	<b>Johns Hopkins School of Medicine</b> <b>Graduate Medical Education (GME)</b> <b>Policies and Forms</b>	<i>Policy Number</i>	P&F036
		<i>Effective Date</i>	09/14/2022
	<i>Subject</i> <b>Role and Responsibilities of the Johns Hopkins School of Medicine Graduate Medical Education Committee</b>	<i>Page</i>	1 of 3
		<i>Supersedes</i>	N/A

This document applies to the following Participating Organizations:

Johns Hopkins University School of  
Medicine

**Keywords:** ACGME compliance, ACGME requirements, GMEC, Graduate Medical Education Committee

Table of Contents	Page Number
<b>I. <a href="#">PURPOSE</a></b>	<b>1</b>
<b>II. <a href="#">MEMBERSHIP (voting members):</a></b>	<b>1</b>
<b>III. <a href="#">RESPONSIBILITIES OF THE GMEC</a></b>	<b>1</b>
<b>IV. <a href="#">MEETING STRUCTURE/PROCESS</a></b>	<b>2</b>

## **I. PURPOSE**

The Graduate Medical Education Committee (GMEC), in collaboration with the Designated Institutional Official (DIO), must have authority and responsibility for the oversight and administration of each of the Sponsoring Institution's (Johns Hopkins School of Medicine/JHSOM) ACGME-accredited and ACGME-equivalent programs (non-standard training programs), as well as for ensuring compliance with the ACGME Institutional, Common, specialty-/subspecialty-specific Program, and Recognition Requirements.


## **II. MEMBERSHIP (voting members):**

1. The GMEC is chaired by the DIO;
2. Staffed by a senior member of the GME Office
3. All core residency program directors;
4. A representative sample of fellowship program directors (all fellowship programs directors are invited to attend the GMEC meetings, not all are designated as voting members);
5. At least two peer-selected resident and fellow representatives (including Leadership members of the House Staff Council, House Staff Diversity Council, Clinical Fellows Council);
6. Institutional quality improvement representative;
7. Institutional patient safety representative;
8. Representatives from JHSOM offices with integral roles in education: (a) the Vice President for Medical Affairs of Johns Hopkins Hospital, (b) the Vice President for Medical Affairs of Johns Hopkins Bayview Medical Center, (c) the Registrar of the Johns Hopkins University School of Medicine, (d) the Director of the Johns Hopkins Hospital Medical Staff Office; (e) the Assistant Dean for Graduate Medical Education, (f) the Assistant Dean for Diversity, Equity and Inclusion for Graduate Medical Education and Postdoctoral Affairs; and (g) the Director of Interprofessional Education and Interprofessional Collaborative Practice;
9. A representative of the Johns Hopkins University Office of the General Counsel serves on the GMEC as a non-voting member.

## **III. RESPONSIBILITIES OF THE GMEC**

Oversight of:

1. ACGME accreditation and recognition statuses of the Sponsoring Institution and each of its ACGME-accredited programs;

	<b>Johns Hopkins School of Medicine</b> <b>Graduate Medical Education (GME)</b> <b>Policies and Forms</b>	<i>Policy Number</i>	P&F036
		<i>Effective Date</i>	09/14/2022
	<i>Subject</i> <b>Role and Responsibilities of the Johns Hopkins School of Medicine Graduate Medical Education Committee</b>	<i>Page</i>	2 of 3
		<i>Supersedes</i>	N/A

2. The quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites;
3. 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;
4. The ACGME-accredited programs' annual program evaluation(s) and Self-Studies;
5. ACGME-accredited programs' implementation of institutional policies for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually;
6. All processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution;
7. 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.

Review and approval (by a majority of the present voting members) of:

1. Institutional GME policies and procedures;
2. GMEC subcommittee actions that address required GMEC responsibilities;
3. Annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits;
4. Applications for ACGME accreditation of new programs;
5. Requests for permanent changes in resident/fellow complement;
6. Major changes in each of its ACGME-accredited programs' structure or duration of education, including any change in the designation of a program's primary clinical site;
7. Additions and deletions of each of its ACGME-accredited programs' participating sites;
8. Appointment of new program directors;
9. Progress reports requested by a Review Committee;
10. Responses to Clinical Learning Environment Review (CLER) reports;
11. Requests for exceptions to clinical and educational work hour requirements;
12. Voluntary withdrawal of ACGME program accreditation or recognition;
13. Requests for appeal of an adverse action by a Review Committee;
14. Appeal presentations to an ACGME Appeals Panel;
15. Exceptionally qualified candidates for resident/fellow appointments who do not satisfy the Sponsoring Institution's resident/fellow eligibility policy and/or resident/fellow eligibility requirements in the Common Program Requirements.


The GMEC must demonstrate effective oversight by:

1. Annual Institutional Review, which includes institutional performance indicators, including, but not limited to:
  - a. The most recent ACGME institutional letter of notification;
  - b. Results of ACGME surveys of residents/fellows and core faculty members;
  - c. Each of its ACGME-accredited programs' ACGME accreditation information, including accreditation and recognition statuses and citations.

Effective oversight of Underperforming programs through a Special Review Process. (See [GMEC Special Review Process for Underperforming ACGME-accredited Programs and the Institution](#))

#### **IV. MEETING STRUCTURE/PROCESS**

1. The GMEC Executive Committee meets 1 week prior to the full GMEC to review agenda items.

	<b>Johns Hopkins School of Medicine</b> <b>Graduate Medical Education (GME)</b> <b>Policies and Forms</b>	<i>Policy Number</i>	P&F036
		<i>Effective Date</i>	09/14/2022
	<u>Subject</u> <b>Role and Responsibilities of the Johns Hopkins School of</b> <b>Medicine Graduate Medical Education Committee</b>	<i>Page</i>	3 of 3
		<i>Supersedes</i>	N/A

2. The GMEC meets monthly (except for August), unless there is no business requiring GMEC action in a given month. GMEC meetings must occur at least once a quarter.
3. Meetings are held in-person, unless the JHSOM is operating under gathering restrictions. In such circumstances, the meeting will be held virtually, but the meeting will not be recorded.
4. Attendance is taken for each meeting, and includes voting and non-voting participants. At least one resident or fellow representative must attend the meeting.
5. Minutes that document execution of all required GMEC functions and responsibilities are taken for each meeting. Follow-up actions are tracked and approved minutes are indexed for future reference.