

GRADUATE MEDICAL EDUCATION COMMITTEE

Minutes

December 13, 2005

Approved by: _____

Lois L. Bready, M.D., Chair

Voting Members Present	L Bready, MD, Chair <i>Janis Strong for</i> Constance Barone, MD Carolina Bonilla, MD Daniel Carlisle, MD Robert Castro, MD Ewell Clarke, MD	George Crawford, MD Larry Fowler, MD Rosemary Hickey, MD Debra Hunt, MD John Littlefield, PhD Ross Lawler, MD Kenneth Matthews, MD	Robert Nolan, MD Jennifer Peel, PhD Melanie Richards, MD Carlos Rosende, MD Kit Smart Brian Waters, MD <i>Karin Brewer for</i> Elly Xenakis, MD	<u>UHS Representatives</u> James Rogers, MD Alt-Betty Flowers <u>VAH Representatives</u> Ray Chung, MD	(Teleconference) <u>VBMC Representatives</u> Unnyampath Sugunan, MD <u>RAHC Representative</u> James Hanley, MD
Non-Voting & Others Present	D. Baruch-Bienen, MD Joseph Basler, MD Wendy Bretón	John Calhoon, MD Hilda Cheatum Jon Courand, MD	Oralia DeLaGarza Lisa Marquise Darlene Metter, MD	Erika Montez Jose Cavazos, MD Eileen Kleffner Eric Kraus, MD	<u>RAHC Representative</u> Adela Valdez, MD
Voting Members Absent	Kathy Bowers Gary Campbell, MD Merril Carolin, MD	Daniel Dent, MD John Erickson, MD Richard Holt, MD (exc)	Joe Johnston, MD Javier LaFontaine, DPM Cynthia Spears	<u>CSR Representative</u> Ray Afaisen	<u>SAUSHEC Representatives</u> Ted Parsons, MD

	GMEC DUTY¹	DISCUSSION/CONCLUSION	RECOMMENDATIONS	FOLLOW-UP (BY WHOM)
1. Opening		The Graduate Medical Education Committee of The University of Texas Health Science Center met for a scheduled meeting on Tuesday, December 13, 2005, at 4:00 p.m. in Room J 114, VA Hospital. Dr. Bready called the meeting to order at 4:01 p.m.		

¹ **Regarding GME Committee Responsibilities** (ACGME Institutional Requirements IV.B), the GMEC must: **(1)** establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all ACGME-accredited programs **(2)** review annually and make recommendations to the Sponsoring Institution on resident stipends, benefits, and funding for resident positions to assure that these are reasonable and fair; **(3)** establish and maintain appropriate oversight of and liaison with program directors and assure that program directors establish and maintain proper oversight of and liaison with appropriate personnel of other institutions participating in the ACGME-accredited programs of the Sponsoring Institution; **(4)** establish and implement formal written policies and procedures governing resident duty hours in compliance with the Institutional and Program Requirements; **(5)** assure that ACGME-accredited programs provide appropriate supervision for all residents that is consistent with proper patient care, the educational needs of residents, and the applicable Program Requirements; **(6)** assure that each program provides a curriculum and an evaluation system to ensure that residents demonstrate achievement of the six general competencies listed in Section III.E and as defined in each set of Program Requirements; **(7)** establish and implement formal written institutional policies for the selection, evaluation, promotion, and dismissal of residents in compliance with the Institutional and Program Requirements; **(8)** regularly review all ACGME program accreditation letters and monitor action plans for the correction of concerns and areas of noncompliance; **(9)** regularly review the Sponsoring Institution's Letter of R¹ report from the IRC and develop and monitor action plans for the correction of concerns and areas of noncompliance; **(10)** review and approve prior to submission to the ACGME program changes, revisions, correspondence, etc.; **(11)** conduct internal reviews of all ACGME-accredited programs including subspecialty programs to assess their compliance with the Institutional Requirements and the Program Requirements of the ACGME Residency Review Committees in accordance with the guidelines in Section V.

