GMEC Composition and Responsibilities (IR I.B.)

GMEC approved: September 2013
GMEC updated and approved: July 2014
GMEC revised and approved: October 2016

The WSUSOM GMEC is responsible for oversight of all GME programs in accordance with ACGME institutional requirements. The GMEC establishes and implements policies regarding the quality of education and the work environment for residents/fellows in all WSUSOM GME programs, including non-accredited programs. Written minutes are maintained. Voting members or designees are required to attend 100 percent of the scheduled meetings annually (see Attendance Requirements).

Meetings (IR I.B.3)
The GMEC meets at least quarterly but is scheduled for bi-monthly meetings pursuant to an annual meeting schedule set forth at the start of each academic year by the GME Office. Other committee meetings and meeting schedules are established by the heads of those committees.

Leadership and Membership (IR I.B.1.)
The GMEC convenes under the leadership of a chair.

Voting membership includes:

- The DIO and GMEC chair (if different from the DIO)
- Minimum of two residents nominated by their peers
- Representative residency program directors
- GME administrative director
- GME director of Research and Education
- Quality and Safety officer (or designee)
- Administrative representative of the WSUSOM (vice dean of Education)

Voting Member Designees
A voting member unable to attend a GMEC meeting may appoint a designee to attend in his/her stead.

The GMEC has established criteria for voting member designees:

<table>
<thead>
<tr>
<th>Voting Member</th>
<th>Recommended Designees</th>
</tr>
</thead>
</table>
| Designated institutional official/GMEC chair | GME administrative director  
GME director of Education |
| Program director | Associate program director, department chair or core faculty member (a physician who spends 15 hours per week on average teaching/mentoring program trainees as identified on the PIF or equivalent). Program coordinators may not serve as designees for |
program directors.

<table>
<thead>
<tr>
<th>Role</th>
<th>Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer-elected residents</td>
<td>Alternate peer-elected residents</td>
</tr>
<tr>
<td>Quality and Safety officer</td>
<td>Representative from affiliated hospital’s Quality and Safety committees</td>
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</tbody>
</table>

Non-voting members include:

- Hospital partners administration
- Department chairs
- Accredited/unaccredited fellowship program directors
- Other GME office administration
- GMEC subcommittee, Task-Force and/or Council chairs
- Residency program coordinators

### Additional GMEC Members and subcommittees

To carry out portions of the GMEC’s responsibilities, additional GMEC membership may include other members as may be deemed appropriate by the GMEC. These may include subcommittees that address required GMEC responsibilities whose membership must include peer-selected residents/fellows and whose actions must be reviewed and approved by the GMEC (see § Sub-committees and other organized groups reporting to the GMEC (IR I.B.2)).

### GMEC Voting Member Attendance and Tracking (IR I.B.3)

GMEC required voting members or their designees must attend 100% of regular bi-monthly GMEC meetings. Individual PDs must attend at least 4 of the 6 scheduled meetings (remaining 2 may be designee).

#### Procedure for tracking attendance

GMEC voting member and designee attendance is taken at each GMEC meeting via sign-in sheet. The GME Office maintains a GMEC voting member attendance tracking sheet for each academic year (July to June). The GMEC voting member attendance tracking sheet tracks the year-to-date attendance and compliance rates for individual voting members. GMEC attendance is reported annually to the WSUSOM dean and the governing body of the institution as part of the Annual Institutional Review.

### GMEC Responsibilities (IR I.B.4.)

Responsibilities of the GMEC include:

#### Oversight of:

- The ACGME accreditation status of the sponsoring institution and its ACGME-accredited programs
- The quality of the GME learning and working environment within the sponsoring institution, its ACGME-accredited programs and its participating sites
- 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
• The ACGME-accredited programs’ annual evaluation and improvement activities
• All processes related to reductions and closings of individual ACGME-accredited programs, major participating sites and the sponsoring institution
• The GMEC must demonstrate effective oversight of underperforming programs through a special review process (see §2.2.7 GMEC Program Oversight through program review)

Review and approval of:
• Institutional GME policies and procedures
• Annual recommendations to the sponsoring institution’s administration regarding resident/fellow stipends and benefits
• Applications for ACGME accreditation of new programs
• Requests for permanent changes in resident/fellow complement
• Major changes in ACGME-accredited programs’ structure or duration of education
• Additions and deletions of ACGME-accredited programs’ participating sites
• Appointment of new program directors
• Progress reports requested by a review committee
• Responses to clinical learning environment review reports
• Requests for exceptions to duty hour requirements
• Voluntary withdrawal of ACGME program accreditation
• Requests for appeal of an adverse action by a review committee
Appeal presentations to an ACGME appeals panel.

Annual Institutional Review (AIR)
The GMEC must demonstrate effective oversight of the sponsoring institution’s accreditation through an annual institutional review.

The GMEC must identify institutional performance indicators for the AIR that include:

• Results of the most recent institutional self-study visit
• Results of ACGME surveys of residents/fellows and core faculty
• Notification of ACGME-accredited programs’ accreditation status and self-study visits
• Reports from the Subcommittee for Compliance and Improvement.

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

The DIO must submit a written annual executive summary of the AIR to the governing body.