

## **TEMPLE UNIVERSITY HOSPITAL GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES**

**NUMBER:** TUH GMEC – 101 (Formally TUHRAC-101)  
**TITLE:** Graduate Medical Education Committee: Purpose and Composition  
**EFFECTIVE DATE:** 12/00/1998  
**LAST REVIEWED:** 09/01/2005, 08/01/2006, 05/22/2007, 08/2009, 01/07/2011, 07/01/13,  
10/31/2014  
**REFERENCES:**

### **PURPOSE**

This policy and procedure delineates the purpose and composition of the Graduate Medical Education Committee (GMEC).

### **POLICY**

It is the policy of Temple University Hospital to maintain and support a Graduate Medical Education Committee in accordance with the Bylaws of the Temple University Hospital Medical Staff and the Accreditation Council for Graduate Medical Education

### **COMPOSITION**

GMEC shall consist of the following voting members: an appointed Chairperson, Designated Institutional Official (DIO), a representative sample of Program Directors (minimum of 10) from its ACGME accredited programs, Program Directors or designee of Oral Surgery, Podiatry, and Pediatric Dental residency programs, , at least two peer-selected members of the current House Staff, among ACGME accredited programs, at least one representative of Hospital Administration, and the Quality Improvement or Patient Safety Officer or designee. In order to carry out portions of the GMEC's responsibilities, additional GMEC membership may include others as determined by the GMEC. Guests may be invited at any time by the Chairperson or DIO but cannot vote on matters before the committee.

### **FREQUENCY OF MEETINGS AND ATTENDANCE**

GMEC meetings will be held at least quarterly during each fiscal year. Additional meetings and/or special educational meetings may be scheduled at the discretion of the Chairperson or DIO. Each meeting of the GMEC must include attendance by at least one peer-selected House Staff member. The GMEC may meet in smaller groups on the months opposite the quarterly meetings.

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## **GMEC SUBCOMMITTEES**

In order to carry out portions of the GMEC's responsibilities, subcommittees may be formed. Subcommittees that address required GMEC responsibilities must include a peer-selected House Staff Member and actions must be reviewed and approved by the GMEC.

## **MINUTES**

The GMEC must maintain meeting minutes that document execution of all required GMEC functions and responsibilities. The final approved original meeting minutes will be filed in the Graduate Medical Education Office.

## **RESPONSIBILITIES**

Temple University Hospital Board of Governors vests the responsibility for oversight of all aspects of each Graduate Medical Education Program in the membership of the GMEC. While the leadership of this committee is vested in its Chairperson, all members have joint responsibility.

### **A. GMEC Oversight Responsibility**

The GMEC responsibilities include oversight of:

1. The ACGME accreditation status of the Sponsoring Institution and each of its ACGME-accredited programs;
- (2) The quality of the GME learning and working environment within the Sponsoring Institution, its ACGME-accredited programs, and each of 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; and,
- (5) All processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution.

**B. Annual Institutional Review:** The GMEC demonstrates effective oversight of the Temple University Hospital accreditation through an Annual Institutional Review (AIR), using the following performance indicators:

1. Results of the most recent institutional self-study visit;
2. Results of the ACGME surveys of resident/fellows and core faculty members;
3. Notification of each of its ACGME –accredited programs accreditation statutes and self-study visits.

The AIR shall include monitoring procedures for action plans resulting from the review. The DIO shall submit a written annual executive summary of the AIR to the Medical Staff Executive Committee and the Board of Trustees.

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- C. Special Review: The GMEC demonstrates effective oversight of underperforming programs through a Special Review Process. The protocol:
1. Established criteria for identifying underperformance; and
  2. Results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

**Additional GMEC Responsibilities Include Review and Approval of:**

1. Institutional GME policies and procedures;
2. Annual recommendations to the Chief Executive Officer regarding Resident/Fellow stipends, benefits, and funding for Resident/Fellow positions;
3. Applications for ACGME accreditation of new programs;
4. Requests for permanent changes in Resident/Fellow complement;
5. Major changes in each of its ACGME-accredited programs' structure or duration of education;
6. Additions and deletions of each of its ACGME-accredited programs' participating sites;
7. Appointment of new Program Directors;
8. Progress reports requested by an ACGME 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 an ACGME Review Committee; and,
13. Appeal presentations to an ACGME Appeals Panel.

Note: ACGME makes no distinction between interns, residents, and fellows. All levels are referred to as "residents".

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## **APPROVALS**

*Note: The signed original of this policy is on file with the Office of Graduate Medical Education.*

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