NAME: GRADUATE MEDICAL EDUCATION COMMITTEE

POLICY: In accordance with the Institutional Requirements established by the Accreditation Council of Graduate Medical Education (ACGME), St. Christopher’s Hospital for Children (SCHC) has established a standing Graduate Medical Education Committee (GMEC). The voting members of the Committee shall include the program director or associate program director of each sponsored GME program (one vote per program), a senior administrative representative, a member of the safety or quality teams, the Designated Institutional Official (DIO), and residents/fellows nominated by their peers. (Each year of residency will have one vote; dental residents will vote with Pediatric residents corresponding to their year of training. The fellows and child neurology residents together will also have one vote.) Except in Special Circumstances requiring an electronic or mail vote, only members present at the GME meeting will have a valid vote. Additional members may be appointed to the Committee in an ex officio (non-voting) capacity at the discretion of the Chair of the GME. The DIO is the Director of Graduate Medical Education (GME) and will serve as the GMEC chair.

PROCEDURES: The GMEC meets on a monthly basis and the charge of this group is to:
1. Develop and implement policies and procedures regarding the quality of education and the work environment for the residents/fellows in all programs;
2. Annually review stipends, benefits, and funding for resident/fellow positions and make recommendations to the institution to assure that these are reasonable and fair.
3. Develop and implement written policies and procedures regarding resident/fellow work hours to ensure compliance with the Institutional, Common, and specialty/subspecialty-specific Program Requirements;
4. Develop and implement procedures to regularly monitor resident/fellow work hours for compliance;
5. Monitor programs’ supervision of residents/fellows and ensure that supervision is consistent with: provision of safe and effective care, educational needs of the residents/fellows, progressive responsibility appropriate to trainee’s level of education, competence and experience, and, other applicable Common and specialty/subspecialty-specific Program Requirements;
6. Assure that each program provides a curriculum and an evaluation system that enables residents/fellows to demonstrate achievement of the ACGME general competencies as defined in the Common and specialty/subspecialty-specific Program Requirements;
7. Review Annual Program Evaluations (APE) submitted by each training program;
a. Training Programs will submit these reports no later than August 1 to be reviewed and discussed at a future monthly GMEC meetings between September and December.

b. Underperforming Programs will be identified and referred for a Review of an isolated part of the Program (Focused Review) or the entire Program (Special Review).

c. Special Review

i. Criteria that will trigger a Special Review are a combination of the following factors:

1. Serious concerns identified by the GMEC where the GMEC determines that a Special Review should be convened to obtain more information.
   a. Concerns may be identified and communicated to the GME office by residents or faculty from a particular program, on internal surveys, by ACGME data collected, etc.
2. Change in Program Director more frequently than every two years
3. Persistent work hour violations
4. GME Dashboard Performance showing areas of grave concern:
   a. Resident or faculty attrition appearing red
   b. Milestones appearing red 2 years in a row
   c. Case number/procedure log appearing red 2 years in a row
   d. Faculty survey appearing red or yellow for greater than 50% of surveyed items
   e. Resident survey appearing red or yellow for greater than 50% of surveyed items
5. Failure to submit ACGME requested information
6. Failure of at least 60% of faculty to submit ACGME administered annual surveys
7. Inability to successfully incorporate CLER focus areas into patient care and resident/fellow education (Patient Safety, Health Care Quality, Care Transitions, Supervision, Physician Well-being (Work Hours + Fatigue Management and Mitigation), Professionalism)
8. New Programs to be part of the St. Christopher’s Hospital GMEC
9. The Annual Program Review Committee or Chair of the Graduate Medical Education Committee determines a Special Review is necessary.

ii. Composition of Special Review Committee

1. The Special Review Committees will be made up of at least 2 faculty members of the GMEC or prior Program Directors and 1 peer selected resident or fellow. The GMEC Chair will be an ad hoc member of the Committee.
iii. Background documents: The Program Director will provide the Special Review Committee with all requested information about the Program including:

1. RRC Accreditation Requirements
2. Relevant RRC correspondence
3. Relevant program policies requested by Special Review Committee
4. Self Study related documents
5. ACGME Resident Survey results for past two academic years (if available)
6. ACGME Faculty Survey results for past two academic years (if available)
7. Electronic Surveys – current residents, faculty performed by GME office
8. Annual Program Evaluations for the past two academic years
9. Previous Special Review Reports and Work Plans if applicable
10. A resident/fellow generated list of the top 3-5 program strengths, as well as the top 3-5 areas for program improvement.

iv. Missions: The Committee will interview separately the Program Director, Faculty members (a sample of the faculty for large programs and a majority of the faculty for smaller programs), Residents/Fellows (a peer selected sample of the residents for large programs and a majority of the residents/fellows for smaller programs), and others as deemed appropriate by the committee to determine the quality of the program. The Committee will identify problems that the program is having.

v. Special Review Committee Report: The Special Review Committee will issue a report to be reviewed by the GMEC that describes if any problems exist within the training program, any relevant quality improvement goals, any suggestive corrective actions that should be taken, and a process whereby the GMEC will monitor outcomes for the underperforming program. (The Special Review Committee Report template is provided as an addendum to this policy.) Highlights of the report are:

1. Relevant educational objectives of the program
2. Effectiveness of the program in meeting these objectives
3. Any identified challenges or obstacles to the program's ability to meet these educational objectives
4. Effectiveness of the program in addressing areas of concern noted in previous ACGME communications and/or accreditation letters, previous Annual Program Reviews, and any previous SPRs (if applicable)
5. Effectiveness of the program in implementing processes that link relevant educational outcomes with program improvement.
vi. GMEC Action: The GMEC will review the Committee’s report and determine the appropriate follow-up

