

	Johns Hopkins School of Medicine <b>Graduate Medical Education (GME)          Policies and Forms</b>	<i>Policy Number</i>	P&F011
		<i>Effective Date</i>	09/09/2020
	<i>Subject</i> <b>GMEC Oversight of Training Programs Policy</b>	<i>Page</i>	1 of 3
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## **I. PURPOSE**

It is the responsibility of the Graduate Medical Education Committee (GMEC) to oversee the quality of graduate medical education and the learning and working environment for all ACGME-accredited accredited programs (“Accredited Programs”) sponsored by Johns Hopkins School of Medicine, at all its participating sites. The GMEC is also responsible for assuring the quality of educational experiences in each accredited program to ensure that measurable achievement of educational outcomes. Each program’s annual evaluation and improvement activities, as well as all processes related to reductions and closures of individual accredited programs and major participating sites must be reviewed and approved by the GMEC.

The Graduate Medical Education Committee, through its Executive Committee, also reviews and approves applications for non-accredited fellowship programs and provides oversight through annual collection of essential information regarding each of those programs.

## **II. RESPONSIBILITY**

- A. The GMEC has oversight of:
1. The ACGME accreditation status of the Sponsoring Institution and each of its ACGME-accredited programs;
  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 evaluations and self-studies;
  5. All processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring institution;
  6. 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 information is being provided.
- B. The GMEC is responsible for the review and approval of:
1. Institutional GME policies and procedures;
  2. Annual recommendations to the Johns Hopkins School of Medicine administration regarding resident/fellow stipends and benefits;
  3. Applications for ACGME accreditation of new programs;
  4. Requests for permanent changes in resident/fellow complement;

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5. Major changes in each of its ACGME-accredited programs' structure or duration of education;
  6. Additions and deletions of each of its ACGME-accredited programs' structure or duration of education;
  7. Appointment of new program directors;
  8. Progress reports requested by a Review Committee;
  9. Responses to Clinical Learning Environment Review (CLER) reports;
  10. Requests for exceptions to clinical and educational work hour requirements;
  11. Voluntary withdrawal of ACGME program accreditation;
  12. Requests for appeal of an adverse action by a Review Committee;
  13. Appeal presentations to an ACGME Appeals Panel.
  14. The GMEC shall demonstrate effective oversight of the Johns Hopkins University School of Medicine's ACGME accreditation through an Annual Institutional Review (AIR).
  15. The GMEC shall demonstrate effective oversight of underperforming programs through a Special Review Process. See Special Review Process for Underperforming ACGME-accredited Programs.
- C. The Executive Committee of the GMEC
1. The Executive Committee of the GMEC shall review all applications for non-accredited fellowship programs and make a recommendation to the GMEC for approval when the application describes a program that meets the ACGME Common Program Requirements.
  2. The Executive Committee of the GMEC shall review annually collected data from non-accredited fellowship programs, including the following:
    - a. Program director
    - b. Number of fellows enrolled
    - c. Changes in the program during the previous year
    - d. Results of the program's annual review, which will include a review of fellow outcome, identification of program deficiencies and a plan for improvement.
- D. Program Directors
1. Program directors of accredited programs must submit the documentation set forth in Section III to the GMEC to review and approve prior to submitting such documentation to the ACGME.
  2. Program directors of non-accredited programs must submit the documentation set forth in Section II.C.2 annually when there are one or more trainees in the program. If three (3) years elapse without a trainee, GMEC approval will be terminated and new approval will be required before a trainee is enrolled.

### **III. PROCEDURE FOR ACCREDITED PROGRAMS**

- A. Prior to submission to the ACGME, the following shall be submitted to the GMEC for review and approval:
1. all applications for accreditation of new programs and subspecialties;
  2. permanent changes in resident complement;
  3. major changes in program structure or length of training;
  4. additions and deletions of participating institutions used in a program;
  5. appointments of new program directors;
  6. progress reports requested by any RC;
  7. responses to Clinical Learning Environment Review (CLER) reports;
  8. requests for increases or any change in resident duty hours;
  9. requests for "inactive status" or to reactivate a program;
  10. voluntary withdrawals of accredited programs;
  11. requests for an appeal of adverse actions by a Review Committee;

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12. appeal presentations to an ACGME Appeals Panel.
- B. The program director shall submit the required documentation to the GMEC for review and approval at least 10 days prior to the meeting at which the request is to be discussed. If review and approval is necessary prior to a scheduled GMEC meeting, required documentation may be reviewed by the Executive Committee of the GMEC and, if approved, forwarded to the ACGME. Documentation and requests approved by the Executive Committee must be reviewed and voted on by the full GMEC at its next meeting.
  - C. The DIO shall distribute copies of the documentation to members of the GMEC and review and discuss the documentation at the GMEC meeting.
  - D. The GMEC shall either (1) approve the documentation, (2) make recommendations, comments, or revisions to the documentation, or (3) disapprove the request.
  - E. If the GMEC approves the documentation, the program director may then submit the documentation to the ACGME.
  - F. If the GMEC makes recommendations, comments, or revisions to the documentation, the program director must incorporate such changes to the documentation and submit a revised copy to the GMEC for review and approval. Only upon approval by the GMEC, may the program director submit the documentation to the ACGME.
  - G. If the GMEC disapproves the request, the program director may not proceed with the submission to the ACGME. The program director may revise the documentation and resubmit for reconsideration at a future meeting.

#### **IV. PROCEDURE FOR RESPONSE TO ACGME CITATIONS**

- A. If a program receives a new or extended citation from the ACGME, a proposed response shall be prepared within 60 days of receipt.
- B. The proposed response shall be presented to the GMEC for review and comment. If the GMEC approves the response, it shall be entered into WebADS.
- C. If the GMEC recommends revisions, a revised response shall be submitted to the GMEC prior to its next meeting and the review noted in B. above shall be repeated.