



Texas Institute for Graduate Medical Education

Graduate Medical Education Committee

Policies, Procedures, and Responsibilities

GMEC APPROVED ON JULY 17, 2023

REVISIONS APPROVED BY GMEC ON NOVEMBER 30, 2023

Graduate Medical Education Committee (GMEC) has been established to provide valuable guidance to TIGME related to the education, training, and professional development of residents and fellows. GMEC will play a crucial role in overseeing and ensuring the quality and standards of graduate medical education programs. GMEC will also assist in the development of new residency and fellowship programs and in creating and fostering partnerships and collaborations to develop and sustain a robust Institute.

KEY PRINCIPLES AND GOALS:

1. Ensuring the quality and integrity of educational programs through accreditation standards and compliance.
2. Promoting a supportive learning environment that fosters resident and fellow well-being, professional growth, and work-life balance.
3. Facilitating the acquisition of clinical skills, medical knowledge, and professional competencies necessary for independent practice.
4. Encouraging interdisciplinary collaboration and teamwork among residents, fellows, and faculty members.
5. Providing mentorship, guidance, and resources to facilitate career development and advancement opportunities for trainees.
6. Promoting diversity, equity, and inclusion in all aspects of graduate medical education.
7. Monitoring and evaluating program performance, resident/fellow performance, and educational outcomes to identify areas for improvement and innovation.
8. Collaborating with faculty, program directors, and other key stakeholders to develop and implement evidence-based educational strategies and curricula.
9. Supporting the development of critical thinkers and life-long learners by promoting scholarly activities, research, and quality improvement initiatives among residents and fellows.
10. Advocating for the highest standards of patient care, professionalism, and ethical conduct within the GME programs.

11. Fostering an environment of Servant Leadership that is anchored in empathy, compassion, integrity, trust, teamwork, effective communication, and mutual respect.

ADDITIONAL RESPONSIBILITIES:

1. Advise and monitor any changes in the policies and procedures of the GME Programs.
2. Establish policies and procedures related to supervision, selection, evaluation, promotion, dismissal, duty hours, moonlighting of Residents/Fellows, and other pertinent policies/procedures as needed for the trainee.
3. The GMEC will maintain appropriate oversight regarding resident evaluations of the program, faculty, and educational experiences as required through the ACGME Common Program Requirements and other non-accredited/accredited programs. The GMEC will monitor this information through continuous oversight of the program and subsequently the Program Director.
4. The GMEC will establish policies and procedures for dealing with grievances brought forward by Residents/Fellows relevant to the conduct of their Graduate Medical Education Programs. The GMEC will ensure that such policies and procedures satisfy the requirements of fair procedures. The GMEC will also ensure that such policies and procedures are applied equally to all Residents/Fellows in Graduate Medical Education Programs.
5. The GMEC will review and approve the annual proposal for salary ranges and benefits for all Residents/Fellows.
6. The GMEC will review and approve any proposal to substantially alter the working conditions for Residents/Fellows including benefits before they are enacted.
7. The GMEC will coordinate and conduct accreditation cycle mid-point reviews of all Residency Programs to ensure compliance with Institutional and relevant Specialty Resident Review Committee Program Requirements.
8. The GMEC will regularly review Institutional and Program specific accreditation letters, internal review citations and monitor action plans for correction of concerns and areas of non-compliance.
9. The GMEC will review and approve prior to submission to the ACGME, Council for Podiatric Medical Education (CPME), and any other accreditation agency;

- a. All applications for accreditation of new programs;
- b. Changes in Resident/Fellow complement;
- c. Major changes in Program structure or length of training;
- d. Additions and deletions of participating Institutions used in a Program;
- e. Appointments of new Program Directors;
- f. Progress reports requested by any Review Committee(s);
- g. Responses to all proposed adverse actions;
- h. Requests for exceptions in Resident/Fellow duty hours;
- i. Voluntary withdrawal of program accreditation;
- j. Requests for an appeal of an adverse action; and,
- k. Appeal presentations to a Board of Appeal

MEMBERSHIP:

1. The Designated Institutional Official (DIO) who serves as the Chair;
2. Representative Program Directors and faculty for the Residents/Fellows Training Programs;
3. Residents/Fellows nominated by their Peers;
4. Members of the Medical Staff and/or community with demonstrated experience in the areas of medical/podiatry residency and fellowships; and
5. GME Coordinator (*Ad hoc non-voting member*)

