

# University of Colorado School of Medicine

## Graduate Medical Education

Policy: <b>GMEC Membership &amp; Responsibilities Policy</b>		
Original Approval: July 1, 2001	Effective date: July 1, 2001	Revision Dates: February 11, 2009 April 16, 2014 September 14, 2016 (Editorial) May 15, 2019 May 24, 2023 July 17, 2024 (Editorial)

**In this document, “Resident” refers to both specialty Residents and subspecialty Fellows**

### **Voting Membership<sup>1</sup>:**

GMEC membership shall include representation from training program Faculty, Residents/Fellows and hospital training sites. Appointments are made by the Chair of the GMEC and are reviewed annually.

**CUSOM Senior Associate Dean for Education (ex-officio)**

**Designated Institutional Official, serving as Chair.**

**Associate DIO for Accreditation & Compliance, serving as Vice Chair.**

**ACGME Program Director for each of the following programs:**

Anesthesiology	Pathology
Family Medicine	Pediatrics
Internal Medicine	Radiology
Neurological Surgery	Surgery
Obstetrics & Gynecology	Urology
Ophthalmology	
Orthopaedic Surgery	Emergency Medicine (Denver Health)

**Director of GME Quality Improvement & Patient Safety Officer or his/her designee**

**ACGME Fellowship Program Director (or APD):**

Medicine Fellowships  
Pediatrics Fellowships  
Surgical Fellowships

**Family Medicine Vice Chair of Education**

**Peer-Selected Resident Representatives:**

Housestaff Association (HSA) Co-Presidents (2)  
HSA Fellow Representative (1)  
HSA Alternates (3)  
Gold Humanism Society Resident  
Gold Humanism Society Alternate

**\*\* Votes will be limited to 3 HSA votes and 1 Gold Humanism Society vote.**

**Hospital Representatives:**

GME Hospital Faculty Liaison (MD) from each of the following:

University of Colorado Hospital	Denver Health Medical Center
Children’s Hospital Colorado	Rocky Mountain Regional VAMC

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<sup>1</sup> ACGME Institutional Requirements I.B.1.

# University of Colorado School of Medicine

## Graduate Medical Education

### **GMEC Subcommittee Chairs and Vice Chairs:**

- Executive Subcommittee
- Affiliated Hospital Steering Subcommittee
- Clinical Learning Environment Subcommittee
- Education Subcommittee
- Program Oversight Subcommittee
- Hospital Partnership for Quality & Safety Program Subcommittee
- Wellbeing Subcommittee

### **Additional Members<sup>2</sup>**

In order to carry out portions of the GMEC's responsibilities, additional GMEC membership may include others as determined by the GMEC Chair.

- Director of GME Remediation
- Director of GME Diversity, Equity, Inclusion
- Director of GME Wellbeing

### **Invited non-voting GMEC guests include**

- LCME representative from the CU School of Medicine
- All Program Directors and Associate Program Directors for programs not listed as a required voting member (ACGME and non-ACGME)
- All Program Coordinators (ACGME and non-ACGME)

### **Subcommittee Membership**

Subcommittees that address required GMEC responsibilities shall include a peer-selected Resident/Fellow. Other membership requirements are listed in the Subcommittee Charter (separate document).

### **GMEC Meetings and Attendance**

- The GMEC meets every other month during each academic year at a minimum.
- Each meeting must include attendance by at least one Resident/Fellow member.
- Minutes are recorded to document the execution of all required GMEC functions and responsibilities.
- The complement of voting members present at a meeting of the GMEC or responding to email vote shall constitute a quorum and must include at least one resident representative.

### **GMEC Functions and Responsibilities<sup>3</sup>**

The GMEC exists to oversee all aspects of residency education and reports to the Dean of the School of Medicine.

Actions taken by the subcommittees that address required GMEC responsibilities shall be reviewed and approved by the GMEC, including:

1. The ACGME accreditation status of the University of Colorado School of Medicine (CUSOM) and its ACGME-accredited programs;
2. The quality of the GME learning and working environment within the CUSOM, its ACGME-accredited programs, and its participating sites;

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<sup>2</sup> ACGME Institutional Requirements I.B.2.

<sup>3</sup> ACGME Institutional Requirements I.B.4.

# University of Colorado School of Medicine

## Graduate Medical Education

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 Program Evaluations and Self-Studies;
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 CUSOM; and,
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.

### **Review and Approval<sup>4</sup>:**

1. Institutional GME policies & procedures;
2. Annual recommendations to the CUSOM's administration regarding resident/fellow stipends & benefits;
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 & deletions of each of its ACGME-accredited programs' participating sites;
7. Appointment of new program directors;
8. Progress reports requested by a Review Committee;
9. Responses to Clinical Learning Environment Review (CLER) reports;
10. Requests for exceptions to clinical & educational work hour requirements;
11. Voluntary withdrawal of ACGME program accreditation
12. Requests for appeal of an adverse action by a Review Committee;
13. Appeal presentations to an ACGME Appeals Panel; and,
14. 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.
15. Non-Standard Training Programs<sup>5</sup>:
  - a. The GMEC must review and approve the program description of each NST program within the Sponsoring Institution. The program description must specify any qualifications for appointment of the NST program director.
  - b. The GMEC must review and approve the appointment of each of its NST Program Directors.
  - c. At least annually, the GMEC must complete and document an assessment of<sup>6</sup>:
    1. Supervision and assessment of NST trainees; and,

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<sup>4</sup> ACGME Institutional Requirements I.B.4.b.

<sup>5</sup> ACGME NST Requirements I.D.

<sup>6</sup> ACGME NST Requirements II.C.1.

# University of Colorado School of Medicine

## Graduate Medical Education

- No later than three months from the NST trainee's starting date in the NST program, each NST program director must complete an initial competence assessment of each NST trainee in the NST program, including an ACGME Milestones assessment from the most closely related ACGME-accredited specialty or subspecialty.
  - A supervising faculty member must be physically present to supervise the NST trainee with all patients until the NST program director has documented the NST trainee's ACGME Milestones achievement as a sufficient basis for delegating progressive authority and responsibility and conditional independence, as assigned by the NST program director and faculty members.
  - For each NST trainee appointed to an NST program for one year or longer, the NST program director or the NST program director's designee must meet with the NST trainee to review a semi-annual evaluation of the NST trainee's performance.
  - Summative Assessment Each NST program director must provide a summative evaluation for each NST trainee upon the NST trainee's completion of, or separation from, the NST program
2. The impact of NST programs on the Sponsoring Institution's ACGME-accredited programs

**Annual Institutional Review<sup>7</sup>:** The GMEC demonstrates effective oversight of CUSOM's accreditation through review and approval of an Annual Institutional Review (AIR), using the following performance indicators at a minimum:

1. The most recent ACGME institutional letter of notification;
2. Results of ACGME surveys of residents/fellows and core faculty members; and,
3. Each of its ACGME-accredited programs' ACGME accreditation information, including accreditation statuses and citations.

The DIO shall submit a written annual executive summary of the AIR to the CUSOM Executive Committee.

The written executive summary must include:

1. Summary of institutional performance on indicators for the AIR; and,
2. GMEC action plans and performance monitoring procedures resulting from the AIR.

**Special Review<sup>8</sup>:** The GMEC demonstrates effective oversight of underperforming programs through a Special Review process. The protocol:

1. Establishes 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.

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<sup>7</sup> ACGME Institutional Requirements I.B.5.

<sup>8</sup> ACGME Institutional Requirements I.B.6.