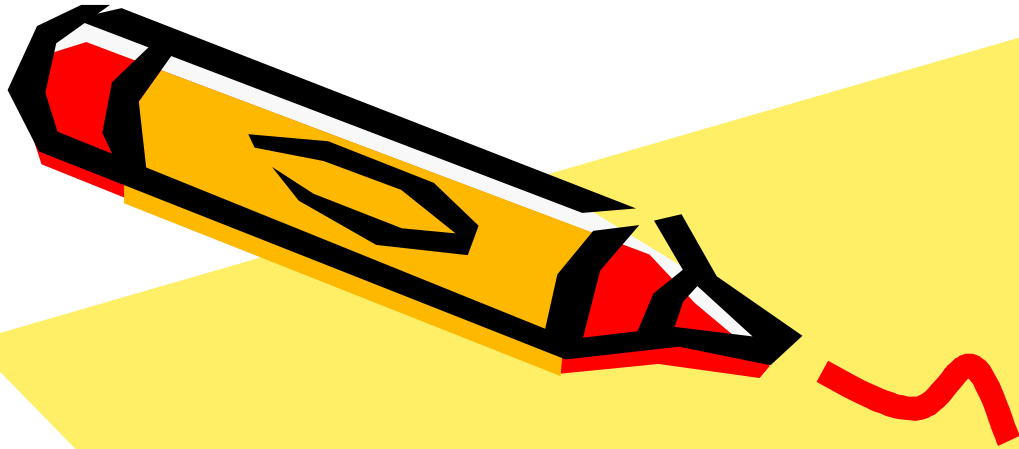




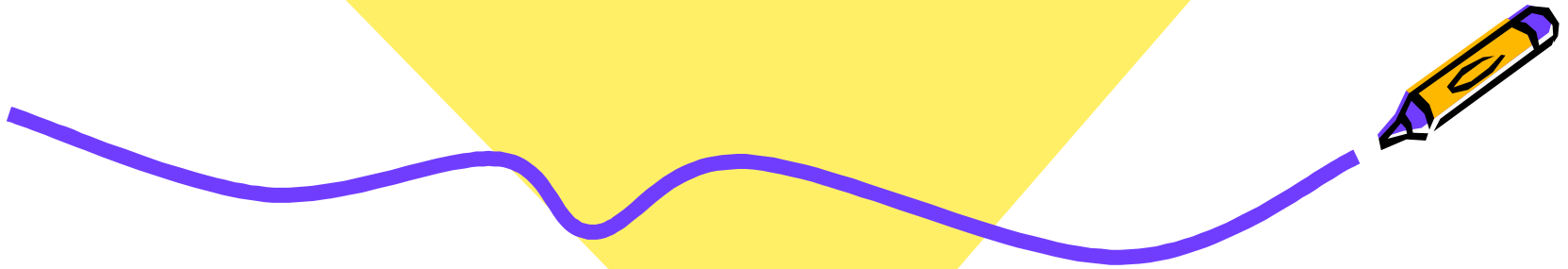
Armando D Meza MD
Associate Professor IM
Associate Dean GME

Designated Institutional Official
Texas Tech University El Paso
Paul L Foster School of Medicine



