

**STONY BROOK UNIVERSITY HOSPITAL
GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES**

POLICY: GRADUATE MEDICAL EDUCATION COMMITTEE RESPONSIBILITIES

PURPOSE

The Graduate Medical Education Committee (GMEC) functions as an important mechanism through which the program directors, residents, administrators and other interested parties, in concert with the Designated Institutional Official (DIO) meet to advise on and monitor all aspects of the Stony Brook University Hospital's residency/fellowship educational programs.

The GMEC voting membership shall consist of representative program directors (2 year term), residents nominated by their peers (1 year term), representatives from hospital administration (ex-officio), a program coordinator elected by the coordinators (2 year term), others as appropriate and chaired by the DIO. In the event the DIO is absent, the designee will be the Assistant Dean for GME. Program Directors must assign a designee in their absence. Attendance must be 70% to qualify as a voting member. Any voting member who can no longer serve on the GMEC will be replaced by any peer who has met the attendance requirements at the discretion of the Chair. The committee meets monthly or at the call of the chair. Written minutes are maintained and distributed as specified by the chair.

The GMEC reports to the medical board annually and the governing body(s) of the major participating sites in which the GME programs of the Sponsoring Institution are conducted.

POLICY

The GMEC's responsibilities are as follows:

1. Establish and implement policies that affect all residency programs regarding the quality of education and the work environment for the residents in all programs.
2. Annually review and make recommendations to the Sponsoring Institution on resident stipends, benefits and funding for resident positions.
3. Ensure that communication mechanisms exist between the GMEC and all program directors within the institution, and ensure that program directors maintain effective communication mechanisms with the site directors at each participating site for their respective programs to maintain proper oversight at all clinical sites.
4. Develop and implement formal written policies and procedures governing resident duty hours. (See "Duty Hours" policy)
5. Monitor programs' supervision of all residents and ensure that supervision is consistent with safe and effective patient care, the educational needs of residents and progressive responsibility appropriate to residents' level of education, competence and experience. (See "Resident Supervision" policy)

6. Maintain communication with leadership of the medical staff regarding the safety and quality of patient care that includes an annual report to the organized medical staff, description of resident participation in patient safety and quality of care, and the accreditation status of programs and any citations regarding patient issues.
7. Assure that programs provide a curriculum and an evaluation system to ensure that residents demonstrate achievement of the ACGME general competencies which include patient care, medical knowledge, systems-based practice, professionalism, interpersonal and communication skills, practice-based learning and improvement.
8. Establish and implement formal written institutional policies for the selection, evaluation, promotion, transfer, discipline and/or dismissal of residents.
9. Review all ACGME program accreditation letters of notification and monitor action plans for the correction of citations, concerns and areas of noncompliance.
10. Review Stony Brook University Hospital's ACGME letter of notification from the IRC and monitor action plans for the correction of citations, concerns and areas of noncompliance.
11. Review and approve prior to submission to the ACGME all applications for ACGME accreditation of new programs; changes in resident complement; major changes in program structure or length of training; additions and deletions of participating institutions; appointments of new program directors; progress reports requested by any Review Committee; responses to all proposed adverse actions; request for exceptions of resident duty hours; requests for voluntary withdrawal of program accreditation; requests for an appeal of an adverse action; appeal presentations to a Board of Appeal or the ACGME.
12. Establish oversight of all phases of educational experiments and innovations that may deviate from institutional, common and specialty/subspecialty-specific program requirements including approval prior to submission to the ACGME and/or respective review committee; adherence to procedures for "Approving Proposals for Experimentation or Innovative Projects" in ACGME *Policies and Procedures*; and monitor quality of education provided to residents for the duration of a project.
13. Establish oversight of all processes related to reductions and/or closures of individual programs, major participating sites and the Sponsoring Institution.
14. Provide a statement or institutional policy that addresses interactions between vendor representatives/corporations and residents/GME programs. (See "Guidelines for Interactions between Clinical, Faculty, Housestaff and Medical Students and Pharmaceutical/Medical Device Industries and their Representatives")
15. Must develop, implement and oversee an internal review process of all programs to assess their compliance with the requirements and guidelines of the ACGME.

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