

## **Medical Education Policy: GRADUATE MEDICAL EDUCATION COMMITTEE**

Facility: CMC

Origin Date:

Revision Date: September 2019

Sponsor: GMEC

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### 1. PURPOSE:

The Graduate Medical Education Committee (GMEC) is authorized by the Board of Directors and administration of Carilion Clinic (CC) and Carilion Medical Center (CMC), in collaboration with the Designated Institutional Official to have authority and responsibility for the oversight and administration of CMC's graduate medical, dental and podiatric education programs.

### 2. SCOPE:

This policy applies to all ACGME, CODA and CPME accredited residency programs sponsored by Carilion Medical Center. The policy also applies to residents from other programs rotating into CC affiliated institutions.

### 3. DEFINITIONS:

**Resident** refers to all interns, residents, and fellows participating in CMC accredited post-graduate medical education programs

### 4. PROCEDURE:

#### A. **Membership**

- a. Chair: Designated Institutional Official
- b. Vice Chair: Administrative Director, Medical Education
- c. Members:
  1. Vice President of Academic Affairs
  2. Associate Designated Institutional Official
  3. Carilion Clinic Department Chair who will be appointed by the Chief Medical Officer for a two-year term.
  4. Program Director Representation:

- a. Program Directors (PDs) from the core residency programs of dermatology, family medicine, internal medicine emergency medicine, obstetrics and gynecology, pediatrics, plastic surgery, neurology, neurological surgery, psychiatry, surgery, general practice dentistry, and podiatric medicine
  - b. Fellowship Program Director representation:
    - i. Two fellowship PDs will be appointed to represent the Internal Medicine fellowships. These appointments will be made by the DIO.
    - ii. Two fellowship PDs will be appointed to represent the child and adolescent psychiatry fellowship and the fellowships of one year duration. These appointments will be made by the DIO.
    - iii. Fellowship PD appointments will be made for one year terms with a two year maximum term. The PD will be eligible for reappointment after being off the committee for one year.
5. Resident and fellow representation:
- a. Peer selected residents from the core residency programs listed above in 4.A.3.a with 6 or more residents unless the program director desires to have representation on the committee.
  - b. Two fellows will be selected from two of the internal medicine fellowships. The DIO will determine from which fellowships they will be selected.
  - c. Two fellows will be selected from the Child and Adolescent and one year fellowships. The DIO will determine from which fellowships they will be selected.
  - d. Resident and fellow members of the GMEC must be nominated and selected by their peers.
6. House staff association president.
7. One program manager which is peer selected annually.
8. Associate Chief of Staff for Education – Salem VAMC
9. The Salem VAMC Associate Program Director or Site Director from either the Internal Medicine or Psychiatry Residency

Program (one member, determined by the Associate Chief of Staff for Education at SVAMC )

10. A member of nursing administration appointed by the Senior VP of Nursing.
11. A representative of the Virginia Tech Carilion School of Medicine appointed by the Dean.
12. A faculty member of the Via College of Osteopathic Medicine OPTI appointed by the Dean of VCOM.
13. GME quality analyst.
14. Other members as determined by the DIO.
15. Ex Officio Members: The DIO will appoint ex officio members as needed.

**B. Voting Privileges:**

All members have full voting privileges except ex-officio members.

**C. Committee Structure:**

- a. The GMEC may appoint standing or Ad-Hoc subcommittees to perform some of the functions of the GMEC.
  1. Standing subcommittees may be appointed to conduct regular ongoing business of the GMEC.
  2. Ad Hoc subcommittees will be appointed when it is not desirable or practical to call a special session of the GMEC. Examples would be committees called to hear a resident appeal of a disciplinary action.
- b. Committee Chairs will be appointed by the DIO.
- c. Committee membership is determined by the Committee Chairs or GME policy with approval by the DIO.
- d. All subcommittees of the GMEC must have peer selected resident representation.
- e. The Committee Chairs will determine frequency of subcommittee meetings.
- f. Minutes of the subcommittee's meetings and actions taken will be reviewed and approved by the GMEC.

**D. Frequency and Notice of Meetings**

Meetings are held monthly. The Graduate Medical Education office notifies members of regular meetings at least two weeks in advance. Minutes of GMEC meetings are maintained in the GME office. These minutes are distributed to the GMEC membership prior to each meeting. They are also distributed to all program and fellowship directors for communication purposes.

#### **E. Called Meetings**

The Chair may call meetings at any time by giving at least a 24-hour notice to members.