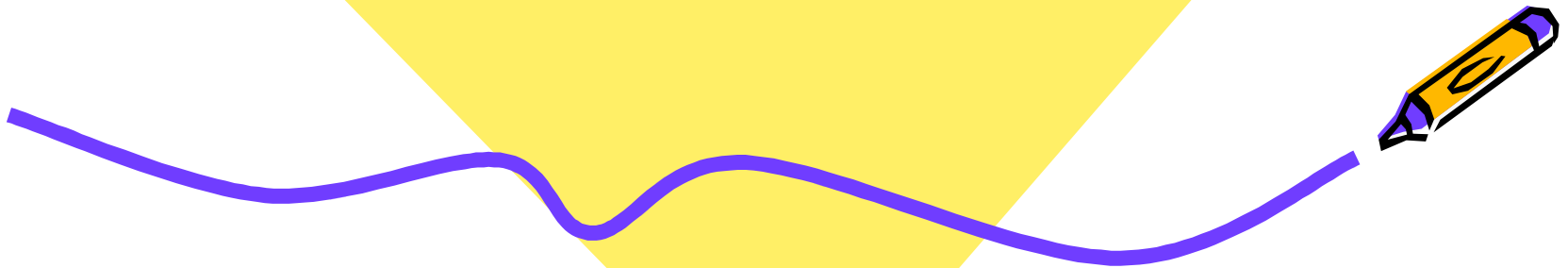


Program Director's Training Course



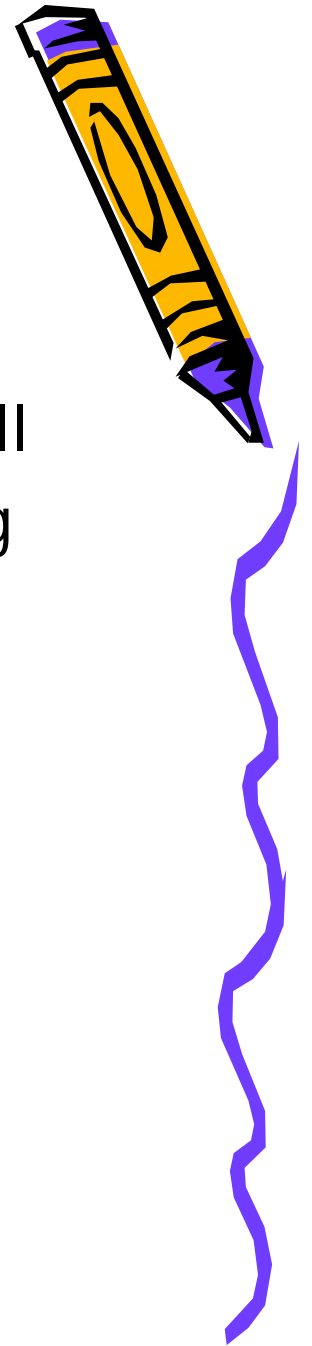


PDTC-1: GME History and Responsibilities



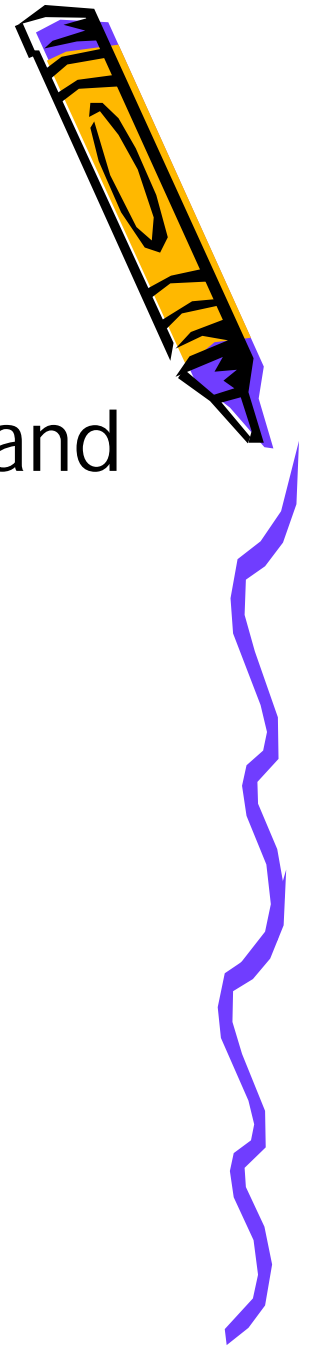
History

- 1914: AMA hospital list
- 1928: AMA training standards
- 1950's: RRC's development
- 1965: Medicare Bill
- 1972: Coordinating Council on Medical Education (CCME)>LCGME>
- 1981: ACGME
- 2002: six general competencies introduced



