal presentations to an ACGME Appeals Panel; and
14. 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.

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

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

1. The most recent ACGME institutional letter of notification;
2. Results of ACGME surveys of residents/fellows and core faculty members; and,
3. Each of its ACGME-accredited programs' accreditation information, including accreditation and recognition statuses and citations.

**B. The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution's Governing Body. The written executive summary must include:**

1. A summary of institutional performance on indicators for the AIR; and,
2. Action plans and performance monitoring procedures resulting from the AIR.

**C. 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 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,

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

*The GMEC must also review and approve requests by programs to have external trainees (ACGME- accredited or non-ACGME trainees) rotate in their programs (UCR SOM) or one of its affiliate sites.*

**V. Procedures**

N/A

**VI. Forms/Instructions**

N/A

**VII. Related Information**

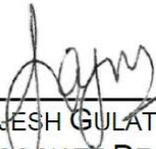
N/A

**VIII. Revision History**

N/A

**Approvals:**

COMPLIANCE COMMITTEE (08/20/2021)



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