2. Approval of Minutes		The minutes of November 8, 2005 were reviewed.	Approved as written.	Closed
3. New Business		None to report	For informational purposes only	
4. Ongoing Business		1. Standing Reports:		
		a. DIO—Dr. Lois Bready		
		Dr. Bready welcomed Dr. Unnyampath Sugunan, GMEC chair at Valley Baptist Medical Center in Harlingen, Texas, who is a visiting guest for the meeting.	For informational purposes only	Open (Dr. Bready)
	3	Dr. Bready reviewed the summary in the agenda packet that lists certain types of conduct which must be reported in writing to the Texas Medical Board within seven days of the director's knowledge. Failure to comply may be grounds for the TMB to take action against that program director's medical license.	For informational purposes only	Open (Dr. Bready)
	3	Dr. Bready explained the Texas Medical Board's mandate on the number of USMLE exam attempts and PIT applications. A resident may receive a PIT permit, but will not be eligible for a full physician license if he/she has exceeded the maximum number of exam attempts mandated by the TMB (3 attempts) – this is changed from the TMB's prior policy. She asked the Committee to review the GME policy on the website.	For informational purposes only	Open (Dr. Bready)
	3	Dr. Bready asked the Committee to review the memo distributed by Dr. Theresa Chiang outlining the UT System policies on the use of attorneys for processing employment-based permanent residency petitions at UT Systems institutions.	For informational purposes only	Open (Dr. Bready)
		b. Best Practices – Dr. Rosemary Hickey		
	6	Dr. Hickey, Program Director for the Anesthesiology residency program, presented her Resident Portfolio Project to the Committee.	For informational purposes only	Open (Dr. Bready)
		c. Internal Review Subcommittee – Dr. Nolan		
	8	Dr. Nolan reviewed the Orthopaedic Hand Surgery Action Plan.	For informational purposes only	Open (Dr. Nolan)
	8	Dr. Nolan asked Dr. James Hanley to comment on the Internal Medicine-RAHC Action Plan. Dr. Hanley reviewed the Action Plan and stated he is pleased with the progress made so far.	For informational purposes only	Open (Dr. Nolan)
	11	Dr. Nolan reviewed the Family Medicine Internal Review Summary Report. Dr. Lawler thanked the individuals who have assisted him with the Site Visit preparations.	For informational purposes only	Open (Dr. Nolan)
	11	Dr. Nolan announced the Otolaryngology Internal Review date will be 2/16/06	For informational purposes only	Open (Dr. Nolan)
		d. Working Environment Subcommittee – Dr. Carlisle		
		Dr. Carlisle announced that the 100 parking spaces that UHS is offering to the	For informational	Open

	1	residents were rejected by the Housestaff Council. Dr. Rogers commented that UHS will not be able to accommodate everyone. Faculty are also look for parking spaces due to the parking fee increase at the Medical School.	purposes only	(Dr. Carlisle)
		e. General Competencies Subcommittee – Dr. Peel		
	6	Nothing to report.		Open (Dr. Peel)
		f. Resident Duty Hours Subcommittee – Dr. Crawford		
	4	Dr. Crawford announced that the November Duty Hours Survey had an 88% overall response rate. Thirty-four programs had a 100% individual response rate. The institutional report and reports for the individual programs will be distributed within the next month.	For informational purposes only	Open (Dr. Crawford)
		g. Resident Supervision/Evaluation Committee – Dr. Chung		
	5	Dr. Chung introduced the following supervision policies for re-approval with no changes: Thoracic Surgery, Pediatric Critical Care Medicine, Endocrinology, Pediatric Sports Medicine, Radiation Oncology.	Supervision Policies approved by GMEC.	Open (Dr. Chung)
		h. Resident Tracking Software Subcommittee – Dr. Erikson & Ms. Wendy Breton		
	1	Nothing to report	For informational purposes only	Open (Dr. Erikson)
		i. Resident Allocation Subcommittee (ad hoc) – Dr. Rosende		
	2	Dr. Rosende stated he has received no additional information from Pediatric Critical Care pertaining to their request for an additional position. He will follow up with the program and report next month.	For informational purposes only	Open (Dr. Rosende)
		j. Housestaff Council – Dr. Hopkins		
	1	In Dr. Hopkins' absence, Dr. Bready announced that the Housestaff Council officer elections will be held in January. Interested residents should contact Dr. Matt Hopkins or Dr. Gus Daniels for more information.	For informational purposes only	Open (Dr. Hopkins)
		2. ACGME RRC Correspondence		
	8	<ul style="list-style-type: none"> – Plastic Surgery accreditation letter – 3 year cycle – Urology accreditation e-mail notification – 5 year cycle 	For informational purposes only	Open (Dr. Bready)
		3. UHS Report: Dr. Rogers		
	3	Dr. Rogers reported the JCAHO site visit will occur some time between January 2006 and June 2006. They will be given 30 minutes notice. The site visit will encompass five days.		
		4. VA Report: No Report		
		5. SAUSHEC Report: No Report		
		6. CHRISTUS Santa Rosa Report – No Report		

