



Lexington Medical Center
Graduate Medical Education Policy
Policy #LMC.GME.01

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Membership and Responsibilities of the Graduate Medical Education Committee at Lexington Medical Center

Purpose:

The purpose of this policy is to define and describe the membership and requirements of the Graduate Medical Education Committee (GMEC) as it relates to all ACGME-accredited training programs at Lexington Medical Center.

Scope:

This policy applies to all residents, fellows, and program personnel involved in any ACGME accredited programs under the sponsorship of Lexington Medical Center.

Policy:

1. Membership

Until LMC achieves ACGME accreditation for a program, its GMEC will include the following voting members:

- The DIO;
- The program director of a developing program when the program director is not the DIO;
- The individual or designee responsible for monitoring quality improvement or patient safety if this individual is not the DIO or program director; and,
- One or more individuals from a different department than that of the developing program specialty (and other than the quality improvement or patient safety member), within or from outside the Sponsoring Institution, at least one of whom is actively involved in graduate medical education.

Once LMC achieves ACGME accreditation for one program and has residents in the program, its GMEC will include the following voting members:

- The DIO;
- The program director when the program director is not the DIO;
- A minimum of two peer-selected residents/fellows from its ACGME-accredited program
- The individual or designee responsible for monitoring quality improvement or patient safety if this individual is not the DIO or program director; and,
- One or more individuals from a different department than that of the program specialty (and other than the quality improvement or patient safety member), within or from outside the Sponsoring Institution, at least one of whom is actively involved in graduate medical education.

Once LMC achieves ACGME accreditation for multiple programs and has residents in its programs, its GMEC will include the following voting members:

- The DIO;
 - The program directors from all of its ACGME-accredited programs;
 - A minimum of two peer-selected residents/fellows from among its ACGME-accredited programs; and,
 - A quality improvement or patient safety officer or designee.
- a. 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.
- i. Subcommittees that address required GMEC responsibilities will be reviewed and approved by the GMEC and will include a peer-selected resident/fellow (once residents begin).
 - ii. Subcommittee actions that address required GMEC responsibilities will be reviewed and approved by the GMEC.
- b. Meetings and Attendance: The GMEC meets a minimum of once every quarter during each academic year.
- i. Once residents begin, each meeting of the GMEC will include attendance by at least one resident/fellow member
 - ii. The GMEC maintains meeting minutes that document execution of all required GMEC functions and responsibilities.
2. Responsibilities: GMEC responsibilities include:
- a. Oversight of:
- i. The ACGME accreditation status of the Sponsoring Institution and each of its ACGME-accredited programs;
 - ii. The quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites;
 - iii. 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;
 - iv. The ACGME-accredited program(s)’ annual program evaluations and self-studies;
 - v. All processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; and,
 - vi. The provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At minimum, this oversight must include verification that such summary information is being provided.
- b. Review and approval of:
- i. Institutional GME policies and procedures;
 - ii. Annual recommendations to the Sponsoring Institution’s administration regarding resident/fellow stipends and benefits;
 - iii. Applications for ACGME accreditation of new programs;

- iv. Requests for permanent changes in resident/fellow complement;
 - v. Major changes in each of its ACGME-accredited programs' structure or duration of education;
 - vi. Additions and deletions of each of its ACGME-accredited program's participating sites;
 - vii. Appointment of new program directors;
 - viii. Progress reports requested by a Review Committee;
 - ix. Responses to Clinical Learning Environment Review (CLER) reports;
 - x. Requests for exceptions to clinical and educational work hour requirements;
 - xi. Voluntary withdrawal of ACGME program accreditation;
 - xii. Requests for appeal of an adverse action by a Review Committee;
 - xiii. Appeal presentations to an ACGME Appeals Panel; and
 - xiv. 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.
3. The GMEC demonstrates effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR).
- a. The GMEC identifies institutional performance indicators for the AIR that include, at a minimum:
 - i. The most recent ACGME institutional letter of notification;
 - ii. Results of ACGME surveys of residents/fellows and core faculty members; and,
 - iii. Each of its ACGME-accredited programs' ACGME accreditation information, including accreditation statuses and citations.
 - b. The DIO annually submits a written executive summary of the AIR to the Sponsoring Institution's Governing Body. The written executive summary includes:
 - i. A summary of institutional performance on indicators for the AIR; and,
 - ii. Action plans and performance monitoring procedures resulting from the AIR.
 - c. The GMEC demonstrates effective oversight of underperforming program(s) through a Special Review process.
 - i. The Special Review process includes 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.