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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 and American Board of Obstetrics and Gynecology-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
   1. The GMEC shall review and approve all institutional GME policies and procedures.
   2. The GMEC shall review and approve annual recommendations to the Johns Hopkins School of Medicine administration regarding resident/fellow stipends and benefits.
   3. The GMEC shall demonstrate effective oversight of the Johns Hopkins University School of Medicine’s ACGME accreditation through an Annual Institutional Review (AIR).

B. 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 and names of fellows enrolled
      c. Changes in the program during the previous year
      d. Results of the program’s annual program review, which will include a review of fellow outcome, identification of program deficiencies and a plan for improvement

C. Program Directors

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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 or ABOG.
2. Program directors of non-accredited programs must submit the documentation set forth in Section II.B.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 a new approval will be required before a trainee is enrolled.

III. PROCEDURE FOR ACCREDITED PROGRAMS

A. Prior to submission to the ACGME or ABOG, 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 RRC or ABOG;
   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;
   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 or ABOG. 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 faculty, chair or program director may then submit the documentation to the ACGME or ABOG.

F. If the GMEC makes recommendations, comments, or revisions to the documentation, the faculty, chair or 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 faculty, chair or program director submit the documentation to the ACGME or ABOG.

G. Notice of GMEC approval shall be included in all documentation submitted to the ACGME or ABOG.

H. If the GMEC disapproves the request, the faculty, chair, or program director may not proceed with the submission to the ACGME or ABOG. The faculty, chair, or 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 30 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.