

# University of Colorado School of Medicine

## Graduate Medical Education

Policy: <b>GMEC Membership 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

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

### **Membership**

The Associate Dean for GME shall serve as Chair of the GMEC. 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.

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

#### **Designated Institutional Official**

**One Program Director or designated faculty member representing each of the following ACGME Residency programs:**

Anesthesiology	Pathology
Family Medicine	Pediatrics
Internal Medicine	Radiology
Neurological Surgery	Surgery
OB/GYN	Urology
Ophthalmology	
Orthopaedic Surgery	

**One Quality Improvement/Patient Safety Officer or his/her designee.**

#### **Additional Members:**

- Family Medicine Vice Chair of Education
- Internal Medicine Fellowships Representative
- Pediatrics Fellowship Representative
- Emergency Medicine Designated Faculty
- Surgical Fellowship Representative

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

#### **Resident Representatives:**

- HSA Co-Chairs (2)
- HSA Fellow Representative (1)
- HSA Alternative Designees  
(The Housestaff Association will designate designee(s) for each representative.)
- Gold Humanism Resident

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

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### **Hospital Representatives:**

GME Hospital liaison or his/her designee (MD or medical education management level) from each of the following:

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

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.

### **Additional Members & Subcommittees<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. Subcommittees that address required GMEC responsibilities shall include a peer-selected Resident/Fellow. Actions taken by the subcommittees that address required GMEC responsibilities shall be reviewed and approved by the GMEC.

- Clinical Learning Environment Subcommittee
- Education Subcommittee
- Program Oversight Subcommittee

GMEC Subcommittee Chairs and Vice Chairs shall serve as members of the 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.

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

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

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

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

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### **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. NonStandard 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,
      - 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

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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.

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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.