ACGME: Mission

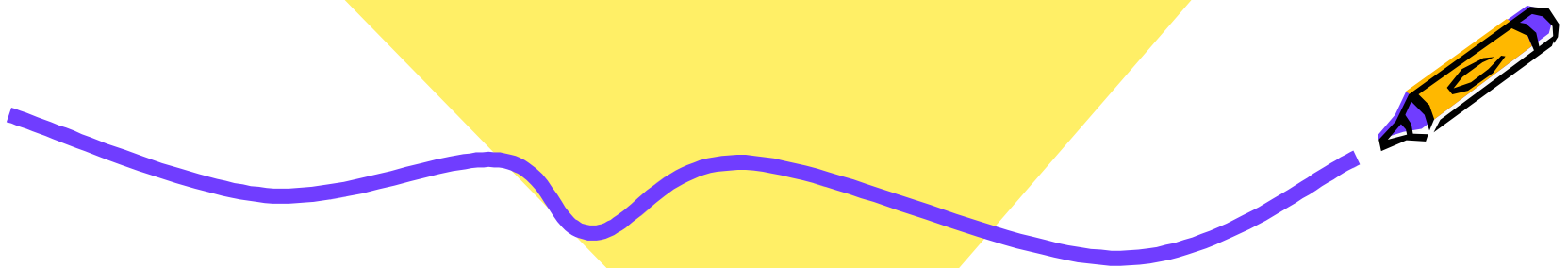
- Improve health care by assessing and advancing the quality of resident physicians' education through accreditation





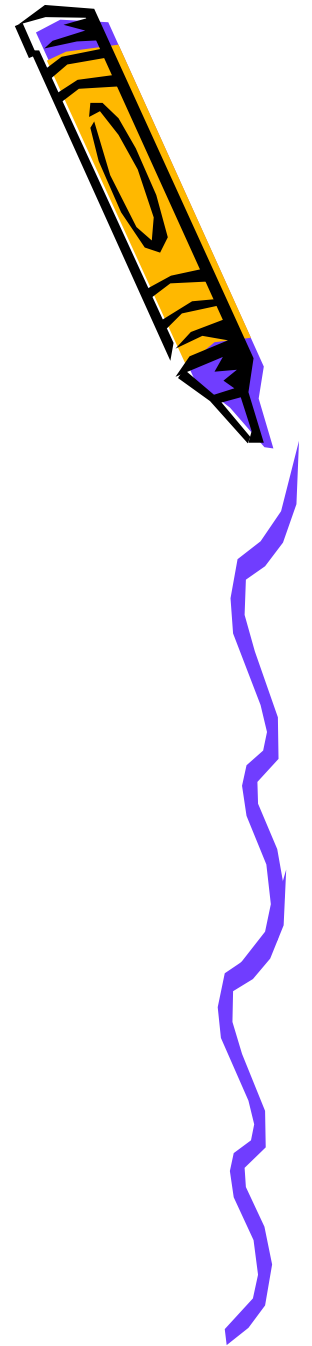
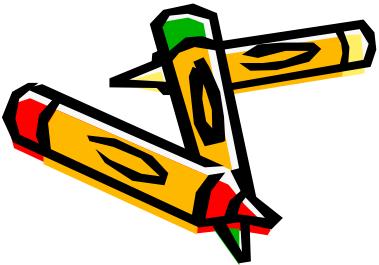
www.acgme.org

Home



ACGME

- Private, non profit
- Made of RRC's, TYRC and IRC
- Around 8,500 training programs.
- Fees:
 - Annual accreditation: \$3,200-\$5,000
 - Site visit: No fees
 - Site visit date change request: \$2,750
 - Accreditation appeal: \$10,000



