**LIST INSTITUTION NAME  
GRADUATE MEDICAL EDUCATION COMMITTEE**

Peer Review Privileged and Confidential

*Annotations refer to the ACGME Institutional Requirements for the Graduate Medical Education Committee; see appendix.*

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| Date of Meeting: |  |
| Member Attendance: I.B.1. | List Name and role |
| Resident/Fellow Peer Selected Representatives: | List name, PGY and program |
| Guests:  PD = Program Director |  |

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| **Consent Agenda Items** | |
| **Minutes** I.B.3.b) | The minutes from the \_\_ GMEC meeting were posted to the GMEC SharePoint site for the members to review prior to the meeting. |
| **New Training Program Directors** I.B.4.b).(8) |  |
| **New Non-Standard Fellowship Program Request** IR = I.B.4.a).(1)  NSPR = I.D.1. |  |
| **Letters from the ACGME** I.B.4.a).(1) |  |
| **Monthly Duty Hour Compliance Statistics**  III.B.5.a).(1) |  |
| **The Committee voted to approve the items on the consent agenda.** | |

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| **Committee Action Items** | | | |
| Topic | Summary of Discussion | Result/Action Item | Follow up/Due Date  (if applicable) |
| **Exceptional Candidate Subcommittee** I.B.4.b).(15) I.B.4.b).(2) |  |  |  |
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| **Other GMEC Discussion Items/Presentations** | | | |
| Topic/Presenter | Summary of Discussion | Result/Action Item | Follow up/Due Date  (if applicable) |
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| **Reports** | | | |
|  | Presenter | Topic/Summary of Discussion | Follow up/Due Date  (if applicable) |
| **Patient Safety** I.B.4.a).(7) |  |  |  |
| **House Staff Council** I.B.1.a).(3) |  |  |  |
| **House Staff Diversity Council** III.B.8. |  |  |  |
| **Clinical Fellows Council** I.B.1.a).(3) |  |  |  |
| **GME Office**  I.B.4.a).(1) |  |  |  |

Respectfully submitted,

Name of person responsible for minutes

**GMEC Minutes Appendix   
 Institutional Requirements of the GMEC**

**I.B. GMEC**

**I.B.1. Membership**

I.B.1.a) A Sponsoring Institution with multiple ACGME-accredited programs must have a GMEC that includes at least the following voting members: (Core)

I.B.1.a).(1) the DIO; (Core)

I.B.1.a).(2) a representative sample of program directors (minimum of two) from its ACGME-accredited programs; (Core)

I.B.1.a).(3) a minimum of two peer-selected residents/fellows from among its ACGME-accredited programs; and, (Core)

I.B.1.a).(4) a quality improvement or patient safety officer or designee. (Core)

I.B.2. Additional GMEC members and subcommittees: In order to carry out portions of the GMEC’s responsibilities, additional GMEC membership may include others as determined by the GMEC. (Detail)

I.B.2.a) Subcommittees that address required GMEC responsibilities must include a peer-selected resident/fellow. (Detail)

I.B.2.b) Subcommittee actions that address required GMEC responsibilities must be reviewed and approved by the GMEC. (Detail)

I.B.3. Meetings and Attendance: The GMEC must meet a minimum of once every quarter during each academic year. (Core)

I.B.3.a) Each meeting of the GMEC must include attendance by at least one resident/fellow member. (Core)

I.B.3.b) The GMEC must maintain meeting minutes that document execution of all required GMEC functions and responsibilities. (Core)

**I.B.4. Responsibilities: GMEC responsibilities must include:**

**I.B.4.a) Oversight of:**

I.B.4.a).(1) the ACGME accreditation status of the Sponsoring Institution and each of its ACGME-accredited programs; (Outcome)

I.B.4.a).(2) the quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites; (Outcome)

I.B.4.a).(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; (Outcome)

I.B.4.a).(4) the ACGME-accredited program(s)’ annual program evaluations and self-studies; (Core)

I.B.4.a).(5) ACGME-accredited programs' implementation of institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence at least annually.