GMEC SUBCOMMITTEES:

MEMBERSHIP OF ALL SUB-COMMITTEES:

The Chair of the Sub-Committees is appointed by the Chair of the GMEC. Additional members are selected from the Sponsored Accredited Programs, both junior and senior faculty as well as program directors. These sub-committees provide an opportunity for a wide range of activities for participating in GME to assist with GMEC oversight, while taking care not to dilute the overall responsibility of the GMEC itself. While many members of the proposed sub-committees are members of GMEC It is especially important that a minimum of 1-2 Residents/Fellows serve on each of these sub-committees. These sub-committees act only in an advisory capacity to the GMEC and make recommendations for specific actions at monthly GMEC meetings.

1. Internal Review/Performance Improvement Sub-Committee:

Duties:

- Coordinate and implement the internal review process for all training programs; present reports and recommendations to GMEC;
- Monitor implementation of recommendations made by the GMEC and/or the specific Residency Review Committee of the ACGME/CPME;
- Work closely with the residency program directors, program coordinators, and residents/fellows to ensure overall compliance with general competencies outlined by various accrediting agencies;
- Design and implement an appropriate institutional GME curriculum and/or outcomes assessment program to support the outlined competencies;
- Develop and implement an annual educational survey of all programs, residents, and fellows;
- Work closely with the TIGME Resident Council to ensure that resident concerns and issues are addressed in a timely manner;
- Make recommendations regarding work environment and/or other resident/fellow issues to the GMEC;
- Assist DIO with ensuring adequate communication resources for all GMEC activities (i.e., computers, technical support, libraries, etc.).

2. Policy and Procedures Sub-Committee;

Duties:

- Review existing institutional and program graduate medical education policies and procedures;
- Revise existing policy as required;
- Develop additional policies and procedures as necessary;
- Ensure that all training programs comply with GMEC policies serve as resource to GMEC, training programs, program directors, program coordinators, and others on policy-related issues.

3. Operations Sub-Committee:

Duties:

- Educate GMEC and other interested parties regarding sources of funding for graduate medical education;
- Review existing use of GME Funds;
- Actively participate in the institutional budget process;
- Make recommendations to GMEC regarding use of GME Funds;
- Review requests for affiliation with other training programs/institutions;
- Monitor agreements with affiliated training programs/institutions;
- Assist with monitoring resident duty hours, moonlighting, supervision and/or other ACGME/CPME Institutional Review Committee requirements or issues that apply to all training programs.

4. The Curriculum Oversight Subcommittee:

Duties:

- Curriculum Development: Development and ongoing refinement of the curriculum for graduate medical education programs. This will include collaborating with program directors, faculty, and other stakeholders to establish educational goals, learning objectives, and competencies for each stage of training;
- Curriculum Review and Evaluation: Regular review and evaluation of the existing curriculum to ensure its alignment with accreditation standards, program goals, and evolving educational best practices. It will also assess the effectiveness of the curriculum in meeting the educational needs of residents and identifies areas for improvement;
- Educational Strategies and Methods: Explores and recommends innovative educational strategies, teaching methods, and assessment tools that promote effective learning and resident engagement. It will ensure that its members are updated with advancements in medical education and incorporates evidence-based practices into the curriculum;
- Integration of Milestones and Competencies: Ensures that the curriculum incorporates the ACGME's/CPME's milestones and specialty-specific competencies. It will assist program directors to align the curriculum with these milestones and establish mechanisms for assessing resident progress and competency attainment;
- Curriculum Mapping and Sequencing: Oversees the mapping and sequencing of the curriculum to ensure a logical progression of learning experiences and a comprehensive coverage of essential knowledge and skills. It will review the distribution of educational content across rotations, didactic sessions, and other learning modalities;

- Program Evaluation and Improvement: Collaborates with the GMEC and other relevant committees to collect and analyze data on curriculum effectiveness, resident performance, and program outcomes. It will use this information to identify areas for improvement and make evidence-based recommendations to enhance the curriculum;
- Accreditation Compliance: Ensures that the curriculum meets the accreditation standards set by the ACGME/CPME. It will assist in preparing documentation related to curriculum design, implementation, and evaluation for accreditation reviews and site visits;
- Faculty Development: Supports faculty development initiatives related to curriculum design, instructional methods, assessment techniques, and educational scholarship. It will provide guidance and resources to faculty members involved in delivering the curriculum and facilitates professional development opportunities;
- Communication and Collaboration: Fosters effective communication and collaboration among program directors, faculty, and other stakeholders involved in curriculum implementation. It will facilitate sharing of best practices, promotes interdepartmental collaboration, and supports a culture of continuous improvement.