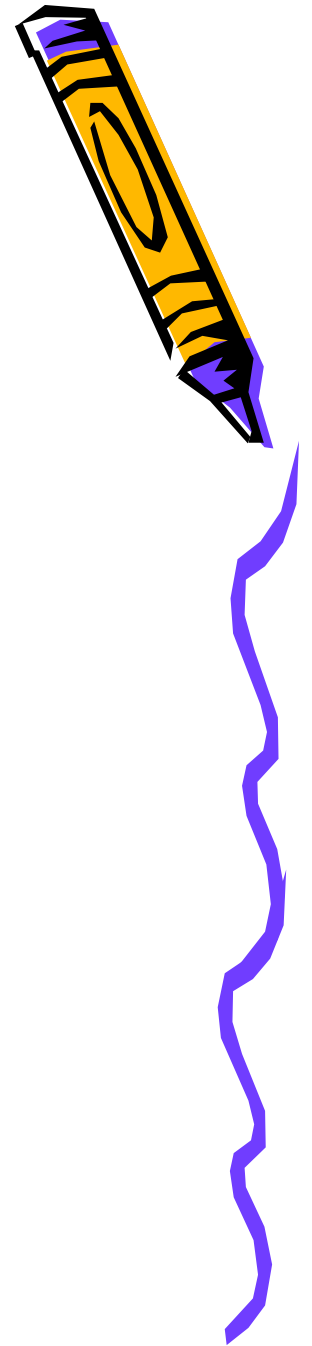
ACGME

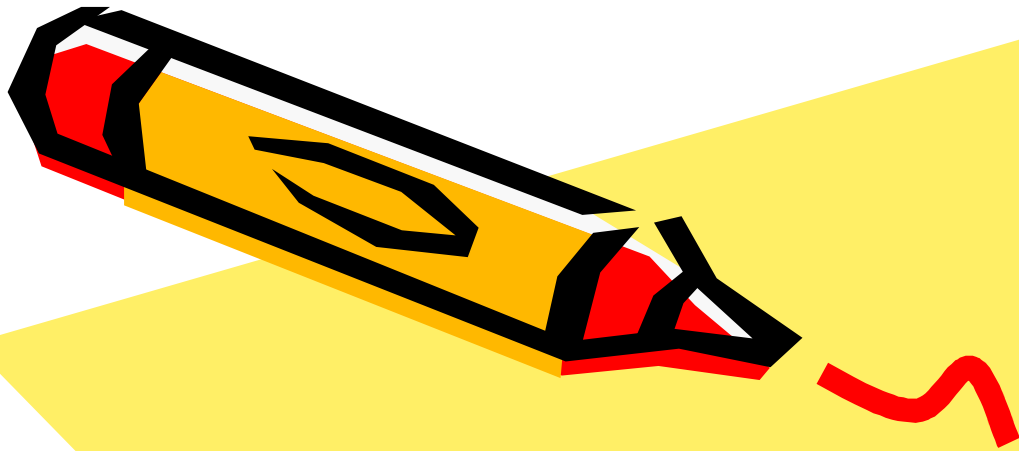
- Site visit:
 - Every one to five years
 - Site visitor: not necessarily an MD or from the same medical field
 - Technically a reporter; does not determine the accreditation cycle



Residency Review Committee

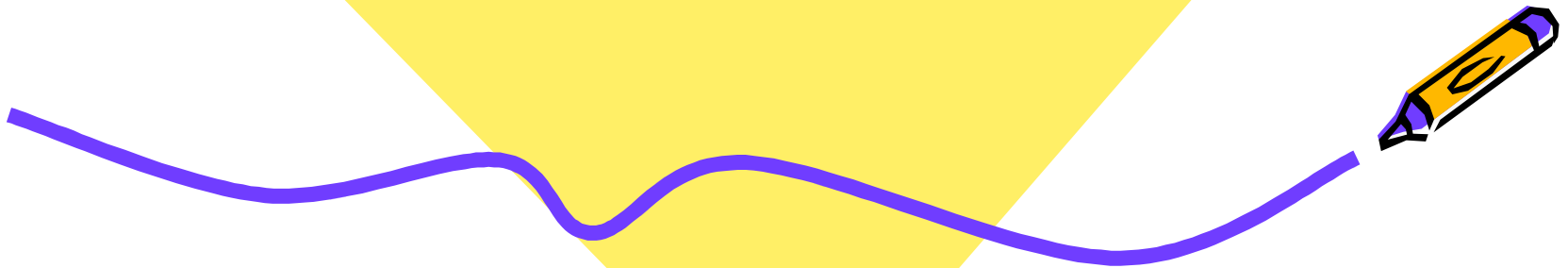
- Specialty specific
- Members appointed by the AMA Council on Medical Education and respective medical specialty organizations
- Common and specialty specific program requirements





