

UNIVERSITY OF MARYLAND MEDICAL CENTER GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE MANUAL	PAGE: 1 of 2	PROCEDURE NO: GMS -Y
	EFFECTIVE DATE: 2/20/2014	REVISION NO:
SUBJECT: GRADUATE MEDICAL EDUCATION COMMITTEE POLICY ON PROGRAM OVERSIGHT	FUNCTION:	

Purpose

This policy provides describes one mechanism for the Graduate Medical Education to provide oversight of each program's compliance in fulfilling both the Institutional Requirements and Common and specialty/subspecialty Program Requirements of the relevant ACGME Residency Review Committees (RCs).

Scope

This policy applies to all accredited residency and fellowship educational programs sponsored University of Maryland Medical Center (UMMC). Accreditation may be through the ACGME or other accrediting body.

Responsibility

It is the responsibility of all residency and fellowship program directors to comply with this policy.

Procedure

Step 1:

Program Responses that are considered **routine¹ in nature outstanding for 30 days**, based on the original due date or Program Responses that are **non-routine² in nature and are outstanding for 60 days** based on the original due date of the request from the GME or GMEC will have the following actions taken:

- The program director with the outstanding item(s) will be required to meet with a GMEC member, who is also a program director, the core program director (if a subspecialty program) and the DIO and/or Associate DIO. The purpose of the meeting is not punitive, but rather will allow the program director to identify and discuss barriers in the timely completion of the request; to identify the need for additional support or resources (if any) to meet the requirements and any revised deadlines that are assigned based on the meeting, as well as, to emphasize the importance of completing the outstanding tasks by the next deadline.
- The GMEC members will assist the program director in assessing the reasons for the delay in response, and will offer guidance to assist the program director in bringing his/her program into compliance by satisfying the delinquency (anticipated to occur within 60 days of the original due date for routine requests and 90 days for non-routine requests).

¹ **Routine Requests** are those requests that occur annually, and which includes, but is not limited to: ACGME Annual Update completion, annual ACGME core faculty survey completion (60% completion required), annual ACGME resident survey (70% completion required), annual program evaluation (due 9/1 each year), semi-annual duty hours attestation statement (due 30 days after the six-month period ends); responses to ACGME progress reports/self-study requests/site visit requests.

² **Non Routine Requests** are those requests that occur more randomly, and which may include, but is not limited to: New policy development, responses to GMEC surveys or requests, including internal progress reports.

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- The GMEC members will be required to report the outcome to the full GMEC at one of its regularly scheduled meetings and continuous progress made or lack thereof will be reported to the GMEC in subsequent steps.
- Requests for new complement increases will not be considered for approval by the GMEC until compliance is fully documented.
- Requests for new incremental funding will not be considered for approval by the GMEC, unless the reason for the funding request relates to a resident or fellow currently enrolled in the program, and for which the rationale may include, but is not limited to, off cycle hire; remediation and/or extension of program training due to medical, personal, performance or other reasons.
- Requests for other program changes (e.g., new participating site) will not be considered by the GMEC for approval until compliance is documented. The only exception would be if the change requested addresses a current citation.

Step 2:

Program Responses that remain outstanding for greater than 60 days (routine requests) and 90 days (non-routine requests) from the original due date after Step 1 has been completed, will have the following actions taken:

- Chief Medical Officer and the Designated Institutional Official (DIO) Associate DIO will schedule a meeting with the program director and Department Chairman to discuss outstanding responses and/or information. Immediate corrective actions will be required by the program director, as well as a mutually agreed upon timeline for completion of the corrective action plan will be identified. In general, this agreed upon deadline will routinely be no greater than 30 days.
- Requests for new complement increases will not be considered for approval by the GMEC until compliance is fully documented.
- Requests for new incremental funding will not be considered for approval by the GMEC, unless the reason for the funding request relates to a resident or fellow currently enrolled in the program, and for which the rationale may include, but is not limited to, off cycle hire; remediation and/or extension of program training due to medical, personal, performance or other reasons.
- Requests for other program changes (e.g., new participating site) will not be considered by the GMEC for approval until compliance is documented. The only exception would be if the change requested addresses a current citation.
- Requests for new complement increases will not be considered for approval by the GMEC until compliance is fully documented.

Step 3:

Program responses that remain outstanding after the mutually agreed upon deadline in Step 2 has passed, will result in one of the following recommendations of action from the GMEC:

- Replacement of program director and reallocation of the program director's institutional support to a newly identified GMEC-approved program director; or
- Warning of closure of the program if a newly identified and GMEC- approved program director is unable to be identified. This warning will be followed by phased in closure (if needed) to allow current residents and fellows the opportunity to complete the training program. The ACGME/RRC will be notified that the program is withdrawing from the accreditation process.