

GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC)

I. Introduction

1. Each sponsoring institution must have a Graduate Medical Education Committee (GMEC).
2. The GMEC establishes and implements policies and procedures regarding the quality of education and the work environment for the residents in all programs. These policies and procedures will be described below.

II. Policy

1. GMEC at UNLV-SOM is comprised of all program directors of accredited and representative unaccredited programs, residency coordinators from all programs, peer selected residents from all programs, hospital administrators, the hospital quality improvement/patient safety officer, the DIO, GME director and the institutional GME coordinator. Administrative support is supported by the GME office.
2. There are two standing subcommittees of the GMEC:
 - a. Resident Performance Review Committee - membership includes program directors, associate program directors and residents/fellows; meets as needed/requested to review resident performance, appeals of notices of non-renewal, appeals of remediation and resident grievances.
 - b. Resident/Fellow Wellness Committee – membership includes program directors, associate program directors, coordinators, faculty and residents/fellows. Committee meets at least quarterly and plans the institutional wellness curriculum, maintains the wellness website, coordinates with the wellness initiatives for the students and plans activities focused on wellness.
3. The GMEC meets bimonthly the second Thursday of the odd months (January, March, May, etc.)
4. Specific GMEC responsibilities:
 - a. Provide oversight of the ACGME accreditation status of the sponsoring institution and each of its ACGME accredited programs
 - b. Provide oversight of the quality of the GME learning and working environment within the sponsoring institution, each of its ACGME accredited programs and its participating sites
 - c. Provide oversight of the quality of educational experiences in each ACGME accredited program that leads to measurable achievement of educational outcomes identified in the ACGME common and specialty/subspecialty specific program requirements
 - d. Provide oversight of the ACGME accredited programs annual evaluation and improvement activities
 - e. Provide oversight of all processes related to reductions and closures of individual ACGME accredited programs, major participating sites and the sponsoring institution.
 - f. Review and approval of:
 - i. Institutional GME policies and procedures
 - ii. Annual recommendations to the sponsoring institution's administration regarding resident/fellow stipends and benefits

- iii. Applications for ACGME accreditation of new programs
 - iv. Requests for permanent changes in resident/fellow complement
 - v. Major changes in each of its ACGME accredited programs structure or duration of education
 - vi. Additions and deletions of each of its ACGME accredited programs' participating sites
 - vii. Appointment of new program directors
 - viii. Progress reports requested by a Review Committee
 - ix. Responses to Clinical Learning Environment Review (CLER) reports
 - x. Requests for exceptions to duty hour requirements
 - xi. Voluntary withdrawal of ACGME program accreditation
 - xii. Requests for appeal of an adverse action by a Review Committee
 - xiii. Appeal presentations to an ACGME Appeals Panel
- g. Demonstrate effective oversight of the sponsoring institution's accreditation through an Annual Institutional Review (AIR) which identifies institutional performance indicators which include:
- i. Results of the most recent institutional self-study visit
 - ii. Results of ACGME surveys of residents/fellows and core faculty
 - iii. Notification of each of its ACGME accredited programs accreditation statuses and self-study visits
- h. Determine monitoring procedures for action plans resulting from the AIR
- i. Review the annual written executive summary of the AIR submitted by the DIO to the Governing Body
- j. Demonstrate effective oversight of underperforming programs through a special review process that includes:
- i. A special review protocol
 - ii. Establishes criteria for identifying underperformance
 - iii. Results in a report that describes the quality improvement goals, corrective actions and the process for the GMEC monitoring of outcomes

Approved by GMEC April 2017