	5	<p>7. Announcements:</p> <p>Dr. Bready made the following announcements:</p> <ul style="list-style-type: none"> - November 2005 ACGME E-bulletin: Dr. Bready asked the Committee and attendees to carefully review the final evaluation requirement article on page 2 and the clarification of new language (provisional and inactive deletions) on page 5. - Call for Proposals - Southern Group on Educational Affairs 2006 Annual Meeting - Dr. John Calhoun, Program Director for Thoracic Surgery, asked a question about ACGME fees. Below is the accreditation fee structure used by ACGME: <p><i>Fees for Evaluation and Accreditation</i></p> <p><i>Fees charged for the accreditation of programs are determined annually by the ACGME. As of January 1, 2005, the following fee schedule is in effect.</i></p> <p><i>Application Fee</i> <i>A fee is charged for processing applications for programs seeking initial accreditation. This also applies to programs seeking re-accreditation following any withdrawal status. The charge for applications is \$4,000. It is normally billed at the time the application is received.</i></p> <p><i>Program Fee</i> <i>An annual accreditation fee is assessed on a per program basis for all accredited programs. This annual fee is \$2,750 for programs with five or fewer residents and \$3,500 for programs with more than five residents. This fee is billed around January 1 of each year and applies to the current academic year.</i></p> <p><i>Inactive Fee</i> <i>Programs with no residents in the current academic year and with a status of continued full accreditation may wish to be placed in a status of Accredited - Inactive. The fee is \$2,750. This fee is for each academic year and is effective starting the academic year in which the RRC approves the change in status.</i></p> <p><i>Appeal Fee</i> <i>The fee for an appeal of an accreditation decision is \$10,000. There is an additional cost for the expenses of the appeals panel members and associated administrative costs. This additional expense shall be shared equally by the appellant and the ACGME.</i></p> <p><i>Palm Pilot Fee</i> <i>There is an annual \$ 25/resident fee for utilizing a palm pilot in tracking of</i></p>		
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		<p>GMEC meetings will be at 4:00 p.m. in Room J-114 at the VA Hospital on:</p> <table border="1" data-bbox="457 383 1421 583"> <tr> <td>January 10, 2006</td> <td>July 11, 2006</td> </tr> <tr> <td>February 14, 2006</td> <td>August 8, 2006</td> </tr> <tr> <td>March 14, 2006</td> <td>September 12, 2006</td> </tr> <tr> <td>April 11, 2006</td> <td>October 10, 2006</td> </tr> <tr> <td>May 9, 2006</td> <td>November 14, 2006</td> </tr> <tr> <td>June 13, 2006</td> <td>December 12, 2006</td> </tr> </table>	January 10, 2006	July 11, 2006	February 14, 2006	August 8, 2006	March 14, 2006	September 12, 2006	April 11, 2006	October 10, 2006	May 9, 2006	November 14, 2006	June 13, 2006	December 12, 2006		
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<p>5. Adjournment</p>		<p>The meeting was adjourned at 5:05 p.m.</p>														