



**University of Kentucky**  
**College of Medicine**  
**Graduate Medical Education**  
**Graduate Medical Education Committee**

**Purpose:**

To set forth the composition, duties, and meeting schedule for the Graduate Medical Education Committee.

**Policy:**

Consistent with Accreditation Council for Graduate Medical Education (ACGME Institutional Requirements and additional graduate medical education training program accrediting body requirements, the Graduate Medical Education Committee (GMEC) is the committee that provides oversight of the Graduate Medical Education (GME) Programs at the Sponsoring Institution. Its responsibilities include verifying that individual training programs operate in a manner consistent with all institutional and program specific accreditation requirements. It establishes and implements policies and procedures regarding the quality of education and the work environment for residents and fellows in all training programs. GMEC also develops policies to govern graduate medical education activities at its participating clinical sites consistent with ACGME Institutional and Program requirements and GME Affiliation Agreements.

The GMEC is responsible for demonstrating effective oversight of the sponsoring institution's accreditation through an annual institutional review. Further information is available in the GME Policy and Procedure Manual. The GMEC must also demonstrate effective oversight of underperforming program(s) through a Special Review process. Further information is available in the GMEC Special Review Policy.

**Definitions:**

- A. Sponsoring Institution refers to the ACGME accredited Sponsoring Institution of record, the University of Kentucky College of Medicine
- B. Core residency refers to ACGME accredited residency training programs
- C. Fellowship refers to ACGME accredited fellowship training programs
- D. Additional graduate medical education programs refers to all other training programs overseen by the Graduate Medical Education Office
- E. GME regional campus refers to training programs located outside of Lexington

- F. Primary clinical site refers to the health care facility in which residents or fellows spend the majority of their training experience.

**Procedure:**

A. Composition

1. The GMEC is chaired by the College of Medicine Senior Associate Dean for Graduate Medical Education (GME), who also serves as the Designated Institutional Official (DIO) for the ACGME Sponsoring Institution.
2. Unless selected to serve as a voting member of the GMEC (as outlined below), core residency training program directors, fellowship directors, and additional GME program directors are *ex officio* members without a vote and welcome to participate in GMEC meetings at any time. The College of Medicine Dean also serves as an *ex officio* member without a vote.
3. At their discretion and with the concurrence of the chairperson, members may assign a designee to represent them at some or all of the meetings of the GMEC. For program directors who are voting members, the designee must be an associate program director or one of their programs' core faculty. For peer selected residents and fellows, the designee must be another peer selected resident or fellow. Members must still remain available to participate in GMEC functions, including, but not limited to, subcommittees and ad hoc committees as needed.
4. The voting members are listed below. Other individuals may be appointed to the GMEC by the chairperson with the concurrence of the GMEC.

B. Voting Members

1. Each voting member of the committee shall be required to attend at least 80% of GMEC meetings held during an academic year.
2. Excused absence due to unresolvable conflicts such as vacation, sick leave, or travel to professional meetings will not be counted against the attendance requirement.
3. Teleconference and videoconference attendance options are provided for each GMEC meeting.

C. GME Core Residency, Fellowship and Additional Program Directors Voting Members

1. A representative group of core residency program directors, fellowship directors, and additional GME program directors (as outlined below) are selected by the current GMEC voting members to serve as voting members of GMEC for a three year term beginning on July 1 of the subsequent academic year.
2. Selection of voting members occurs in the spring prior to the next academic year during a regularly scheduled GMEC meeting.
3. Voting members may be reselected or added between 3 year terms in the case of program director changes and/or new program initiation.
4. For the GME Lexington campus:
  - a. At a minimum, 70% *ex officio* core residency programs must serve as voting members
  - b. A minimum of 40% *ex officio* fellowship directors must serve as voting members

- c. A minimum of one additional GME program director must serve as a voting member
5. For GME regional campuses:
  - a. A representative group of core residency program directors must serve as voting members. If only one program is in place at the regional campus, that program director by default serves as the voting member.
  - b. If fellowships are in place at the regional campus, a minimum of one fellowship director must serve as a voting member.