5. The Resident Selection and Evaluation Subcommittee:

Duties:

- Resident Selection Process: Develops and oversees the procedures for resident selection. This includes establishing criteria, eligibility requirements, and application processes for prospective residents. It will ensure adherence to accreditation standards, equal opportunity principles, and institutional policies;
- Application Review and Interview Process: Establishes protocols and guidelines for reviewing resident applications and conducting interviews. It will define the evaluation criteria, scoring systems, and procedures for selecting candidates. It may also collaborate with program directors to develop standardized interview questions and assessment tools;
- Resident Evaluation: Responsible for developing and implementing processes to assess resident performance throughout their training. This includes establishing evaluation frameworks, assessment tools, and performance benchmarks aligned with program goals and accreditation requirements. It also ensures that the evaluations are fair, consistent, and provide meaningful feedback to residents;

- **Competency-Based Assessment:** The subcommittee works to integrate competency-based assessment methods into the evaluation process. It helps program directors align evaluations with the ACGME's milestones and specialty-specific competencies. The subcommittee may also provide guidance on documenting resident progression and competency attainment;
- **Evaluation Data Analysis:** Collects and analyzes evaluation data to assess resident performance and identify areas for improvement. It will utilize data-driven insights to guide decision-making related to resident progression, promotions, and remediation when necessary. It will collaborate with other committees to evaluate program outcomes and assess the effectiveness of educational interventions;
- **Selection and Evaluation Policies:** Establishes and maintains policies related to resident selection and evaluation. It will ensure compliance with accreditation standards, institutional policies, and legal requirements. It will also provide guidance on issues such as resident transfers, promotions, leave of absence, and disciplinary actions;
- **Fairness and Diversity:** Promotes fairness, diversity, and inclusivity in the resident selection and evaluation processes. It will ensure that the selection criteria, interviews, and evaluations are conducted in a manner that considers the diverse backgrounds, experiences, and perspectives of applicants and residents. It will also provide training or resources to mitigate bias in the selection and evaluation processes;
- **Compliance and Accreditation:** Ensures that resident selection and evaluation processes comply with the ACGME's/CPME's accreditation standards. It will assist in preparing documentation related to these processes for accreditation reviews and site visits;
- **Continuous Improvement:** Actively seeks opportunities for continuous improvement in resident selection and evaluation. It will stay informed about emerging trends, best practices, and innovations in selection methods and assessment tools. It will propose and implement changes to enhance the effectiveness and fairness of the processes.

6. Accreditation Subcommittee:

Duties:

- **Accreditation Standards Review:** Responsible for reviewing and understanding the accreditation standards set by the ACGME/CPME relevant to the GME programs at TIGME. This includes staying informed on

any changes or updates to the accreditation standards and disseminating that information to program directors and other stakeholders;

- Policy Development: Develops policies and procedures that align with the ACGME/CPME accreditation standards. It will establish guidelines and processes for program directors and faculty members to ensure compliance with accreditation requirements. This will involve developing templates, checklists, and other resources to assist programs in meeting the accreditation standards;
- Compliance Monitoring: Monitors the GME programs' compliance with accreditation standards on an ongoing basis. This will include conducting regular reviews of program documentation, policies, and practices to identify any areas of non-compliance or potential concerns. To fulfill its duties, it will collaborate with program directors and faculty to address identified issues and develop action plans for improvement;
- Accreditation Preparation: Assists program directors and faculty in preparing for accreditation site visits and reviews. It will provide guidance on documentation requirements, assists in compiling required materials, and ensures that programs are adequately prepared to demonstrate compliance with accreditation standards during the site visit;
- Site Visit Coordination: Facilitates the coordination and logistics of accreditation site visits. It will communicate with the ACGME/CPME and the visiting accreditation team to schedule the visit, provide necessary documentation, and coordinate interviews and meetings with key stakeholders. It will also help address any concerns or inquiries from the visiting team during the site visit;
- Self-Study and Reporting: Guides program directors and faculty in conducting self-studies to assess program compliance with accreditation standards. It will develop self-study templates or tools, provides resources for data collection and analysis, and assists in preparing the self-study report to be submitted to the ACGME/CPME;
- Accreditation Documentation: Oversees the collection, organization, and maintenance of accreditation-related documentation for the GME programs. This will include maintaining records of program policies, evaluations, resident data, and other required documentation to demonstrate compliance with accreditation standards. It also ensures that documentation is up to date, readily accessible, and properly stored;
- Accreditation Process Improvement: Plays a role in driving continuous improvement of the accreditation process within TIGME. It will identify areas for enhancement in meeting accreditation standards, suggests strategies for improvement, and assists in implementing changes to strengthen compliance and streamline accreditation-related processes;

