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. The Graduate Medical Education Committee is a Core Standing Peer Review Committee reporting directly to the Medical Staff Executive Committee (MSEC). The Graduate Medical Education Committee is committed to provide leadership, oversight, and strategic direction for all GME accredited programs.

CHAIR APPOINTMENT
A. The MSEC, in consultation with the President of the Professional Medical Staff, will approve the Chair of the GMEC upon majority vote;
B. The Chair will be a physician member of the Medical Staff in the category of Active Staff;
C. The Chair will serve a term of two (2) years, and may serve three (3) consecutive terms, following which the individual will be eligible to serve again after a period of one year has elapsed;
D. The Chair of the GMEC will appoint Vice Chairs in consultation with the President of the Professional Medical Staff, CMO, and the Department Chair (of the appointed Vice Chairs);
E. At least six (6) months prior to the end of the Chair’s term, the Chair of the MSEC may review the performance of the Chair and determine whether to recommend that the Chair continue to serve; and
F. No one physician member of the Medical Staff shall serve as Chair of more than one of the following committees at the same time: Peer Review, Credentials, MSEC, and GMEC.

COMPOSITION
The Professional Medical Staff Bylaws defines membership as: The voting members of the GMEC will include: a minimum of ten (10) Program Directors, or their designees from ACGME accredited programs. Of these ten (10) members at least one member will be from each of the following groups: (1) hospital based specialties (anesthesiology, emergency medicine, diagnostic radiology, pathology; (2) medically-oriented specialties (internal medicine, physician medical & rehabilitation, psychiatry, neurology); (3) surgical specialties (neurological surgery, obstetrics & gynecology, orthopedic surgery, ophthalmology, otolaryngology, plastic surgery, surgery, urology; and (4) subspecialty (fellowship) training programs, non-ACGME accredited programs (podiatric specialties, oral-maxillofacial surgery). In addition, the voting members will include the Designated Institutional Official for Graduate Medical Education (DIO), the Dean of the School of Medicine or his/her designee, and four (4) graduate trainee members, selected by their peers. The Chief Medical Officer of the Hospital will be and ex-officio, non-voting member. Program Directors or their designees must constitute, at a minimum, sixty percent (60%) of the voting members of the committee. The committee may make such changes in the number and composition of its voting membership as it deems appropriate, provided the composition of the committee is consistent with the minimum membership requirements outlined above, and the composition is approved by the MSEC.

The GMEC defines its voting membership as follows:

- Designated Institutional Official
- Program Directors of Accreditation Council for Graduate Medical Education (ACGME) Accredited Programs (Residency and Fellowship), or their designee;
- Program Directors of Council of Podiatric Medical Education (CMPE) Accredited Programs, or their designee;
- Program Directors of Commission on Dental Accreditation (CODA), or their designee;
- Dean of the School of Medicine or his/her designee;
- Quality Improvement or Patient Safety Officer or his/her designee;
- Four (4) Graduate Medical Education Trainees selected by their peers;

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.

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, CPME, and CODA-accredited programs;
2. The quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME, CPME and CODA accredited programs, and each of its participating sites;
3. The quality of educational experiences in each ACGME, CPME and CODA accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME, CPME, and CODA Common and specialty/subspecialty-specific Program Requirements;
4. The ACGME, CPME and CODA accredited programs’ annual evaluation and improvement activities; and,
5. All processes related to reductions and closures of individual ACGME, CPME, and CODA 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, CPME, and CODA surveys of resident/fellows and core faculty members;
3. Notification of each of its ACGME, CPME, and CODA- 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.

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, CPME, and CODA accredited programs’ structure or duration of education;
6. Additions and deletions of each of its ACGME, CPME and CODA 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, CPME and CODA program accreditation;
12. Requests for appeal of an adverse action by an ACGME, CPME and CODA Review Committee; and,
13. Appeal presentations to an ACGME, CPME and CODA 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*