

	Graduate Medical Education	
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Policy Title: Graduate Medical Education Committee (GMEC) Structure, Function, and Responsibilities		
ACGME Institutional Requirement: I.B.1-6		Page 1 of 2

I. Purpose

The purpose of this policy is to define the structure, function, and responsibilities of the Graduate Medical Education Committee (GMEC) for all Accreditation Council for Graduate Medical Education (ACGME)-accredited programs of the Sponsoring Institution.

II. Policy

A. Minimum Voting Membership [IR: I.B.1.a)]

1. Designated Institutional Official [IR: I.B.1.a).(1)];
2. Program director from each of its ACGME-accredited programs [IR: I.B.1.a).(2)];
3. Minimum of two peer-selected residents/fellows from among the ACGME-accredited programs [IR: I.B.1.a).(3)];
4. Patient Safety Officer [IR: I.B.1.a).(4)];
5. Millcreek Community Hospital Chief Executive Officer;
6. President of Lake Erie College of Osteopathic Medicine;
7. Additional members may be appointed by the GMEC based on educational and institutional priorities. [IR: I.B.2.]

B. GMEC subcommittees: Subcommittees may be appointed in order to carry out portions of the GMEC's responsibilities. [IR: I.B.2.]

1. Chairs of GMEC subcommittees will serve as members of the GMEC.
2. Additional members may be appointed at the discretion of the DIO based on educational and institutional priorities.
3. Subcommittees that address required GMEC responsibilities must include a peer-selected resident/fellow. [IR: I.B.2.a)]

C. Meetings and Attendance [IR: I.B.3]

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

D. Responsibilities:

1. Oversight of ACGME accreditation and recognition statuses of the Sponsoring Institution and its ACGME accredited programs [IR: I.B.4.a).(1)];
2. Oversight of the quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs and its participating sites [IR: I.B.4.a).(2)];
3. Oversight of the provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members [IR: I.B.4.a).(7)];
4. Oversight of 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 [IR: I.B.4.a).(3)];
5. Oversight of the ACGME-accredited programs' annual evaluations and self-studies [IR: I.B.4.a).(4)];

6. Oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR). See LECOM GME Policy I.B.5 for details [IR: I.B.5.];
7. Oversight of underperforming program(s) through a Special Review Process. See LECOM GME Policy I.B.6 for details [IR: I.B. [IR: I.B.6.];
8. Review and approval of institutional GME policies and procedures [IR: I.B.4.b).(1)];
9. Review and approval of GMEC subcommittee actions that address required GMEC responsibilities [IR: I.B.4.b).(2)];
10. Review and approval of 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. [IR: I.B.4.b).(15)];
11. Oversight of ACGME-accredited programs' implementation of institutional policies for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually [IR: I.B.4.a).(5)];
12. Review and approval of requests for exceptions to clinical and educational work hour requirements [IR: I.B.4.b).(11)];
13. Review and approval of annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits [IR: I.B.4.b).(3)];
14. Review and approval of applications for ACGME accreditation of new programs [IR: I.B.4.b).(4)];
15. Review and approval of requests for permanent changes in resident/fellow complement [IR: I.B.4.b).(5)];
16. Review and approval of 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 [IR: I.B.4.b).(6)];
17. Review and approval of additions and deletions of each of its ACGME-accredited programs' participating sites [IR: I.B.4.b).(7)];
18. Review and approval of appointment of new program directors [IR: I.B.4.b).(8)];
19. Review and approval of progress reports requested by a Review Committee [IR: I.B.4.b).(9)];
20. Review and approval of responses to Clinical Learning Environment Review (CLER) reports [IR: I.B.4.b).(10)];
21. Review and approval of requests for appeal of an adverse action by a Review Committee [IR: I.B.4.b).(13)];
22. Review and approval of appeal presentations to an ACGME Appeals Panel [IR: I.B.4.b).(14)];
23. Oversight of processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution [IR: I.B.4.a).(6)];
24. Review and approval of voluntary withdrawal of ACGME program accreditation or recognition [IR: I.B.4.b).(12)]