- Communication and Training: Serves as a resource for program directors, faculty, and other stakeholders regarding accreditation standards and processes. It will facilitate communication channels to disseminate important updates, provide training sessions or workshops, and address questions or concerns related to program accreditation;
- Accreditation Liaison: Acts as a liaison between the sponsoring institution and the ACGME/CPME. It will communicate with the ACGME/CPME regarding accreditation-related matters, ensures timely submission of required documentation and reports, and responds to any inquiries or requests for information from the ACGME/CPME.

7. The Resident Well-being Subcommittee:

Duties:

- Well-being Assessment: Assesses the current state of resident well-being within the TIGME's GME programs. This will include gathering data through surveys, focus groups, or other assessment methods to understand the unique challenges, stressors, and areas of concern impacting resident well-being;
- Well-being Program Development: Based on the findings of the assessment, develops initiatives and programs to enhance resident well-being. This will involve establishing resources, support systems, and interventions aimed at promoting physical and mental wellness, work-life balance, resilience, and stress management;
- Mental Health Support: Collaborates with mental health services at Village Health or external providers to ensure accessible and confidential mental health support for residents. This will include facilitating counseling services, mental health screenings, workshops, and educational programs addressing mental health issues specific to residents;
- Workload and Fatigue Mitigation: Works to address excessive workload and fatigue concerns that can impact resident well-being. It will collaborate with program directors and GME leadership to implement strategies such as duty hour policies, scheduling optimization, workload management, and promoting restorative breaks during long shifts;
- Education and Training: Develops educational initiatives to raise awareness about resident well-being, stress management, and self-care. It will organize workshops, seminars, or online resources to provide residents with skills and techniques to cope with stress, promote self-care practices, and enhance their overall well-being;

- Peer Support Programs: Establishes and supports peer support programs within GME programs. These programs will provide opportunities for residents to connect with and seek support from their peers, fostering a sense of community, empathy, and understanding among residents;
- Evaluation and Feedback: Regularly assesses the effectiveness of resident well-being initiatives and programs. It will collect feedback from residents, monitors program outcomes, and makes data-informed decisions to refine and enhance existing initiatives or develop new ones;
- Advocacy and Policy Development: Advocates for policies and practices that prioritize resident well-being within TIGME. It will work collaboratively with the GME leadership to ensure well-being considerations are integrated into institutional policies, such as duty hour policies, wellness resources, and support services;
- Collaboration and Partnerships: Collaborates with other committees, institutional departments, and external organizations to leverage resources and expertise in promoting resident well-being. This will include partnering with employee assistance programs, wellness committees, or community organizations to enhance support for the residents.

REVIEW & APPROVAL PROCESS FOR SUB-COMMITTEE ACTIONS:

The review and approval process for subcommittee actions by the GMEC would involve steps:

- Documentation and Submission: The subcommittee prepares a formal written proposal or action plan detailing its proposed actions, initiatives, or recommendations. The proposal should include clear objectives, rationale, expected outcomes, timelines, and any necessary resources or support required for implementation. The subcommittee submits the proposal to the GMEC for review.
- Preliminary Review: The GMEC leadership or a designated review group within the GMEC conducts an initial review of the proposal. This review assesses the alignment of the proposal with the GMEC's overall objectives, compliance with accreditation standards, feasibility, and potential impact on GME programs and residents.
- GMEC Meeting Discussion: The proposal is presented and discussed during a GMEC meeting. Subcommittee members involved in the proposal may be invited to present and provide additional information or clarification. The GMEC members engage in a thorough discussion, asking questions, expressing concerns, and offering feedback or suggestions.
- Deliberation and Decision-Making: Based on the discussion, the GMEC deliberates on the proposal. The committee considers the input from various

members and evaluates the potential benefits, risks, and implications of the proposed actions. The deliberation may involve voting or reaching a consensus on whether to approve, modify, or reject the proposal.

