

	Name of Policy: Graduate Medical Education Committee Charter	
	Last Approval Date: March 21, 2025	Effective Date: August 5, 2022

The Graduate Medical Education Committee is accountable for overseeing all aspects of residency education in a manner to meet the needs of the residents[^], programs and hospitals, and to ensure compliance with Accreditation Council for Graduate Medical Education (ACGME) Institutional, Common, Program and Recognition Requirements. Major responsibilities include:

- 1) Establishing and implementing standards and policies that affect all programs regarding the quality of education, learning and work environment for the residents in each program and at all participating sites, and achievement of measurable outcomes.
- 2) Assuring residents of an educational environment in which they may raise and resolve issues without fear of intimidation or retaliation.
- 3) Reviewing all ACGME program and institutional letters of accreditation or recognition and the monitoring of program action plans for correction of areas of non-compliance.
- 4) Conducting an Annual Institutional Review (AIR) with identified institutional performance indicators and monitoring institutional action plans resulting from the review.
- 5) Organization and presentation of the GME Annual Report to the appropriate stakeholders.
- 6) Conducting regular internal reviews of all residency and subspecialty programs and monitoring action plans for any recommendations from the internal reviews.
- 7) Conducting Special Reviews for underperforming programs and monitoring the outcomes of any quality improvement goals and corrective actions from the Special Reviews.
- 8) Monitoring and oversight of programs' Annual Program Evaluations (APEs), Self-Studies, and improvement activities.
- 9) Reviewing and approving:
 - a. all applications for new GME programs,
 - b. changes in resident complement or structure/duration of education,
 - c. additions and deletions of participating sites,
 - d. appointment of new program directors,
 - e. any reports or requests to the ACGME Institutional, Clinical Learning Environment, or Review Committees,
 - f. GMEC subcommittee actions that address required GMEC responsibilities,
 - g. major changes in program structure or duration of education, including any change in the designation of a program's primary clinical site,
 - h. responses to CLER reports,
 - i. exceptionally qualified candidates for trainee appointment who do not satisfy the eligibility policy or requirements of the Common Program Requirements,
 - j. voluntary withdrawal of program accreditation.
 - k. program description of Non-Standard Training (NST) programs.

- 10) Establishing, overseeing, and implementing institutional policies and procedures for:
 - a. the recruitment and appointment, evaluation, promotion, transfer and dismissal of residents,
 - b. the adjudication of resident complaints at the program and institutional level,
 - c. the provision of resident Due Process,
 - d. vacation and other leaves of absence including review of medical, parental, and caregiver leaves of absence at least annually,
 - e. physician impairment,
 - f. sexual harassment and discrimination,
 - g. accommodations for disabilities,
 - h. interactions with industry,
 - i. supervision of residents,
 - j. resident and faculty well-being,
 - k. clinical and educational work hours and moonlighting,
 - l. administrative support for programs in the event of disaster,
 - m. oversight of processes related to reductions or closure of programs, major participating sites, and the sponsoring institution.
 - n. Special Review Process
 - o. ensuring that residents are not required to sign a non-compete guarantee or restrictive covenant.
- 11) Recommending appropriate and equitable funding for resident positions, and for resident stipends, benefits and support services.
- 12) Providing summary information of patient safety reports to residents, faculty, and other clinical staff members.
- 13) Monitoring the programs to assure the establishment of an appropriate clinical learning environment to include call schedules, work hours including requests for exceptions to requirements, and supervision that are in compliance with the relevant ACGME Institutional, Common and Program Requirements and;
- 14) Assuring and monitoring that the residents' curriculum meets all ACGME requirements and provides for annual confidential written evaluations of the faculty and of the educational experiences.
- 15) Assuring and monitoring that all programs provide a curriculum and an evaluation system that enables residents to demonstrate competence in the general areas of:
 - a. patient care
 - b. medical knowledge
 - c. practice-based learning
 - d. communication
 - e. professionalism
 - f. systems-based practice
- 16) Completing and documenting an assessment of:
 - a. supervision and assessment of NST trainees
 - b. impact of NST programs on Sponsoring Institution's ACGME accredited programs

The chairman of the committee is the Associate Dean for Graduate Medical Education (Designated Institutional Official). Members of the committee shall include:

- Core Residency Program Directors or their designees
- Hospital representatives

- Quality improvement / patient safety officer
- Two faculty members at large*
- Up to two Fellowship Directors at large*
- Four to six residents elected by their peers*
- President of the House Staff Association
- One Program Coordinator elected by peers*
- SIU legal counsel or designee
- Representative from the Office of Antiracism, Equity, Diversity & Inclusion*
- Representative from Springfield Clinic*

Each GMEC meeting will include attendance by at least one resident member. The GMEC will maintain and distribute written minutes. Copies of minutes will be sent to SIU School of Medicine Archives.

^The term residents refers to residents and fellows.

*These positions shall be for a term of two years.