

<b>Policy Name:</b> GME- Responsibilities of the Graduate Medical Education Committee Policy	
<b>Originating Officer (Title), Council, or Committee:</b> Shelly Monks, Vice President and Chief Academic Officer, Designated Institutional Official	<b>Effective Date:</b> April 1, 2025
<b>Approved By:</b> Graduate Medical Education Committee	<b>Last Reviewed Date:</b> April 1, 2025
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## **1.0 Scope:**

### **1.1 Applicable Entities:**

This policy applies to:

- Texas Health Resources (Texas Health) and its member entities
- Excludes the Texas Health joint venture entities (except those listed in the Formulation and Adoption of System-Wide Policies and Procedures in Section 4.1.6 or in Section 4.1.7)

### **1.2 Applicable Departments:**

This policy applies to all Texas Health Graduate Medical Education residents and fellows (hereafter referred to as Trainees) employed by Texas Health Resources ("Institution").

## **2.0 Purpose:**

- 2.1 To describe the Institution's Graduate Medical Education Committee (GMEC), its membership and responsibilities.

## **3.0 Policy Statements:**

- 3.1 At Texas Health, we are committed to creating a workplace where diversity is celebrated, and inclusion exists at all levels. As such, Texas Health does not tolerate discrimination in any form or any behaviors that are incompatible with our core values – Respect, Integrity, Compassion, and Excellence and Our Texas Health Promise<sup>SM</sup>.

## **4.0 Provisions:**

- 4.1 Membership –The Sponsoring Institution's GMEC must include at least the following voting members:

4.1.1 Designated Institutional Official (DIO);

4.1.2 A representative sample of program directors (minimum of two) from the Institutions ACGME-accredited programs;

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- 4.1.3 A minimum of two peer-selected residents/fellows from among the Institutions ACGME-accredited programs; and
  - 4.1.4 A quality improvement or patient safety officer or designee.
  - 4.1.5 As determined by the GMEC, to carry out portions of the GMEC's responsibilities, additional GMEC membership and/or subcommittees may be commissioned.
  - 4.1.6 If GMEC subcommittees are commissioned to address required GMEC responsibilities a peer-selected resident/fellow must be a member of the subcommittee.
- 4.2 GMEC Meetings and Attendance
  - 4.2.1 The GMEC must meet a minimum of once every quarter during each academic year.
  - 4.2.2 Each GMEC meeting must include attendance by at least one resident/fellow member.
  - 4.2.3 GMEC meeting minutes that document execution of all required GMEC functions and responsibilities must be maintained.
- 4.3 Responsibilities of the GMEC must include:
  - 4.3.1 Oversight of:
    - a. ACGME accreditation and recognition statuses of the Sponsoring Institution and each of its ACGME-accredited programs;
    - b. The quality of the GME learning and working environment within the Sponsoring Institution, ACGME-accredited programs, and its participating sites;
    - c. The quality of educational experiences in each ACGME-accredited program that lead to measurable achievements of educational outcomes as identified in the ACGME Common and specialty-/subspecialty-specific Program Requirements;
    - d. The ACGME-accredited program(s)' annual program evaluation(s) and Self-Study(ies); and
    - e. ACGME-accredited program's implementation of institutional policy(ies) for vacation and leaves of absence, including medical parental, and caregiver leaves of absence, at least annually;

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- f. All processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; and,
- g. 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.

#### 4.3.2 Review and approval of:

- a. Institutional GME Policies and Procedures;
- b. GMEC subcommittee actions that address required GMEC responsibilities.;
- c. Annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits;
- d. Applications for ACGME accreditation of new programs;
- e. Requests for permanent changes in resident/fellow complement;
- f. 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;
- g. Additions or deletions of each of its ACGME-accredited programs' participating sites;
- h. Appointment of new Program Directors;
- i. Progress Reports requested by an ACGME Review Committee;
- j. Responses to Clinical Learning Environment Review (CLER) reports;
- k. Request for exceptions to clinical and educational work hour requirements;
- l. Voluntary withdrawal of ACGME program accreditation or recognition;
- m. Requests for appeal of an adverse action by a Review Committee.

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- n. Appeal presentations to an ACGME Appeals Panel; and,
  - o. 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.
- 4.4 The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR).
- 4.4.1 The GMEC must identify institutional performance indicators for the AIR, to include a minimum of:
- a. The most recent ACGME institutional letter of notification;
  - b. Results of ACGME surveys of residents/fellows and core faculty members; and
  - c. Each of its ACGME-accredited programs' ACGME accreditation information, including accreditation and recognition statuses and citations.
  - d. 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:
    - 4.4.1.d.1 A summary of institutional performance on indicators for the AIR; and
    - 4.4.1.d.2 Action plans and performance monitoring procedures resulting from the AIR.
- 4.5 The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process.
- 4.5.1 The Special Review process must include a protocol that:
- a. 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

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

## **5.0 Definitions:**

- 5.1 DIO – Designated Institutional Official
- 5.2 ACGME – Accreditation Council for Graduate Medical Education
- 5.3 Graduate Medical Education Committee (GMEC) – Responsible for policy and oversight Graduate Medical Education.
- 5.4 Resident/Fellow – Trainee in a sponsored Graduate Medical Education program.
- 5.5 Sponsoring Institution – Texas Health Resources

## **6.0 Responsible Parties:**

- 6.1 Graduate Medical Education Committee
  - 6.1.1 Implementation and oversight of the policy is the responsibility of the Graduate Medical Education Committee.

## **7.0 External References:**

[ACGME Policies and Procedures](#)

## **8.0 Related Documentation and/or Attachments:**

## **9.0 Required Statements:**

Not Applicable