#### **F. GMEC Responsibilities**

- a. Serves as the governing body overseeing and managing GME.
- b. Monitors duty hour compliance.
- c. Provision of Oversight of:
  1. the ACGME accreditation status of the Sponsoring Institution and its ACGME-accredited programs
  2. the quality of the GME learning and working environment within the Sponsoring Institution, its ACGME-accredited programs, and its participating sites;
  3. 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
  4. the ACGME-accredited programs' annual evaluation and improvement activities. This will be accomplished by review of each program's Annual Program Evaluation.
  5. all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution
  6. the provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members
- d. Review and Approval of:
  1. Institutional GME policies and procedures; at a minimum these policies must include the following:
    - i. Policy for the recruitment and appointment of residents and fellows

- ii. Policy for the criteria for promotion and/or renewal of resident/fellow appointment
  - iii. Policy for resident's and fellows due process relating to actions such as suspension, non-renewal of contract, non-promotion or dismissal
  - iv. Policy for submission and processing of resident/fellows grievances at the program and institutional level which minimizes conflicts of interest
  - v. Policy for vacations and leaves of absences consistent with applicable laws
  - vi. Policy addressing physician impairment. (This does not have to be GME specific)
  - vii. Policy covering all forms of harassment that allows the resident to raise complaints in a safe and non-punitive way
  - viii. Policy to address accommodation for disabilities consistent with applicable laws and regulations (This does not have to be GME specific)
  - ix. Policy regarding supervision of the residents and fellows
  - x. Policy on clinical and educational work hours that ensures effective oversight of institutional and program level compliance with ACGME duty hours standards
  - xi. Policy on moonlighting
  - xii. Policy that addresses interactions between vendor representatives/corporations and residents/fellows and accredited programs
  - xiii. Policy on disasters that is consistent with the ACGME, AOA, CODA and CPME policies and procedures which addresses administrative support for all accredited programs and residents/fellows in the event of a disaster of interruption in patient care
  - xiv. Policy that addresses the GMEC oversight of reductions in size or closure of accredited programs or closure of the sponsoring Institution
2. Annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits.

External comparative data from other institutions is used to assure that recommendations are valid and appropriate

3. applications for ACGME accreditation of new programs
  4. requests for permanent changes in resident/fellow complement
  5. major changes in ACGME, CODA and CPME accredited programs' structure or duration of education including reductions in size or closure of programs
  6. additions and deletions of ACGME, or CPME accredited programs' participating sites
  7. appointment of new program directors
  8. progress reports requested by a Review Committee
  9. responses to Clinical Learning Environment Review (CLER) reports
  10. requests for exceptions to duty hour requirements
  11. voluntary withdrawal of ACGME program accreditation
  12. requests for appeal of an adverse action by a Review Committee
  13. appeal presentations to an ACGME Appeals Panel
- e. The GMEC designates the DIO to act on its behalf to make decisions and sign documents that do not require review by the GMEC. These would generally be issues that fall within the routine position responsibilities outline and in the DIO job description policy.

#### **G. Annual Institutional Review**

- a. The GMEC must conduct an Annual Institutional Review (AIR) to demonstrate effective oversight of the Carilion Clinic's GME accreditation.
- b. The GMEC must identify institutional performance indicators for the AIR which include but are not limited to:
  1. results of the most recent institutional self-study visit
  2. results of ACGME surveys of residents/fellows and core faculty
  3. notification of ACGME-accredited programs' accreditation statuses, citations and self-study visits
- c. The AIR will include monitoring procedures for action plans resulting from the review.

- d. the DIO will submit a written annual executive summary of the AIR to the Medical Executive Committee and Carilion Medical Center Board of Directors
- e. The AIR will be approved by the GMEC.

**H. Special Review Process**

- a. The GMEC will demonstrate effective oversight of underperforming programs through a Special Review Process
- b. The Special Review process will include a protocol that:
  - 1. Establishes criteria for identifying underperformance
  - 2. Results in a report that describes the quality improvement goals for the program, the corrective actions, and the process for GMEC monitoring of outcomes
- c. The Special Review report will be approved by the GMEC.

5. OTHER ISSUES/CONCERNS:

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| <b>Name</b>           | <b>Title</b> | <b>Dept./Committee</b> | <b>Date</b>        |
|-----------------------|--------------|------------------------|--------------------|
| Daniel Harrington, MD | DIO          | GMEC                   | December 18, 2007  |
| Daniel Harrington, MD | DIO          | GMEC                   | January 1, 2011    |
| Daniel Harrington, MD | DIO          | GMEC                   | April 1, 2011      |
| Daniel Harrington, MD | DIO          | GMEC                   | June 21, 2011      |
| Daniel Harrington, MD | DIO          | GMEC                   | June 18, 2013      |
| Donald Kees, MD       | DIO          | GMEC                   | January 21, 2014   |
| Donald Kees, MD       | DIO          | GMEC                   | June 14, 2016      |
| Donald Kees, MD       | DIO          | GMEC                   | September 20, 2016 |
| Donald Kees, MD       | DIO          | GMEC                   | September 17, 2019 |