

UNIVERSITY OF ARIZONA
COLLEGE OF MEDICINE
GRADUATE MEDICAL EDUCATION COMMITTEE

BYLAWS

Purpose: These bylaws are designed to provide the basic organization by which the Graduate Medical Education Committee (GMEC) may function, within the scope of its authority and responsibility as authorized by the Dean, College of Medicine, under the regulations of state law and the Arizona Board of Regents to monitor and advise on all aspects of graduate medical education.

It is the intent of these bylaws to maintain close and collegial working relationships among the faculty, residents and administrative units of the University of Arizona College of Medicine and its affiliated institutions participating in the conduct of graduate medical education.

I. Specific Objectives

- A. The GMEC is the organized administrative system responsible to: 1) ensure the institution's compliance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements; and 2) ensure that all ACGME accredited training programs are in substantial compliance with relevant program requirements.
- B. The GMEC is also responsible to ensure that non-ACGME accredited programs comply with appropriate graduate medical education standards (e.g., duty hour requirements).
- C. The GMEC is committed to provide an ethical and professional environment in which the educational curricular requirements, as well as the applicable requirements for scholarly activity, can be met in accordance with the expressed mission of the University of Arizona College of Medicine.
- D. The GMEC is the forum in which matters of mutual concern to program directors, department chairs, residents and fellows can be discussed and positions formulated which represent a consensus of thought.
- E. The Chair and/or the Associate Dean for Graduate Medical Education will report on the activities of the GMEC at regularly scheduled General Faculty Meetings of the College of Medicine.

II. Membership

- A. Voting membership on the committee will be comprised of:
 - 1. The Program Director from each accredited residency and fellowship training program.
 - 2. A resident from each accredited residency and fellowship training program nominated by their peers.
 - 3. The Associate Dean for Graduate Medical Education, or the College of Medicine employee designated as the ACGME Designated Institutional Official (DIO) who has the authority and the responsibility for the oversight and administration of all GME programs. The DIO reviews and co-signs all program information forms and correspondence submitted to the RRCs. In the absence of the DIO, the Director of GME is so authorized.
 - 4. Other members of the faculty as appointed by the department chair and approved by the GMEC.
- B. Non-voting representation on the committee will include:
 - 1. Appropriate representatives from participating affiliated institutions.
 - a. The President and CEO from University Medical Center.
 - b. The Director of Clinical Education from the Southern Arizona Veterans Administration Health Center.
 - c. The Director of Education from Tucson Medical Center.
 - d. The Assistant Dean for GME for the UA/UPH GME Consortium at UPH Kino Hospital.
 - 2. COM administrative representatives, including but not limited to the Dean for Academic Affairs and the Director of GME.
 - 3. Program directors from non-accredited residency or fellowship training programs.

III. Committee Chair

- A. The GMEC will appoint a Chair from among the voting committee members.
- B. The Chair will serve a two-year term beginning July 1 and terminating on June 30.

IV. Responsibilities

- A. Stipends and position allocation: Annual review and recommendations to the Sponsoring Institution regarding resident stipends, benefits, and funding for resident positions.
- B. Communication with program directors: The GMEC must:
 - 1. Ensure that communication mechanisms exist between the GMEC and all program directors within the institution.
 - 2. Ensure that program directors maintain effective communication mechanisms with the site directors at each participating site for their respective programs to maintain proper oversight at all clinical sites.
- C. Resident duty hours: The GMEC must:
 - 1. Develop and implement written policies and procedures regarding resident duty hours to ensure compliance with the Institutional, Common, and specialty/subspecialty specific Program Requirements.
 - 2. Consider for approval requests from program directors prior to submission to an RRC for exceptions in the weekly limit on duty hours up to 10 percent or up to a maximum of 88 hours in compliance with ACGME Policies and Procedures for duty hour exceptions.
- D. Resident supervision: Monitor programs' supervision of residents and ensure that supervision is consistent with:
 - 1. Provision of safe and effective patient care;
 - 2. Educational needs of residents;
 - 3. Progressive responsibility appropriate to residents' level of education, competence, and experience; and,
 - 4. Other applicable Common and specialty/subspecialty specific Program Requirements.
- E. Communication with Medical Staff: Communication between leadership of the medical staff regarding the safety and quality of patient care that includes:
 - 1. The annual report to the OMS;
 - 2. Description of resident participation in patient safety and quality of care education; and,
 - 3. The accreditation status of programs and any citations regarding patient care issues
- F. Curriculum and evaluation: Assurance that each program provides a curriculum and an evaluation system that enables residents to demonstrate achievement of the ACGME general competencies as defined in the Common and specialty/subspecialty-specific Program Requirements.
- G. Resident status: Selection, evaluation, promotion, transfer, discipline, and/or dismissal of residents in compliance with the Institutional and Common Program Requirements.
- H. Oversight of program accreditation: Review of all ACGME program accreditation letters of notification and monitoring of action plans for correction of citations and areas of noncompliance.
- I. Management of institutional accreditation: Review of the Sponsoring Institution's ACGME letter of notification from the IRC and monitoring of action plans for correction of citations and areas of noncompliance.
- J. Oversight of program changes: Review of the following for approval, prior to submission to the ACGME by program directors:

