

UNIVERSITY OF MARYLAND MEDICAL CENTER GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE MANUAL	PAGE: 1 of 5	PROCEDURE NO: GMS - A
	EFFECTIVE DATE: 4/27/2017	
SUBJECT: EDUCATIONAL ADMINISTRATION AND GRADUATE MEDICAL EDUCATION OVERSIGHT		
APPROVALS: Graduate Medical Education Committee: 4/27/2017 Final – President and Chief Executive Officer Designated Institutional Official		

1. Purpose

The University of Maryland Medical Center (UMMC), a health care facility owned and operated by the University of Maryland Medical System Corporation, is sponsor of graduate medical education (GME) training programs. As sponsor, UMMC ensures that an organized administrative system exists that oversees and supports all ACGME graduate medical education programs.

2. Scope

This policy applies to all ACGME- accredited graduate medical education programs that UMMC sponsors and to non-ACGME accredited programs where applicable.

3. Responsibility

It is the responsibility of all graduate medical education program directors, residents, UMMC management and School of Medicine officials to comply with this policy. The term residents refers to interns, specialty residents, and subspecialty residents (fellows).

4. Designated Institutional Official (DIO)

The DIO is accountable to the Senior Vice President and Chief Medical Officer (CMO) of UMMC. The Senior Vice President and CMO is accountable to the Chief Executive Officer (CEO) of UMMC, the sponsoring institution. The DIO communicates regularly with the Organized Medical Staff through the UMMC Medical Executive Committee (MEC) about the accreditation status of programs, institutional performance indicators identified in the Annual Institutional Review, and issues related to patient care. The DIO presents the annual report to the UMMC Board of Directors. This governing body is responsible for the oversight of GME at UMMC. The DIO also presents the annual report to the MEC.

5. Graduate Medical Education Committee (GMEC)

The DIO in collaboration with the GMEC, has the authority and responsibility for the oversight and administration of all aspects of graduate medical residency education. The GMEC meets at least quarterly. Minutes are kept for these meetings and document fulfillment of the GMEC's roles and responsibilities.

5.1 The GMEC and the DIO/Chairman of the GMEC are responsible for:

- 5.1.1 Establishing and implementing policies and procedures regarding the quality of education and the work environment for all ACGME-accredited graduate medical education programs;
- 5.1.2 Reviewing and recommending annually to UMMC about resident stipends, benefits, and funding for resident positions to assure they are reasonable and fair;
- 5.1.3 Ensuring that communication mechanisms exist between the GMEC and all program directors within the institution.
- 5.1.4 Ensuring that program directors maintain effective communication mechanisms with the site directors at each participating institution for their respective programs to maintain proper oversight at all clinical sites;
- 5.1.5 Establishing, and monitoring implementation of, formal written policies and procedures governing resident duty hours consistent with Institutional, Common and specialty/subspecialty Program

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Requirements (Refer to UMMC Policy GMS-P *Duty Hours in the Learning and Work Environment*);

- 5.1.6 Developing and implementing written procedures to review and endorse exceptions to the current duty hours requirement prior to submission to a Residency Review Committee (Refer to UMMC Policy GMS-J *Graduate Medical Education Committee Procedure for Endorsing Duty Hour Exceptions*);
- 5.1.7 Ensuring that ACGME-accredited programs provide appropriate supervision for all residents that is consistent with the provision of safe and effective proper patient care, the educational needs of residents, including but not limited to, progressive responsibility appropriate to residents' level of education, competence and experience, as well as applicable ACGME Institutional, common, and specialty and subspecialty program requirements;
- 5.1.8 Communicating with medical staff leadership regarding the safety and quality of patient care that includes, at a minimum, descriptions of residents and their participation in patient safety and quality of care education; Accreditation statuses of programs and any citations regarding patient care issues; Review of GMEC activities by providing an annual report for GME, which includes at a minimum, a focused attention on:
 - 5.1.8.1 The accreditation statuses of programs, institutional performance indicators identified in the Annual Institutional Review, and any citations or areas for improvement regarding patient care issues
- 5.1.9 Ensuring that each program provides a curriculum and evaluation system to ensure that residents demonstrate achievement of the six general competencies and as defined in the common and specialty and subspecialty program requirements;
- 5.1.10 Establishing and implementing formal written institutional policies for the Selection, Evaluation, Promotion, and Dismissal of residents in compliance with the institutional, common, and specialty/subspecialty program requirements;
- 5.1.11 Reviewing regularly all ACGME letters of accreditation and monitoring the action plans for the correction of citations and areas of non-compliance;
- 5.1.12 Reviewing regularly UMMC's sponsoring institution Clinical Learning Environment Review Report and Institutional Accreditation Letter of Report and the developing and monitoring action plans for the corrections of concerns and areas of non-compliance;
- 5.1.13 Reviewing and approving prior to submission those documents that are described in GME Policy GMS-R, *Review and Approval of ACGME Residency Review Committee Documents by Designated Institutional Officials and Graduate Medical Education Committee*
- 5.1.14 Developing, implementing and overseeing Special, Periodic, and Focused Review processes of all ACGME-accredited programs including specialty and subspecialty programs, to assess their compliance with the institutional, common, and specialty or subspecialty program requirements of the ACGME Residency Review Committees.
- 5.1.15 Providing oversight of experimentation and innovation that may deviate from institutional, common, and specialty/subspecialty specific program requirements;
- 5.1.16 Providing oversight of reduction and closure of individual programs, major participating institutions, and UMMC in its role of sponsoring institution;

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5.1.17 Assuring an institutional policy exists that addresses interactions between vendor representatives/corporations and residents/GME programs.