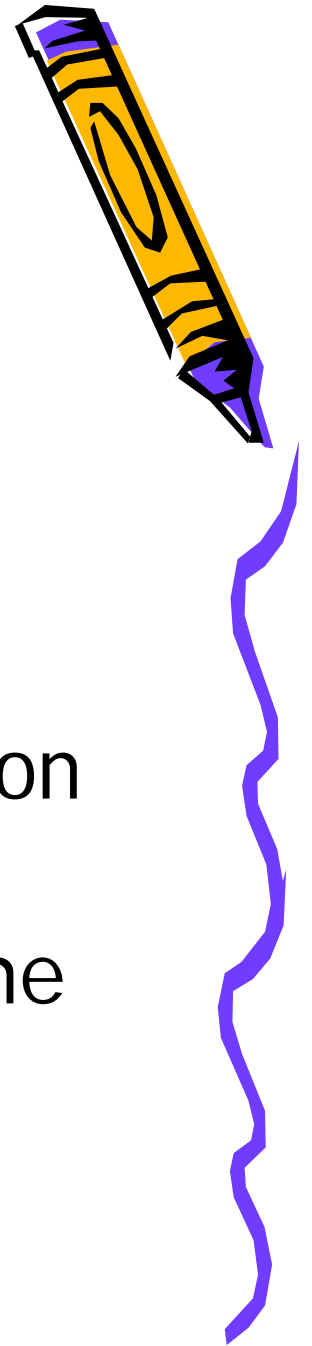
www.acgme.org

RRC



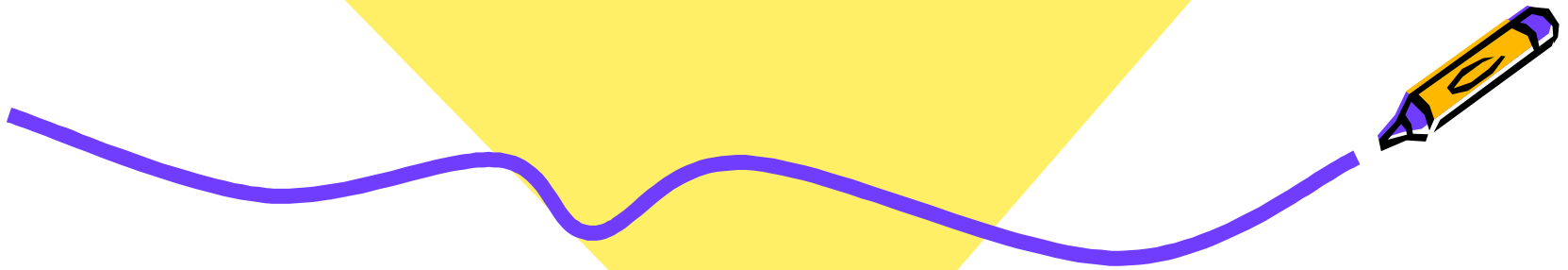
Residency Review Committee

- After the site visit two RRC members review the report and present to the RRC as a whole.
- A decision is made and a notification is sent to the program via email followed by a formal letter with the length cycle and citations





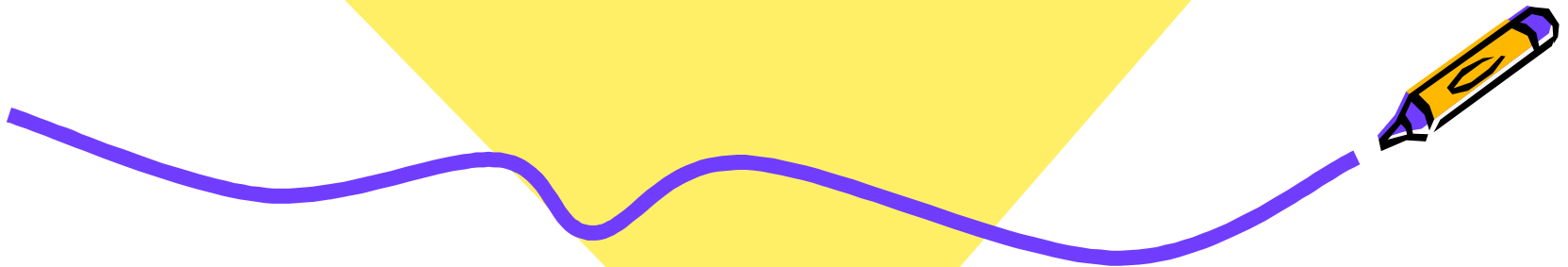
Common and Specialty Specific Program Requirements