1. All applications for ACGME accreditation of new programs;
2. Changes in resident complement;
3. Major changes in program structure or length of training;
4. Additions and deletions of participating sites;
5. Appointments of new program directors;
6. Progress reports requested by any Review Committee;
7. Responses to all proposed adverse actions;
8. Requests for exceptions of resident duty hours;
9. Voluntary withdrawal of program accreditation;
10. Requests for an appeal of an adverse action; and,
11. Appeal presentations to a Board of Appeal or the ACGME.

K. Experimentation and innovation: Oversight of all phases of educational experiments and innovations that may deviate from Institutional, Common, and specialty/subspecialty-specific Program Requirements, including:

1. Approval prior to submission to the ACGME and/or respective Review Committee;
2. Adherence to Procedures for “Approving Proposals for Experimentation or Innovative Projects” in *ACGME Policies and Procedures*; and,
3. Monitoring quality of education provided to residents for the duration of such a project.

L. Oversight of reductions and closures: Oversight of all processes related to reductions and/or closures of:

1. Individual programs;
2. Major participating sites; and,
3. The Sponsoring Institution.

M. Vendor Interactions

N. Implement and oversee Internal Review process as delineated in the Internal Review Policies and Procedures

V. Meetings

A. Regular meetings

1. The GMEC will meet monthly (but no less than quarterly) at a time and place determined and announced by the GME Office.

B. Special meetings

1. The Chair will call special meetings when an extraordinary situation arises involving a residency program or an urgent matter arises regarding a resident.
2. The Chair will provide as much notice as possible of special meetings to the members of the GMEC.

C. Quorum

1. Ten (10) voting members of the GMEC will constitute a quorum for the purpose of conducting business.

D. Conduct of Business

1. The Chair or his/her designee will serve as presiding officer. The agenda at any regular meeting will be:
 - a. Call to Order.
 - b. Approval of the minutes of previous meeting.
 - c. Announcements.

- d. Resident Forum.
- e. Subcommittees and Reports.
- f. Old Business.
- g. New Business.
- h. Adjournment.

2. Voting

- a. Voting to establish a committee ruling or decision will be by voice vote unless a committee member requests a secret ballot and the GMEC authorizes such vote.
- b. A quorum must be present for the purpose of conducting a vote on issues brought before the GMEC. The ruling or decision receiving the largest number of votes will be declared the final position of the GMEC.

E. Records

- 1. The Chair will ensure that minutes and records of all meetings and actions of the GMEC are appropriately recorded, distributed, and filed. The Chair may delegate this responsibility to the GME Office.

VI. Subcommittees

A. Ad hoc subcommittees

- 1. Ad hoc subcommittees may be established by the GMEC to perform a specific function as specified in the charge to the subcommittee. The subcommittee will dissolve immediately after the GMEC accepts its final report.

VII. Amendments

Proposed amendments to the bylaws will be circulated to members of the GMEC at least one month prior to any meeting at which such amendments will be considered. Amendments must be approved by a majority of the GMEC.

GMEC Bylaws
 Adopted July 13, 2001
 Amended July 2008
 GMEC Approved September 19, 2008