1. The Program Director should share the report with members of the Faculty and residents/fellows of the program.

d. Focused Review
i. Triggers for a Focused Review
   1. Serious concerns identified by the GMEC about a specific aspect of a training program.

ii. Composition of the Focused Review Committee
   1. The Focused Review Committees will be made up of at least 2 faculty members of the GMEC or prior Program Directors and 1 peer selected resident or fellow. The GMEC Chair will be an ad hoc member of the Committee.

iii. Background documents
   1. The Program Director will provide the Focused Review Committee with all requested information about the area in question.

iv. Mission:
   1. The Committee will interview separately the Program Director, Faculty members (a sample of the faculty for large programs and a majority of the faculty for smaller programs), Residents/Fellows (a peer selected sample of the residents for large programs and a majority of the residents/fellows for smaller programs), and others as deemed appropriate by the committee to investigate the question being addressed about a specific aspect of the training program.

v. Focused Review Committee Report: The Focused Review Committee will issue a report to be reviewed by the GMEC that describes any problems that exist within the program, any relevant quality improvement goals, any suggested corrective actions that should be taken, and processes whereby the GMEC will monitor outcomes for the underperforming aspect of the program.
   1. The Focused Review Committee Report template is the same as the Special Review template that is provided as an addendum to this policy.

vi. The GMEC will review the Committee’s report and determine the appropriate follow-up
   1. The Program Director should share the report with members of the Faculty and residents/fellows of the program.

8. Demonstrate effective oversight of the Sponsoring Institution’s accreditation through an Annual Institutional Review (AIR).

   a. The GMEC will monitor institutional performance indicators for the AIR 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 ACGME-accredited programs’ accreditation statuses and self-study visits

b. The AIR must include monitoring procedures for action plans resulting from the review

c. The DIO must submit a written annual executive summary of the AIR to the Governing Body

9. Develop and implement institutional policies and procedures for the selection, evaluation, promotion, transfer, discipline, and/or dismissal of residents/fellows in compliance with the Institutional and Common Program Requirements

10. Review all ACGME program accreditation letters of notification and monitor action plans for correction of citations and areas of noncompliance;

11. Review the Sponsoring Institution’s ACGME letter of notification from the IRC and monitor action plans for correction of citations and areas of noncompliance;

12. Review and approved prior to submission to the ACGME by program directors:
   a. All applications for ACGME accreditation of new programs;
   b. Changes in resident/fellow complement;
   c. Major changes in program structure or length of training;
   d. Additions or deletions of participating sites;
   e. Appointments of new program directors;
   f. Progress reports requested by any Review Committee;
   g. Responses to all proposed adverse actions;
   h. Requests for exceptions of resident work hours;
   i. Voluntary withdrawal of program accreditation;
   j. Requests for an appeal of an adverse action; and,
   k. Appeal presentations to a Board of Appeal or the ACGME.

13. Develop, implement and oversee the internal review process of all GME programs to assess compliance with the Institutional, Common, and specialty/subspecialty-specific Program Requirements;

14. Oversee all phases of educational experiments and innovations that may deviate from Institutional, Common, and specialty/subspecialty-specific Program Requirements, including
   a. Approval prior to submission to the ACGME and/or respective Review Committee;
b. Adherence to Procedures for “Approving Proposals for Experimentation or Innovative Projects” in *ACGME Policies and Procedures*; and,
c. Monitoring quality of education provided to residents/fellows for the duration of such a project.

15. Oversee all processes related to reductions and/or closures of: individual programs; major participating sites; and, the Sponsoring Institution

16. Provide a statement or institutional policy (not necessarily GME-specific) that addresses interactions between vendor representatives/corporations and residents/fellows/GME programs.

Updated for Review 11/25/14
(GMEC approved 12/7/14)
Updated for Review 3/1/17
Updated for Review 7/11/17
Modified and Approved 8/2/17
I. PROGRAM REVIEWED:

II. DATE PROGRAM REVIEWED:

III. INTERNAL REVIEW COMMITTEE MEMBERS (Designate faculty and resident/fellow members with PGY level):

IV. INTERNAL REVIEW PROCESS:
(Provide a brief description of the process, including the list of documents reviewed and groups/individuals interviewed)

V. PREVIOUS CITATIONS/COMMENTS:
(Provide a list of citations, areas of non-compliance, concerns, or comments from the previous ACGME notification of accreditation letter, Internal Review, SITE visit, or most recent Special Review Committee Report. Provide a copy of last 3 years GME Dashboard of the Program. Comment how effectively the program has addressed each problem noted.)

VI. NARRATIVE REPORT:
(Include sufficient documentation to demonstrate that a comprehensive review was conducted. Each of the following must be assessed.)

1. Compliance with the Common, Specialty/Subspecialty –specific Program and Institutional Requirements:

2. Educational objectives and effectiveness in meeting those objectives:

3. Educational and financial resources:

4. Effectiveness of educational outcomes in the ACGME general competencies:

5. Effectiveness in using evaluation tools and outcome measures to assess a resident’s level of competence in each of the ACGME’s general competencies:

6. Annual program improvements in:
a. Resident performance using aggregated resident data:

b. Faculty development:

c. Graduate performance including performance of program graduates on the certification program:

d. Program quality:

VIII. RECOMMENDATIONS FROM THE REVIEW COMMITTEE:
(Include any areas of non-compliance or concerns identified that are to serve as action items for internal follow-up and review by the GMEC)

IX. DATE PRESENTED TO GMEC:

X. ACTION OF THE GMEC:

GMEC reviewed and approved 8/2/17