

The University of Alabama Hospital Graduate Medical Education Policy and Procedure	GMEC Approved Date: May 5, 2026
Graduate Medical Education Committee (GMEC) Charter	Next Review Date: Spring 2027

Purpose

Residency and fellowship programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) must function under the ultimate authority and oversight of one Sponsoring Institution. Oversight of resident/fellow assignments and of the quality of the learning and working environment by the Sponsoring Institution extends to all participating sites (ACGME Institutional Requirement (IR): 1.1) The Sponsoring Institution must maintain its ACGME institutional accreditation. Failure to do so will result in loss of accreditation for its ACGME-accredited program(s) (ACGME IR: 1.1.b.)

Designated Institutional Official (DIO)

The Sponsoring Institution must identify a Designated Institutional Official (DIO) (ACGME IR: 1.2)

Responsibilities include:

- Approval of PLAs
- Providing oversight of each program’s and Sponsoring Institution’s Annual Update
- Overseeing the submission of applications for ACGME accreditation and recognition, all requests for temporary/permanent complement increases, requests for voluntary withdrawal, and any other communication with the ACGME
- Authority and responsibility for the oversight and administration of each Sponsoring Institution’s NST programs and ensuring compliance with ACGME Recognition Requirements.
- Serving as Chair and facilitates the GMEC meetings and actions
- Serving as liaison for the Hospital medical staff/teaching faculty, officials of affiliated institutions, and the departments responsible for providing ancillary and support services for the GME programs
- In the absence of the DIO, or as delegated by the DIO, the Associate DIO for Accreditation, the Associate DIO for the Clinical Learning Environment and/or the Vice Chair of the Graduate Medical Education Committee (GMEC) reviews and co-signs all program information forms and any documents or correspondence submitted to the ACGME by program or requested by the GMEC s
- Reporting to the Hospital’s governing body on matters related to GME programs, including but not limited to:
 - The activities of the GMEC
 - Resident/Fellow supervision, responsibilities, evaluation and participation in patient safety, quality of care education and quality improvement initiatives
 - Compliance with the clinical and educational work hour standards by GME programs
- Reporting to the GMEC on concerns related to GME voiced by hospital or participating site leadership or medical staff; and
- Ensuring the medical staff and GMEC communicate about the safety and quality of patient care provided by residents/fellows.

The CEO of UAB Hospital and the Dean of UAB Marnix E. Heersink School of Medicine will appoint the Designated Institutional Official.

Members of the Graduate Medical Education Committee (GMEC):

The DIO serves as the Chair (ex-officio) (IR:1.9.b.1.).

The DIO will report to the CMO of UAB Hospital, the Dean of the Heersink School of Medicine, the Chief Executive Officer, and the UAB Health System. The GMEC works in collaboration with the DIO and has ultimate authority and responsibility for the oversight and administration of all ACGME-accredited and ACGME-recognized programs.

Members of the GMEC are appointed by the Chair. Members are appointed for three-year terms, usually commencing in July of each year. Terms may renew with no limitation based on attendance and participation indicating the member is in good standing. Membership with attendance and participation is reviewed annually.

Members include:

- program directors (including surgical specialties, medical specialties, and hospital-based specialties, and at least one from Non-Standard GME programs), (IR: 1.9.a.2.)
- Peer-selected officers of the Resident/Fellow Council and additional peer selected residents/fellows from the Resident/Fellow Council (IR: 1.9.a.3.)
- Program coordinators for two-year terms, usually commencing in July of each year.
- Associate Vice President responsible for graduate medical education, UAB Hospital.
- A Quality Improvement/ Patient Safety representative; (IR:1.9.a.4.).
- Associate Chief of Staff for Education, Birmingham Veterans Affairs Medical Center.

Regular and ex-officio members are voting members. The GMEC may form subcommittees based on the need to address specific issues relating to graduate medical education. The composition of such subcommittees may include members of the GMEC and/or non-members with expertise in the area under consideration. Each subcommittee has peer-selected residents/fellows.

Responsibilities of the GMEC include but are not limited to (IR: 1.12.)

Oversight of:

- ACGME accreditation status of the Sponsoring Institution and its ACGME-accredited programs;
- Quality of the GME learning and working environment within the Sponsoring Institution, its ACGME-accredited programs, and its participating sites;
- Quality of the educational experiences in each ACGME-accredited program that led to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements;
- Administration of each Sponsoring Institution's Non-Standard Training (NST) programs and ensuring compliance with ACGME Recognition Requirements.
- ACGME-accredited programs' annual program evaluation;
- ACGME-accredited programs' implementation of institutional policies for vacation and leaves of absence, including medical, parental and caregiver leave of absence, at least annually;
- Processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution;
- The provision of summary information of patient safety reports to residents/fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided.