6. Voting and Non-Voting Membership

Voting Membership includes:

- 6.1 Residency program directors or their designated faculty representative;
- 6.2 Designated Institutional Official (DIO)
- 6.3 Associate Designated Institutional Official (ADIO)
- 6.4 Quality Improvement Officer and/or Patient Safety Officer, or their designee
- 6.5 Resident representatives nominated by their peers, including House Staff Association leadership
- 6.6 Administrators who include:
 - 6.6.1 CMO
 - 6.6.2 UMMC Director of Graduate Medical Education
 - 6.6.3 UMMC Director of Medical Staff Services
 - 6.6.4 Representative from Maryland Medicine Comprehensive Insurance Program

Non-voting Membership includes:

- 6.7 Institutional Representatives from Participating Sites
- 6.8 Residency Coordinators, other administrative staff, and UMSOM representatives

7. Residency and Fellowship Program Directors

These individuals are recommended by or have the support of their respective clinical chief. The GMEC is responsible for the review and approval of the appointment of all new program directors and this approval process is followed by Residency Committee (RC) review and approval. The Residency and Fellowship Program Directors' responsibilities include but are not limited to:

- 7.1. Administering and maintaining an educational environment conducive to educating the residents in each of the ACGME competencies;
- 7.2. Overseeing and ensuring the quality of the didactic and clinical education at all sites that participate in the program;
- 7.3. Approving the selection of program faculty as appropriate, including a local director who is accountable for resident education at each participating site;
- 7.4. Evaluating program faculty and approving their continued participation in the program based on evaluation;
- 7.5. Monitoring resident supervision at all participating sites;
- 7.6. Preparing, submitting, and maintaining accurate information required and when requested by the ACGME, including but not limited to the program information forms and annual program resident updates to the Accredited Data System (ADS);
- 7.7. Providing each resident with documented semiannual evaluation of performance with feedback and more frequently when required by the ACGME RCs;
- 7.8. Assuring compliance and due process appeal procedures as defined in UMMC GME Policy GMS-C *Due Process Appeal Procedure*;
- 7.9. Providing verification of residency education for all residents, including those who leave the program prior to completion;

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- 7.10. Implementing policies and procedures consistent with the institutional, common, and specialty/subspecialty specific program requirements for resident duty hours and working environment, including moonlighting, and must:
 - 7.10.1. Distribute these policies and procedures to the residents and faculty;
 - 7.10.2. Monitor resident duty hours, according to UMMC GME Policy *GMS-P Resident Duty Hours in the Learning and Working Environment* at a frequency sufficient to ensure compliance with ACGME institutional, common, and specialty/subspecialty specific RC requirements;
 - 7.10.3. Adjust schedules as necessary to mitigate excessive service demands or fatigue;
 - 7.10.4. When applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands or fatigue;
 - 7.10.5. Monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged;
- 7.11. Comply with the sponsoring institution's written policies and procedures including those specified in the institutional, common, and specialty/subspecialty specific RC requirements for Selection, Evaluation, and Promotion of Residents, disciplinary action, and supervision of residents;
- 7.12. Be familiar with and comply with the ACGME and specialty/subspecialty RCs policies and procedures as outlined in the ACGME Manual of Policies and Procedures;
- 7.13. Obtain review and approval of the UMMC GMEC/DIO before submitting to the ACGME that information outlined in GME Policy *GMS-R Review and Approval of ACGME Residency Review Committee Documents*;
- 7.14. Obtain DIO review and co-signature on all program information forms, as well as any correspondence or document submitted to the ACGME that addresses:
 - 7.14.1 Program citations or requests for changes in the program that would have significant impact, including financial, on the program or institution.

8. Resident/Fellow Forum

UMMC assures that a resident forum exists for all residents to participate. The forum is conducted without the presence of the faculty, DIO, or institutional administrators and is facilitated by the peer-selected residents. Residents have the opportunity to present concerns in this forum related to their learning and work environment. A peer-selected representative presents the findings from these discussions to the GMEC and DIO.

9. UMMC Medical Staff Services Department

This office is responsible for:

- 9.1. Personnel records management including resident contracts, evaluations, licensing, and provider identification numbers
- 9.2. Coordinating special social events
- 9.3. Conducting primary source credentialing for all residents.

10. UMMC Graduate Medical Education Department

This office is responsible for academic administrative support to the GME programs. It is responsible for:

- 10.1. Serving as the primary institutional liaison with and ombudsman for residents in addressing resident needs and complaints, public health issues, employee health issues, safety concerns,

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- sleep space or other facility requirements
- 10.2. Serving as a liaison with the House Staff Association (HSA) and Resident/Fellow forum
- 10.3. Coordinating special educational events including: New Resident and Fellow Orientation
- 10.4. Maintaining educational affiliation agreements with appropriate institutions for incoming and outgoing resident rotations
- 10.5. GME budget administration, including payroll administration
- 10.6. Coordination of Special, Periodic and Focused program reviews and progress report activities and requests providing administrative and other support to the GMEC as required, disseminating information to program leaders, GMEC, administrators, and residents at the request of the DIO and Medical Executive Committee (organized Medical Staff)
- 10.7. Coordination of scheduling of the Annual Institutional Review and its participants
- 10.8. Coordination of scheduling of the Clinical Learning Environment Review (CLER)
- 10.9. Coordination of scheduling the Patient Safety Quality Improvement and Duty Hours Subcommittee meetings, and other ad hoc meetings
- 10.10. Facilitating the Due Process Appeal hearings
- 10.11. Coordinating the National Resident Matching Program (NRMP) and other national and specialty matching programs.
- 10.12. Providing oversight for NRMP or other national or specialty matching program and compliance with its expectations and rules
- 10.13. Coordinating access to the Electronic Residency Application System (ERAS) on behalf of key stakeholders.