- **Approval or Modification:** If the proposal is approved, the GMEC formally documents the approval and any specific conditions or modifications required for implementation. The subcommittee may be requested to revise or modify aspects of the proposal based on the GMEC's feedback or recommendations.
- **Implementation and Reporting:** Once the proposal is approved, the subcommittee proceeds with implementing the proposed actions or initiatives as per the approved plan. The subcommittee may provide progress reports or updates to the GMEC at designated intervals or as requested to ensure ongoing oversight and accountability.
- **Monitoring and Evaluation:** The GMEC monitors the progress and outcomes of the subcommittee's approved actions or initiatives. This may involve periodic reports, data analysis, or presentations from the subcommittee to assess the effectiveness, impact, and compliance with established objectives.
- **Feedback and Support:** The GMEC provides feedback and support to the subcommittee throughout the implementation process. This includes addressing any challenges, providing resources or assistance, and offering guidance to ensure successful execution of the approved actions.

THE LEARNING AND WORKING ENVIRONMENT, PROFESSIONALISM INVESTIGATING AND MONITORING UNPROFESSIONAL BEHAVIOR

Graduate Medical Education Committee (GMEC) is responsible for undertaking a confidential process for investigating and monitoring concerns regarding unprofessional behavior of the residents, fellows, faculty and supporting staff as per ACGME guidelines¹. Investigating and monitoring unprofessional behavior is a sensitive process that requires careful handling to protect the confidentiality of individuals involved while addressing concerns and ensuring a safe and respectful learning environment.

It's crucial to tailor this process to the specific policies and regulations of the institution and jurisdiction in which it operates. Additionally, involving relevant stakeholders, including legal and human resources professionals, is essential to ensure a fair and legally compliant process. Confidentiality should be balanced with the duty to protect the safety and well-being of individuals and the broader educational environment. Below is a confidential process that GMEC will undertake for investigating and monitoring unprofessional behavior:

¹ https://www.acgme.org/globalassets/pfassets/programrequirements/800_institutionalrequirements_2022.pdf

- **Reporting Mechanism:**
 - Establish a confidential reporting mechanism for individuals to report concerns about unprofessional behavior. This may include a hotline, an online reporting system, or designated individuals (e.g., program director, GME office) who can receive confidential reports.
- **Initial Assessment:**
 - Designate a responsible party (e.g., program director, GME office) to conduct an initial assessment of the reported concerns. Determine whether there is sufficient information to warrant further investigation.
- **Confidentiality Assurance:**
 - Communicate to all parties involved, including those reporting and those being reported, that confidentiality will be maintained to the extent possible throughout the investigation process.
- **Investigative Team:**
 - Assemble an investigative team composed of individuals with the expertise to conduct a fair and thorough investigation. This may include representatives from the GME office, program leadership, and individuals with relevant expertise.
- **Formal Investigation:**
 - Conduct a formal investigation into the reported unprofessional behavior. Interviews may be conducted with relevant individuals, including those who reported the behavior and those who are the subject of the report.
- **Documentation:**
 - Document all aspects of the investigation, including statements, evidence, and findings. Ensure that documentation is secure and accessible only to those involved in the investigation.
- **Confidentiality Agreements:**
 - Require all individuals involved in the investigation to sign confidentiality agreements, emphasizing the importance of maintaining the privacy of the process.
- **Reporting Findings:**
 - Present the findings of the investigation to the appropriate oversight body, such as the GMEC or a designated review committee. Provide a summary report that protects the identities of individuals involved to the extent allowed by law.
- **Remediation and Support:**
 - If unprofessional behavior is substantiated, develop a remediation plan that addresses the behavior and provides support for the individuals involved. Ensure that the remediation plan is confidentially communicated to those who need to be aware of it.
- **Monitoring:**

- Implement a monitoring plan to assess the effectiveness of the remediation and track the behavior over time. This may involve periodic check-ins, additional training, or counseling.
- **Feedback Mechanism:**
 - Establish a confidential feedback mechanism for individuals to provide ongoing input on the effectiveness of the remediation and any concerns that may arise.
- **Privacy Considerations:**
 - Adhere to privacy laws and regulations, such as the Health Insurance Portability and Accountability Act (HIPAA) in the United States, when handling and sharing sensitive health-related information.
- **Legal Counsel Involvement:**
 - Engage legal counsel to ensure that the investigation process complies with applicable laws and regulations. Legal counsel can also provide guidance on the protection of confidential information.
- **Continuous Improvement:**
 - Regularly review and assess the investigative and monitoring processes to identify opportunities for improvement. Ensure that lessons learned from each case inform future practices.
- **Training and Education:**
 - Provide ongoing training and education on professionalism, reporting mechanisms, and the investigation process to residents, fellows, and faculty to promote a culture of accountability and respect.