Reports will be made available to the GMEC and will be documented in the meeting minutes. Reports will be disseminated to programs for dissemination to residents/fellows, faculty and other clinical staff, as appropriate, within their department.

Review and approval of: (IR: 1.13)

- Institutional GME policies and procedures;
- GMEC subcommittee actions that address required GMEC responsibilities
- Annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits;
- Applications for ACGME accreditation of new programs and annual ACGME reporting;
- Requests for permanent changes in resident/fellow complement;
- Major changes in ACGME-accredited programs' structure or duration of education;
- Additions and deletions of ACGME-accredited programs' participating sites;
- Appointment of new program directors and also verify the program director's licensure and clinical appointment;
- Progress reports requested by a Review Committee;
- Response to Clinical Learning Environment Review (CLER) reports;
- Requests for exceptions to clinical and educational work hour requirements;
- Voluntary withdrawal of ACGME program accreditation;
- Requests for appeal of an adverse action by a Review Committee;
- Appeal presentations to an ACGME Appeals Panel;
- Exceptionally qualified candidates for resident/fellow appointments who do not satisfy the Sponsoring Institution's resident/fellow eligibility policy and/or resident/fellow eligibility requirements in the Common Program Requirements.

Review and approval of: (Recognition Requirements 1.4)

- Program description of each NST program including the qualifications for appointment of the NST program director.
- Appointment of each NST program director
- Documentation assessments of supervision for each NST program and assessments of NST trainees
- Complete and document the impact of NST programs on the Sponsoring Institution's ACGME-accredited programs

Meeting Frequency:

The GMEC meets monthly. The agenda and minutes are kept of each meeting. Meeting frequency and changes to meeting frequency must be approved by the majority of the voting members of the GMEC.

Quorum:

Voting on any initiative, report, or request requires the presence of at least one resident/fellow member and a minimum of 60% of the voting members. A vote will be considered approved by the GMEC if it receives at least 51% of the votes from the voting members present, whether in person or electronically.

Electronic Voting:

For time-sensitive initiatives, or if quorum is not achieved during the in-person meeting, an electronic vote may be conducted. Quorum requirements must be met whether votes occur in person or electronically. The results of any electronic vote will be reported at the following GMEC meeting.

Attendance:

The GMEC provides oversight of the GME programs; therefore, discussion regarding initiatives, policy, and program support is a vital role for each member. The GMEC expects members of the committee to actively participate in at least 75% of the meetings. Members that are unable to attend the GMEC meeting are allowed to have a representative attend. The expectation is that the members must attend. In rare circumstances, a member can have a representative attend. The representative must be an Associate or Assistant Program Director. The member must notify the GME Office prior to the meeting of this occurrence.

Minutes:

The GMEC must maintain meeting minutes that document the execution of all required GMEC functions and responsibilities.

GMEC Subcommittees:

When necessary, the GMEC will approve GMEC Subcommittees to perform tasks of the GMEC. The following are the expectations of any GMEC Subcommittee:

- The Chair of the GMEC Subcommittee will report to the GMEC following the most recent meeting.
 - The minutes from that GMEC Subcommittee will be included in the GMEC packet.
 - After the report, the GMEC must vote to approve the actions of the GMEC Subcommittee if performing required GMEC responsibilities.
- The GMEC Subcommittee must have at least one peer-selected resident/fellow.

➤ **Executive Committee of the GMEC**

- Members of the Executive Committee are appointed by the DIO
 - Vice Chair (ex-officio)
 - Secretary (ex-officio)
 - Program Directors
 - Subcommittee Chairs
 - President of the Resident/Fellow Council

➤ **Patient Safety Subcommittee**

➤ **Access and Engagement Subcommittee**

➤ **Wellness Subcommittee**

➤ **Non-Standard Training (NST) Subcommittee**

➤ **Complement Increase Subcommittee (when appropriate)**

Reference

ACGME Institutional Requirements (focused revision: September 26, 2021); effective July 1, 2022; Reformatted effective July 1, 2025

ACGME Recognition Requirements for Sponsoring Institutions with Non-Standard Training Programs 2025