

	Graduate Medical Education	
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Policy Title: Sponsoring Institution/Designated Institutional Official Responsibilities		
ACGME Institutional Requirement: I.A.1-11, I.B.5.b), II.A.1-3, II.B.1-5, II.C, II.D, II.E, II.F, III.A ACGME Common Program Requirement: I.A	Page 1 of 3	

I. Purpose

The purpose of this policy is to define the responsibilities of LECOM as the Sponsoring Institution and the Designated Institutional Official in Accreditation Council for Graduate Medical Education (ACGME)-accredited programs at the Lake Erie College of Osteopathic Medicine (LECOM).

II. Definitions

- A. Sponsoring Institution (SI): The institution that holds ultimate authority and oversight for residency and fellowship programs accredited by the ACGME. [IR: I.A.1.]

- B. Designated Institutional Official (DIO): The individual who, in collaboration with a Graduate Medical Education Committee (GMEC), has authority and responsibility for the oversight and administration of each of the Sponsoring Institution’s ACGME accredited programs, as well as for ensuring compliance with the ACGME Institutional, Common, and specialty-/subspecialty-specific Program Requirements. [IR: I.A.5.a)]

- C. Governing Body: The single entity that maintains authority over and responsibility for the Sponsoring Institution and each of its ACGME-accredited programs. [IR: I.A.6]

- D. Resident: Any physician in an ACGME-accredited graduate medical education (GME) program, including residents and fellows.

- E. Program: Any accredited GME program.

III. Policy

- A. Sponsoring Institution responsibilities include (but are not limited to) the following:
 - 1. Maintain its ACGME institutional accreditation [IR: I.A.3.] and substantial compliance with the ACGME Institutional Requirements [IR: I.A.2.];
 - 2. Ensure that each of its ACGME-accredited programs is in substantial compliance with the ACGME Institutional, Common, specialty-/subspecialty-specific Program, and Recognition Requirements, as well as with ACGME Policies and Procedures [IR: I.A.2.];
 - 3. Oversight of the quality of the learning and working environment including all participating sites [IR: I.A.1.];
 - 4. Oversight of resident/fellow assignments [IR: I.A.1.] to learning and working environments that facilitate patient safety and health care quality [IR: I.A.4.];
 - 5. Identify a designated institutional official [IR: I.A.5.] and ensure the DIO:
 - i. Has sufficient support and dedicated time to effectively carry out educational, administrative, and leadership responsibilities [IR: II.A.1];
 - ii. Engages in professional development applicable to responsibilities as an educational leader [IR: II.A.2];

- iii. Has sufficient salary support and resources are provided for effective GME administration [IR: II.A.3]
6. Demonstrate commitment to GME by ensuring the provision of the necessary administrative, educational, financial, human, and clinical resources [IR: I.A.7.b)]; including:
 - i. Support and dedicated time for the program directors to effectively carry out educational, administrative, and leadership responsibilities, as described in the Institutional, Common, and specialty-/subspecialty-specific program requirements [IR: II.B.1];
 - ii. Support for core faculty members to ensure both effective supervision and quality resident/fellow education [IR: II.B.2];
 - iii. Support for professional development applicable to program directors' and core faculty members' responsibilities as educational leaders [IR: II.B.3];
 - iv. Support and time for program coordinators to effectively carry out responsibilities [IR: II.B.4];
 - v. Resources, including space, technology, and supplies, to provide effective support for each of its ACGME-accredited programs [IR: II.B.5]
 - vi. Financial support and benefits for Residents/Fellows to ensure they are able to fulfill the responsibilities of the programs [IR: II.D] Refer to GME Policy I.B.4.b).(3), II.D, IV.B.3, IV.G Terms and Conditions, Benefits of Appointment.
 - vii. Communication resources and technology [IR: II.E.1]. Refer to GME Policy II.E Educational Tools.
 - viii. Access to medical literature for faculty members and Residents/Fellows [IR: II.E.2] Refer to GME Policy II.E Educational Tools.
7. Develop health care delivery systems to minimize residents'/fellows' work that is extraneous to their programs' educational goals and objectives, and to ensure that resident's/fellow's educational experience is not compromised by excessive reliance on residents/fellows to fulfill non-physician service obligations [IR: II.F.1] including:
 - i. Peripheral IV access, phlebotomy, laboratory, pathology, radiology, and patient transportation services [IR: II.F.1.a]]
 - ii. Availability of medical records to support high quality and safe patient care, residents'/fellows' education, quality improvement and scholarly activities [IR: II.F.1.b]]
 - iii. Availability of resources to support residents'/fellows' well-being and education by minimizing impact to clinical assignments resulting from leaves of absence [IR: II.F.1.c]]
8. Complete a self-study prior to its 10-year accreditation site visit [IR: I.A.8.];
9. Ensure participating sites that are hospitals maintain their license and accreditation to provide patient care by an entity granted deeming authority for participation in Medicare under federal regulations. If a participating site loses its accreditation for patient care or its license is denied, suspended, or revoked, the SI will notify and provide a plan to the ACGME Institutional Review Committee within 30 days [IR: I.A.9-11.]
10. Ensure the availability of a platform that allows all residents/fellows to communicate and exchange information relevant to their programs and learning and working environment [IR: II.C]. Refer to GME Policy II.C Residency Forum.
11. Provide a learning and working environment in which residents/fellows and faculty members have the opportunity to raise concerns and provide feedback without intimidation or retaliation, and in a confidential manner, as appropriate [IR: III.A]. Refer to GME Policy III.A Resident/Fellow Feedback.

- B. DIO Responsibilities include (but are not limited to) the following:
1. Oversight and administration of each of the ACGME-accredited programs [IR: I.A.5.a)];
 2. Ensure compliance with the ACGME Institutional, Common, and specialty-subspecialty-specific Program Requirements [IR: I.A.5.a)];
 3. Document the GME mission and commitment to GME by ensuring the provision of the necessary administrative, educational, financial, human, and clinical resources. This statement must be reviewed, dated, and signed at least once every five years by the DIO, a representative of the SI's senior administration, and a representative of the Governing Body [IR: I.A.7., I.A.7.a-b)];
 4. Participate as a voting member in GMEC [IR: I.B.1.a).(1)];
 5. Annually submit a written executive summary of the AIR to the Sponsoring Institution's Governing Body in accordance with GME Policy I.B.5[IR: I.B.5.b)];
 6. Approve program letters of agreement (PLAs) that govern relationships between each program and each participating site providing a required assignment for residents/fellows in the programs [IR: I.A.5.b).(1)];
 7. Oversee submissions of the Annual Update for each program and the Sponsoring Institution to the ACGME [IR: I.A.5.b).(2) and CPR: II.A.4.a).(16)];
 8. Oversee the submission of applications for ACGME accreditation and recognition, requests for voluntary withdrawal of accreditation and recognition, and requests for changes in residency and fellowship complements, after GMEC approval [IR: I.A.5.b).(3)];
 9. Review the annual program evaluation (APE) submitted by each accredited program [CPR: V.C.1.e).(2)];
 10. Review and approve all program information forms and any documents or correspondence submitted to the ACGME by program directors [CPR: II.A.4.a).(16)], including but not limited to:
 - a. Requests for data related to the program (such as encounter/case number, faculty, etc.);
 - b. Program self-study documentation prior to their 10-year accreditation & other site visits [CPR: V.C.2.a)];
 - c. Exceptions requests regarding ACGME-mandated clinical and educational work hour limitations [CPR: VI.F.4.c).(2)]