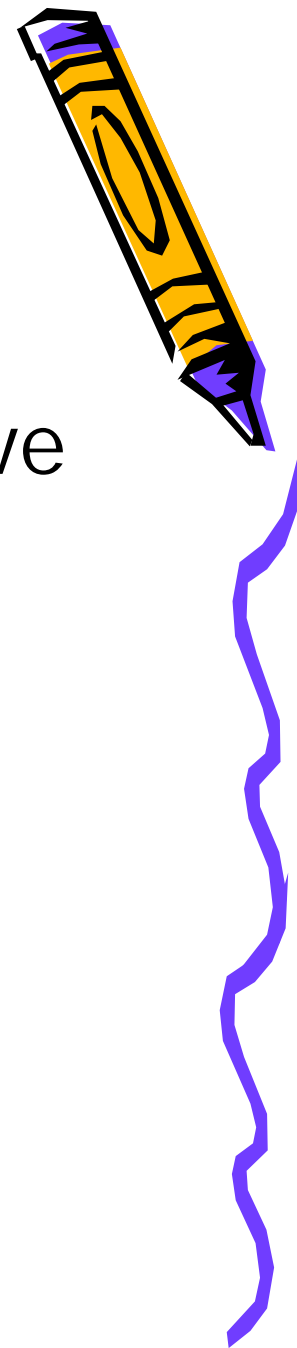
www.acgme.org

Program Requirements



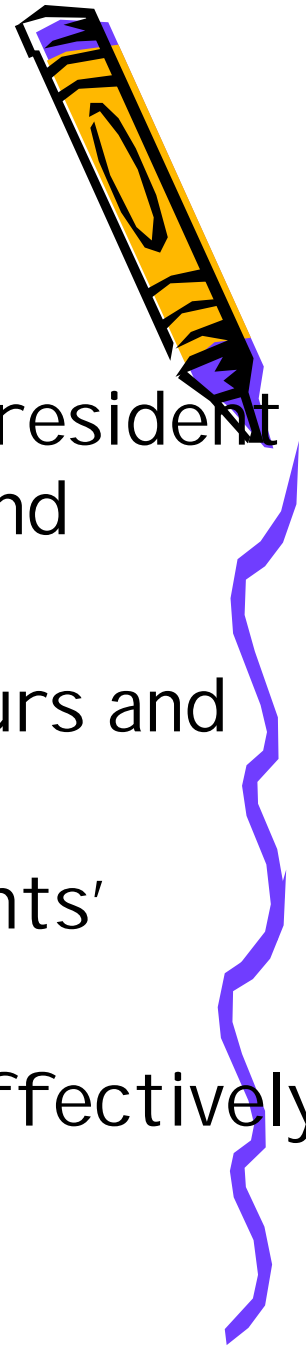
GMEC

- Institution's ACGME representative body
- Chair: DIO or ADGME
- Members
 - Program directors
 - Residents nominated by peers
 - One or more administrators



GMEC: Responsibilities (Policies and Procedures)

- Monitor curriculum development
- Update on residents' status
- Review program structure changes
- Oversee any innovations
- Dictate vendor interactions
- Recommend on resident compensation and benefits
- P&P on duty hours and CPR and SPR
- Monitor residents' supervision
- Communicate effectively



PAUL L. FOSTER SCHOOL OF MEDICINE
GRADUATE MEDICAL EDUCATION COMMITTEE MINUTES

Meeting Date: January 14, 2011

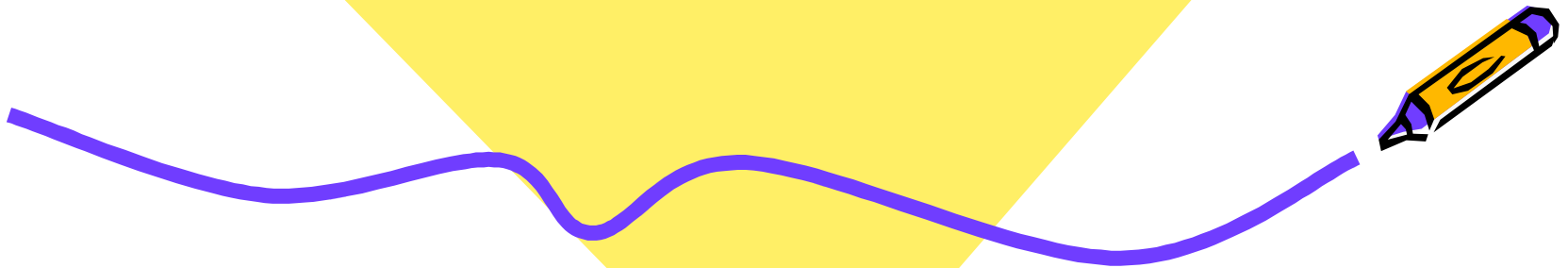
GMEC Responsibilities (ACGME Institutional Requirements III.B)

