

<p align="center">The University of Alabama Hospital Graduate Medical Education Policy and Procedure</p>	<p>GMEC Approved Date: May 7, 2024</p>
<p align="center">Dean’s Council for Graduate Medical Education (GMEC) Charter</p>	<p>Next Review Date: Spring 2025</p>

Purpose

Residency and fellowship programs accredited by the ACGME must function under the ultimate authority and oversight of one Sponsoring Institution. Oversight of resident/fellow assignments and of the quality of the learning and working environment by the Sponsoring Institution extends to all participating sites (IR: I.A.1.) The Sponsoring Institution must maintain its ACGME institutional accreditation. Failure to do so will result in loss of accreditation for its ACGME-accredited program(s) (IR: I.A.3.)

Designated Institutional Official (DIO)

The Sponsoring Institution must identify a designated institutional official (DIO) (IR: I.A.5.b) Responsibilities include;

- Approve PLAs
- Provide oversight of each program’s Annual Update
- Oversee the submission of applications for ACGME accreditation, all requests for temporary/permanent complement increases, requests for voluntary withdrawal, and any other communication with the ACGME
- Serves as Chair and facilitates the GMEC meetings and actions
- Serves as liaison for the Hospital medical staff/teaching faculty, officials of affiliated institutions, and the departments responsible for providing ancillary and support services for the GME programs
- In the DIO’s absence, the Associate DIO for the Clinical Learning Environment or Vice Chair of the GMEC reviews and co-signs all program information forms and any documents or correspondence submitted to the ACGME by program directors
- Reports to the medical staffs, the governing bodies of the Hospital and major participating institutions in which the Hospital's GME programs are conducted on issues related to GME, including but not limited to:
 - The activities of the GMEC;
 - Resident/Fellow supervision, responsibilities, evaluation and participation in patient safety, quality of care education and quality improvement initiatives;
 - Compliance with the clinical and educational workhour standards by GME programs, the Hospital, and participating institutions;
- Reports to the GMEC on concerns related to GME voiced by hospital or participating site leadership or medical staff; and
- Ensures the medical staff and GMEC communicate about the safety and quality of patient care provided by residents/fellows.

The CEO of UAB Hospital and Dean, Heersink School of Medicine will appoint the Designated Institutional Official.

Members of the Graduate Medical Education Committee (GMEC):

The DIO, Heersink School of Medicine, serves as the Chair (ex-officio) (IR: I.B.1.a).(1)).

The GMEC will report to the CEO of UAB Hospital, the Dean, Heersink School of Medicine; and the Chief Executive Officer, UAB Health System. The GMEC works in collaboration with the DIO and has ultimate authority and responsibility for the oversight and administration of all ACGME-accredited programs.

Members of the GMEC are appointed by the Chair. Members are made up of Program Directors. Members are appointed for three-year terms, usually commencing in July of each year. Terms may renew with no limitation based on attendance and participation indicating the member is in good standing. Membership with attendance and participation is reviewed annually.

Members include:

- program directors (includes surgical specialties, medical specialties, and hospital-based specialties at least one from Non-Standard GME programs), (IR: I.B.1.a).(2))
- Officers of the House Staff Council and peer selected residents from the House Staff Council (IR: I.B.1.a).(3))
- Program Coordinators for two-year terms, usually commencing in July of each year.
- Associate Vice President responsible for graduate medical education, UAB Hospital;
- A Quality Improvement/ Patient Safety representative; (IR: I.B.1.a).(4))
- Associate Chief of Staff for Education, Birmingham Veterans Affairs Medical Center;

Regular and ex-officio members are voting members. The GMEC may form subcommittees based on the need to address specific issues relating to graduate medical education. The composition of such subcommittees may include members of the GMEC and/or non-members with expertise in the area under consideration. Each subcommittee has peer-selected resident/fellows.

Responsibilities of the GMEC include, but are not limited to (IR: I.B.4)

Oversight of:

- ACGME accreditations status of the Sponsoring Institution and its ACGME-accredited programs;
- Quality of the GME learning and working environment within the Sponsoring Institution, its ACGME-accredited programs, and its participating sites;
- Quality of the educational experiences in each ACGME-accredited program that led to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements;
- ACGME-accredited programs' annual evaluation and self-studies;
- ACGME-accredited programs' implementation of institutional policies for vacation and leaves of absence, including medical, parental and caregiver leaves of absence, at least annually;
- Processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution;
- 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.
 - Reports will be made available to the GMEC and will be documented in the meeting minutes. Reports will be disseminated to programs for dissemination to residents/fellows, faculty and other clinical staff, as appropriate, within their department.

Review and approval of:

- Institutional GME policies and procedures;
- GMEC subcommittee actions that address required GMEC responsibilities

- Annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits;
- Applications for ACGME accreditation of new programs and annual ACGME reporting;
- Requests for permanent changes in resident/fellow complement;
- Major changes in ACGME-accredited programs' structure or duration of education;
- Additions and deletions of ACGME-accredited programs' participating sites;
- Appointment of new program directors and also verify the program director's licensure and clinical appointment;
- Progress reports requested by a Review Committee;
- Response to Clinical Learning Environment Review (CLER) reports;
- Requests for exceptions to clinical and educational work hour requirements;
- Voluntary withdrawal of ACGME program accreditation;
- Requests for appeal of an adverse action by a Review Committee;
- Appeal presentations to an ACGME Appeals Panel;
- 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.

GMEC Subcommittees:

When necessary, the GMEC will approve GMEC Subcommittees to perform tasks of the GMEC. The following are the expectations of any GMEC Subcommittee:

- The Chair of the GMEC Subcommittee will report to the GMEC following the most recent meeting.
 - The minutes from that GMEC Subcommittee will be included in the GMEC Packet.
 - After the report, the GMEC must vote to approve the actions of the GMEC Subcommittee.
- The GMEC Subcommittee must have at least one peer-selected resident/fellow.

▲ Executive Committee of the GMEC

- Members of the Executive Committee are appointed by the DIO
 - Vice Chair (ex-officio)
 - Secretary (ex-officio)
 - Program Directors
 - Sub-committee Chairs
 - President of the House Staff Council (Resident/Fellow)

- ▲ Patient Safety Sub-committee
- ▲ Diversity and Inclusion Sub-committee
- ▲ Wellness Sub-committee
- ▲ Non Standard Training (NST) Sub-committee
- ▲ Complement Increase Sub-committee
- ▲ Self-Study Sub-committee (when appropriate)
- ▲ Special Review Sub-committee

Frequency:

The GMEC meets monthly. Minutes and detailed records are kept of each meeting and are available for inspection by accreditation personnel. Frequency and changes to frequency must be approved by the majority of the voting members of the GMEC.

Quorum:

Voting on any initiative or report must include attendance by at least one resident/fellow member and 70% of the voting members. If a quorum is not achieved an email vote on time-sensitive initiatives may occur. The results of the email vote will be reported during the next GMEC meeting.

Any vote receiving 51% of the votes of the voting members in attendance (or by email) is considered approved by the GMEC.

Attendance:

The GMEC provides oversight of the GME programs; therefore, discussion regarding initiatives, policy, and program support is a vital role of each member. The ACGME expects members of the committee to actively participate in at least 70% of the meetings. Members that are unable to attend the GMEC meeting are allowed to have a representative attend.

Minutes:

The GMEC must maintain meeting minutes that document the execution of all required GMEC functions and responsibilities.

References

ACGME Institutional Requirements (focused revision: September 26, 2021); effective July 1, 2022

ACGME Common Program Requirements (focused revision: February 3, 2020); effective July 1, 2020