I.B.4.a).(6) all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; and, (Core)

I.B.4.a).(7) the provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided. (Detail)

**I.B.4.b) Review and approval of:**

I.B.4.b).(1) institutional GME policies and procedures; (Core)

I.B.4.b).(2) GMEC subcommittee actions that address required GMEC responsibilities

I.B.4.b).(3) annual recommendations to the Sponsoring Institution’s administration regarding resident/fellow stipends and benefits; (Core)

I.B.4.b).(4) applications for ACGME accreditation of new programs; (Core)

I.B.4.b).(5) requests for permanent changes in resident/fellow complement; (Core)

I.B.4.b).(6) major changes in each of its ACGME-accredited programs’ structure or duration of education; (Core)

I.B.4.b).(7) additions and deletions of each of its ACGME-accredited programs’ participating sites; (Core)

I.B.4.b).(8) appointment of new program directors; (Core)

I.B.4.b).(9) progress reports requested by a Review Committee; (Core)

I.B.4.b).(10) responses to Clinical Learning Environment Review (CLER) reports; (Core)

I.B.4.b).(11) requests for exceptions to clinical and educational work hour requirements; (Core)

I.B.4.b).(12) voluntary withdrawal of ACGME program accreditation; (Core)

I.B.4.b).(13) requests for appeal of an adverse action by a Review Committee; and, (Core)

I.B.4.b).(14) appeal presentations to an ACGME Appeals Panel. (Core)

I.B.4.b).(15) Exceptionally qualified candidates for resident/fellow appointments who do not satisfy the Sponsoring Institutions' resident/fellow eligibility policy and/or resident/fellow eligibility requirements in the Common Program Requirements

I.B.5. The GMEC must demonstrate effective oversight of the Sponsoring Institution’s accreditation through an Annual Institutional Review (AIR). (Outcome)

I.B.5.a) The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum: (Core)

I.B.5.a).(1) the most recent ACGME institutional letter of notification; (Core)

I.B.5.a).(2) results of ACGME surveys of residents/fellows and core faculty members; and, (Core)

I.B.5.a).(3) each of its ACGME-accredited programs’ ACGME accreditation information, including accreditation statuses and citations. (Core)

I.B.5.b) The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution’s Governing Body. The written executive summary must include: (Core)

I.B.5.b).(1) a summary of institutional performance on indicators for the AIR; and, (Core)

I.B.5.b).(2) action plans and performance monitoring procedures resulting from the AIR. (Core)

**I.B.6. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. (Core)**

**I.B.6.a) The Special Review process must include a protocol that: (Core**)

I.B.6.a).(1) establishes criteria for identifying underperformance; and, (Core)

I.B.6.a).(2) results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes. (Core)

**Requirements for Sponsoring Institution Recognition for Non-Standard Training Programs**

I.C.1. There must be a single NST program director, from among the physician faculty members of the most closely related ACGME-accredited residency/fellowship program ,who is responsible for the operation of each NST program.

I.C.1. The NST program director must oversee NST trainee supervision, education, and assessment at all participating sites.

I.D.1. The GMEC must review and approve the program description of each NST program within the Sponsoring Institution.

I.D.1.a. The program description must specify any qualifications for appointment of the NST program director.

I.D.2. The GMEC must review and approve the appointment of each of its NST program directors.

I.D.3. At least annually, the GMEC must complete and document an assessment of:

I.D.3.a) supervision and assessment of NST trainees; and (Core)

I.D.3.b) the impact of NST programs on the Sponsoring Institution’s ACGME-accredited programs. (Core)

I.E. NST trainees’ assignments/rotations must be limited to the participating sites of the most closely related ACGME-accredited program, as identified by the Sponsoring Institution and listed in ADS.