INSTITUTIONAL PERFORMANCE INDICATORS FOR ANNUAL INSTITUTIONAL REVIEW

Graduate Medical Education Committee (GMEC) is responsible for conducting the Annual Institutional Review (AIR) that meets the Institutional Performance Indicators as delineated by ACGME². This is required to assess the overall performance of institutions sponsoring graduate medical education programs. Institutional performance indicators play a crucial role in evaluating an institution's commitment to quality education, patient care, and the well-being of residents and fellows. Provided below are the most common institutional performance indicators considered that will be considered by the GMEC during the AIR:

- **Review:**
 - ACGME Institutional Letter of Notification
 - Results of ACGME Surveys of Residents/Fellows

² https://www.acgme.org/globalassets/pfassets/programrequirements/800_institutionalrequirements_2022.pdf

- Results of ACGME survey of Faculty
- Accreditation status of each program and citations
- **Clinical Learning Environment:**
 - **Patient Safety and Quality Improvement:** Indicators related to the institution's commitment to patient safety and the implementation of quality improvement initiatives.
 - **Clinical Resources:** Availability and adequacy of clinical resources to support educational and patient care activities.
 - **Interprofessional Education:** Integration of interprofessional education into clinical training environments.
- **Educational Resources:**
 - **Library and Information Resources:** Availability of relevant educational materials, library resources, and information technology infrastructure.
 - **Faculty Development:** Indicators related to faculty development programs and their impact on teaching and mentorship.
 - **Teaching Awards and Recognitions:** Recognition and awards received by faculty for excellence in teaching and education.
- **Resident and Fellow Well-being:**
 - **Well-being Programs:** Implementation and effectiveness of programs aimed at supporting the well-being of residents and fellows.
 - **Work Hours and Scheduling:** Compliance with work-hour regulations and the provision of reasonable schedules.
- **GME Administrative Structure:**
 - **Dedicated GME Staff:** Presence of dedicated staff to oversee graduate medical education activities.
 - **Administrative Support:** Resources and support provided by the institution for the effective administration of GME programs.
- **ACGME Common Program Requirements Compliance:**
 - **Program Director and Coordinator Roles:** Compliance with the requirements for program directors and coordinators, including qualifications and time commitment.
 - **Educational Program Structure:** Adherence to ACGME standards regarding educational program structure, curriculum, and evaluation.
 - **Clinical and Educational Facilities:** Ensuring that clinical and educational facilities meet ACGME requirements.
- **Accreditation and Compliance:**
 - **Accreditation Status:** The institution's accreditation status and any recent changes or updates.
 - **Compliance with ACGME Policies:** Adherence to ACGME policies and regulations.

- **Program Outcomes and Evaluations:**
 - **Program Evaluation Processes:** Effectiveness of program evaluation processes, including resident and faculty evaluations.
 - **Board Certification Rates:** Success rates of residents and fellows in achieving board certification.
 - **Attrition Rates:** Monitoring attrition rates and addressing factors contributing to attrition.
- **Community Engagement and Service:**
 - **Community Partnerships:** Collaboration with community organizations and healthcare providers to enhance education and service.
 - **Public Health Initiatives:** Participation in public health initiatives and community-based programs.
- **Diversity, Equity, and Inclusion:**
 - **Diversity Initiatives:** Efforts to promote diversity, equity, and inclusion within the institution and its GME programs.
 - **Cultural Competency Training:** Implementation of cultural competency training for residents, faculty, and staff.

GMEC ATTENDANCE/RESPONSIBILITIES:

1. GMEC meeting will be held quarterly;
2. Members are expected to attend GMEC and Sub-Committee meetings as assigned;
3. GMEC members must attend at least 75% of scheduled meetings yearly;
4. Excused absences are not counted in the attendance record for this standard;
5. A member should send an acceptable replacement if unable to attend;
6. Annually, activity/attendance reports are sent to GMEC members to document level of service.