#### D. Peer Selected Residents and Fellows Voting Members

A minimum of five peer selected residents from GME Lexington campus ACGME accredited programs and a minimum of one peer selected House Staff from GME regional campus ACGME accredited programs shall serve as voting members.

#### E. Additional Voting Members

The following shall serve as *ex-officio* voting members:

1. The ACGME Designated Institutional Official
2. GME institutional leadership (GME Director and Assistant/Associate Deans)
3. UK College of Medicine Office of Medical Education representative
4. UK Healthcare Quality and Safety representative

#### F. Non-voting Members

The following shall serve as advisory members without a vote:

1. The Lexington VA Associate Chief of Staff for Education
2. A Medical Staff representative from each primary clinical training site for ACGME residency and fellowship programs (*e.g.*, UK Health Care, The Medical Center of Bowling Green, St. Claire Regional Medical Center) is encouraged to attend GMEC meetings as needed. GME regional campus core residency and fellowship program directors may be designated by the site to serve as the primary clinical site representative.
3. UK Healthcare hospital administration representative
4. UK College of Medicine Faculty Council representative

#### G. Meetings

The GMEC must meet at least quarterly but is regularly scheduled to meet monthly with the exception of December and July. GMEC minutes applicable to the clinical activities at each primary clinical site are provided quarterly, or upon request, to the appropriate Medical Staff committee.

#### H. Quorum

Attendance of more than 50% of voting members constitutes a quorum. All decisions require attendance of greater than 50% of the voting Graduate Medical Education Committee and a decision must be made by a majority vote of those in attendance.

## I. Subcommittees

GMEC responsibilities for institutional oversight, review and approval are accomplished in part or in whole through delegation of responsibility to GMEC subcommittees. GMEC subcommittees are: Compliance Subcommittee, Program Review Subcommittee, and Educational Development Subcommittee, the Wellness in Training Subcommittee, and the Appeals Subcommittee. The GMEC reviews and approves the reports of its subcommittees that are designated as fulfilling GMEC oversight responsibilities. Additional GMEC subcommittee reports are reviewed and discussed. Delegation of GMEC oversight, review and approval responsibilities to the GMEC Compliance (C) and Program Review (PR) Subcommittees is noted below.

1. Oversight of:
  - a. The ACGME accreditation status of the sponsoring institution and its ACGME-accredited programs (C)
  - b. The quality of the GME learning and working environment within the sponsoring institution, each of its ACGME-accredited programs and its participating sites (C, PR)
  - c. 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 (C, PR)
  - d. The ACGME-accredited programs' annual evaluation (PR) and self studies (C)
  - e. All processes related to reductions and closings of individual ACGME-accredited programs (C)
  - f. 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
  
2. Review and approval of:
  - a. Institutional GME policies and procedures
  - b. Annual recommendations to the sponsoring institution's administration regarding resident/fellow stipends and benefits
  - c. Applications for ACGME accreditation of new programs (C)
  - d. Requests for permanent changes in resident/fellow complement (C)
  - e. Major changes in ACGME-accredited programs' structure or duration of education (C)
  - f. Additions and deletions of ACGME-accredited programs' participating sites (C)
  - g. Appointment of new program directors (C)
  - h. Progress reports requested by a review committee (C)
  - i. Responses to clinical learning environment review reports (C)
  - j. Requests for exceptions to clinical and educational work hour requirements (C)
  - k. Voluntary withdrawal of ACGME program accreditation (C)
  - l. Requests for appeal of an adverse action by a review committee (C)
  - m. Appeal presentations to an ACGME appeals panel (C)

Policy replaces UK/UK Health Care GMEC Policy A01-143

Approved by GMEC 5-22-19

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