1. **Annual review** and recommendations made regarding resident stipends, benefits, and funding for resident positions
2. **Communication with program directors**: within institution; program directors' communication with site directors at participating sites to maintain proper oversight
3. Resident **duty hours**: review of duty hours reports submitted by all programs; develop and implement written policies and procedures to ensure compliance; consideration and approval of requests for exceptions in the weekly limit on duty hours prior to submission to an RRC; review of ACGME resident survey results regarding duty hours for each program
4. **Monitoring of resident supervision**: patient safety and quality of care; educational needs of residents; progressive responsibility appropriate to level of education, competence and experience; other applicable common and specialty specific program requirements
5. Communication with Medical Staff: **annual report to the OMS**, description of resident participation in patient safety and quality of care; accreditation status of programs and any citations regarding patient care issues
6. **Curriculum and evaluation** demonstration of resident achievement of the ACGME general competencies
7. **Resident Status**: selection, evaluation, promotion, transfer, discipline, and/or dismissal
8. **Oversight of program accreditation**: review of program accreditation letters of notification; monitoring of action plans
9. **Management of institutional accreditation**: review of the Sponsoring Institution's ACGME letter of notification and monitoring of action plan
10. **Oversight of program changes** (review and approval prior to submission to the ACGME by program directors: applications for ACGME accreditation by program directors; changes in resident complement; major changes in program structure or length of training; additions and deletions of participating sites; appointment of new program directors; progress reports requested by an RRC; responses to all proposed adverse actions; requests for exceptions of resident duty hours; voluntary withdrawal of program accreditation; requests for an appeal of an adverse action; appeal presentation to a Board of Appeal or the ACGME
11. Oversight of all phases of **educational experiments and innovations**: review and approval prior to submission to the ACGME and/or RRC; monitoring quality of education provided to residents
12. Oversight of **reductions and closures** of individual programs, major participating sites
13. **Vendor interactions**: provision of statement or policy
14. Discussion and approval of other pertinent **institutional GME policies**



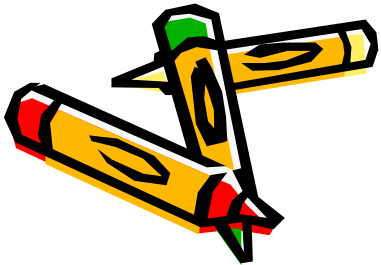
www.acgme.org

DIO



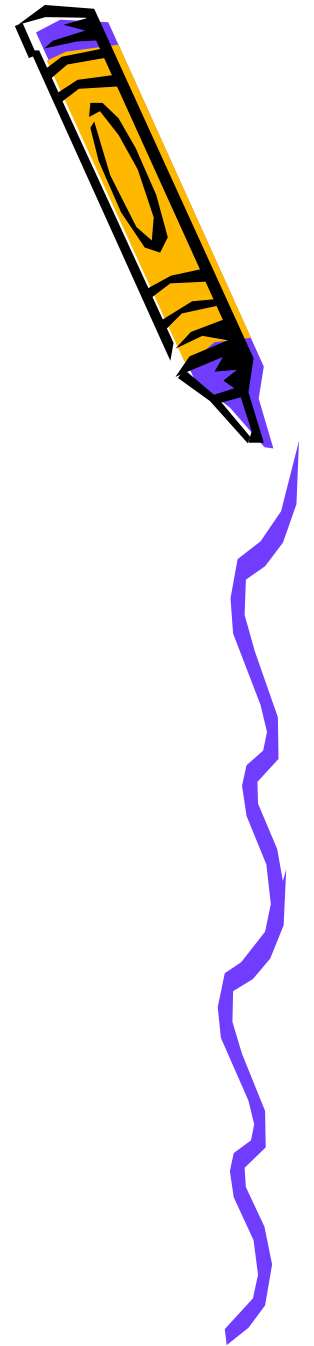
Summary

- GME is a highly regulated endeavor in medical education
- ACGME dictates the standards for GME in this country
- It is the training programs responsibility to comply with these requirements
- The GMEC is the most important institutional body that oversees GME



Reference(s)

- www.acgme.org





End of the
Presentation

