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| GME Policy #: III-A | Graduate Medical Education Policy & Procedures Pennsylvania Hospital | Page 1 of 4 Effective: 06-18-08 |
| | Subject: Graduate Medical Education Committee (GMEC) | |

POLICY

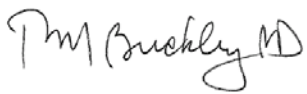
The Pennsylvania Hospital Graduate Medical Education Committee (GMEC) was developed to support and oversee activities of the individual residency programs. The Committee has hospital-wide authority and responsibility for monitoring and advising on all aspects of graduate medical education at Pennsylvania Hospital. For graduate medical education, the Accreditation Council for Graduate Medical Education (ACGME), and the respective Residency Review Committees (RRC) delineate institutional and program specific requirements. Pennsylvania Hospital assumes responsibility for providing the necessary financial, educational and human resources to support the residencies and to comply with the ACGME and RRC requirements.

PURPOSE

The purpose of this policy is to outline the composition, duties and responsibilities of the Graduate Medical Education Committee.

The Graduate Medical Education Committee (GMEC) has the responsibility for monitoring and advising on all aspects of residency education. The responsibilities include, but are not limited to, the following:

1. Establishment and implementation of policies that affect all residency programs regarding the quality of education and the work environment for house officers in each program.
2. Establishment and maintenance of appropriate oversight of and liaison with program directors, and assurance that program directors establish and maintain proper oversight of and liaison with appropriate personnel of other institutions participating in programs sponsored by the institutions.
3. Establishment and implementation of institutional guidelines and policies for selection, evaluation, promotion and dismissal of house officers.
4. Assure that each residency program provides appropriate supervision for all house staff.
5. Annually review the sponsoring institution's letter of report of accreditation and develop and monitor action plans for the correction of concerns in the areas of non-compliance. Review and approve various requests and reports as listed in the institutional requirements prior to submission to the ACGME

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6. Assure that each program provides a curriculum and an evaluation system to ensure that house staff demonstrate achievement of the six general competencies:
 - a. **Patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
 - b. **Medical knowledge** about established and evolving biomedical, clinical, and cognate (eg, epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
 - c. **Practice-based learning** and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
 - d. **Interpersonal and communication skills** that result in effective information exchange and teaming with patients, their families, and other health professionals
 - e. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
 - f. **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

7. Establish and implement formal written policies and procedures governing house staff duty hours in compliance with the institutional, common and specialty-specific program requirements; develop and implement procedures to regularly monitor house staff duty hours (See Standards for Duty Hours- GE 5).

8. Establishing an educational environment in which the house officers may raise and resolve issues without fear of intimidation or retaliation. (See Open Door Policy - GE 17).

9. Review and approve prior to submission to the ACGME
 - a. all applications for ACGME accreditation of new programs and subspecialties;
 - b. changes in resident complement;
 - c. major changes in program structure or length of training
 - d. additions and deletions of participating institutions used in a program;
 - e. appointments of new program directors;
 - f. progress reports requested by any Review Committee;
 - g. responses to all proposed adverse actions;
 - h. requests for increases or any change in resident duty hours
 - i. requests for “inactive status” or to reactivate a program;
 - j. voluntary withdrawals of ACGME-accredited programs;
 - k. requests for an appeal of an adverse action; and,

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I. appeal presentations to a Board of Appeal or the ACGME.


10. Establishing regular reviews of all residency programs to assess their compliance with both the Institutional Requirements and the Program Requirements of the relevant ACGME RRCs. The review includes representation and input from concerned faculty, house officers, and administrators, both within and outside the department in which the residency exists. The review follows the written protocol approved by the GMEC. The review is conducted mid-cycle between ACGME program surveys.

A member of the GMEC will assist with the coordination and performance of the internal review. While assessing the residency program's compliance with each of the program standards, the review includes an appraisal of the following: the educational objectives of the program; the adequacy of available educational and financial resources to meet the program objectives; the effectiveness of the program in meeting its objectives; and the program's effectiveness in addressing citations from previous ACGME letters of accreditation and internal review reports.

Material and data used for the review will include: Institutional and Program Requirements from the Essentials of Accredited Residency Programs; letters of accreditation from previous ACGME reviews; reports from previous internal reviews; and interviews with the program director, faculty, and house officers in the program and individuals outside the program deemed appropriate by the GMEC.

The member(s) of the Internal Review Committee who conduct the review will discuss its findings with the program director and will make a final written summary report to the GMEC. The program director is to respond to these findings in writing to the Chair of the GMEC for review and presentation to the GMEC, as appropriate. The program director is responsible for correcting any identified deficiencies per the internal review recommendations. The GMEC will be available to assist, as needed, with preparing for the Program's RRC survey.

11. Overview of education matters at the institutional level such as orientation of housestaff, educational needs common to residencies, program director education/development.

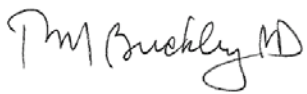
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11. Graduate Medical Education Committee Membership includes:

- Chair, GMEC
- PAH DIO
- HUP DIO or designee
- Representative from Administration
- Coordinator Graduate Medical Education
- Internal Medicine Program Director
- Ob/Gyn Program Director
- Pathology Program Director
- Radiology Program Director
- Sports Medicine Program Director
- Vascular Surgery Program Director or designee
- Residency Coordinators
- Peer nominated house officers from each residency program

Voting membership on this committee includes appropriate program directors, other members of the faculty and the designated institutional official (DIO) or his/her designee, and house officers nominated by their peers.

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