

Medical Education Policy: GRADUATE MEDICAL EDUCATION COMMITTEE

Facility: CMC

Origin Date:

Revision Date: January 2023

Sponsor: GMEC

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 (DIO) 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 post-graduate training 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. Associate Designated Institutional Official
 2. Carilion Clinic Department Chair who will be appointed by the Chief Medical Officer for a two-year term.
 3. 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.
4. Resident and fellow representation:
- a. Peer selected residents from each of the core residency programs.
 - b. Two fellows will be peer selected from two of the internal medicine fellowships. The DIO will determine from which fellowships they will be selected.
 - c. Two fellows will be peer selected from the Child and Adolescent and one-year ACGME 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.
5. House staff association president.
6. One program manager which is peer selected annually.
7. Associate Chief of Staff for Education – Salem VAMC
8. 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)

9. A member of nursing administration appointed by the Senior VP of Nursing.
10. A representative of the Virginia Tech Carilion School of Medicine jointly chosen by the Dean and DIO.
11. A faculty member of the Via College of Osteopathic Medicine OPTI appointed by the Dean of VCOM.
12. Quality improvement or patient safety officer.
13. Public member appointed by the DIO.
14. Carilion Clinic VP appointed by the DIO.
15. Other members as determined by the DIO.
16. 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 bi-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 clinical and educational work hour compliance.
- c. Provision of Oversight of:
 1. ACGME accreditation and recognition statuses 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, each of 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 program(s)' annual program evaluation(s) and Self-Study(ies)
 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
 6. All processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution
- d. 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 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, 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. GMEC subcommittee actions that address required GMEC responsibilities
- 3. Annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits
- 4. Applications for ACGME accreditation of new programs
- 5. Requests for permanent changes in resident/fellow complement
- 6. 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
- 7. Additions and deletions of each of its ACGME-accredited programs' participating sites
- 8. Appointment of new program directors
- 9. Progress reports requested by a Review Committee
- 10. Responses to Clinical Learning Environment Review (CLER) reports
- 11. Requests for exceptions to clinical and educational work hour requirements
- 12. Voluntary withdrawal of ACGME program accreditation or recognition
- 13. Requests for appeal of an adverse action by a Review Committee
- 14. Appeal presentations to an ACGME Appeals Panel
- 15. 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.
- 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.

Name	Title	Dept./Committee	Date
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
Arthur Ollendorff, MD	DIO	GMEC	January 17, 2023