

GRADUATE MEDICAL EDUCATION COMMITTEE
Roseanne C. Berger, M.D., Chair
Minutes - January 20, 2009

Voting Members Present	Drs. Berger, Michalek, Quattrin, Watt, Hassett, Sands (representing PDAC Chair, Zions), Braen, Arroyo (for Yeh), D'Arcy, Noe, Paroski, Murray,			
Non-Voting & Others Present	Drs. Mark Lema, Judy Smith, Mike Adragna, William Dillon, Ms. Kennedy, Cummiskey, Sullivan, Nawotniak Don Gullickson (Intern with Dr. Paroski)			
Voting Members Absent	Drs. Adragna, Arroyo, Harb, Hojnacki, Marshall, Rainstein, Rosenthal, Saltzman, Sayej, Sifain, Zions,			
	GMEC DUTY 1	DISCUSSION/CONCLUSION Ongoing Business	ACTION (AND BY WHOM)	DATE COMPLETED
Opening		The Graduate Medical Education Committee of The University of Buffalo met for a scheduled meeting on Tuesday, January 20, 2009, in Room 125 BEB.	Dr. Berger called the meeting to order at 3:30 pm	
Ongoing Business		1. Standing Reports:		
		RRC Response – The Anesthesiology program has a progress report due to their RRC by February 13. The initial draft submitted by Dr. Lema was previously circulated. Dr. Lema explained due to staffing issues certain areas in the PIF were not directly reviewed by the PD prior to submission. Unfortunately, some of these areas were incorrectly completed. Resident pass rates on certifying exams was cited as poor. New process to track board score results and implementation of improvement plans were discussed. The program has used the citations to restructure their organization and implement policies and strategies that will improve communication between the clinical sites and the UB department on campus. Examples of pre and post PIF documents to show changes were provided. Dr. Berger opened the floor to comments. Dr. Berger offered some general comments on content and format. For example, after each citation insert a response indicating whether they agree or whether they refute the citation. Change the term "Improvement" to "Action plan". Dr. Berger suggested insuring that evidence is submitted to document citations that are being refuted.	Dr. Hassett volunteered to review the document as it develops. The document is due in GME February 1 st for review before mailing. Susan Orange will review the curriculum portion.	
		Consent Agenda – The Internal Medicine/Pulmonary & Critical Care rotation on the Offsite Rotation Committee recommendations approval form was removed from the consent agenda. Motion to approve all other consent agenda items including: <ol style="list-style-type: none"> 1) Minutes of the December 16, 2008 GMEC meeting 2) Offsite Committee recommendations 3) Internal Review In-Process Report 4) 3 Non-standard Fellowship requests Was seconded and passed.		
		RRC letters – Neonatal perinatal medicine – RRC letter dated 12/29/08 acknowledged receipt of their response dated March 14, 2008. Access to Pediatric Cardiac Surgery is an ongoing concern and will be reviewed carefully at the next site visit. Dr. Quattrin reported that Dr. Ryan is working on having arrangements for portions of the experience to be done here and portions out of town. Dr. Noe suggested exploring the possibility of establishing a telemedicine experience. This option may address both the clinical and educational issues Pediatric GI – RRC letter dated 12/29/08 acknowledged receipt of the program response dated January 25, 2008. The RRC accepted the response, and awarded a cycle length of 4.5 years.		
		University at Buffalo Residents Committee (UBRC) – no representatives were in attendance. No meeting since the last GMEC.		

	<p>Program Directors Advisory Committee (PDAC) – Dr. Sands (immediate past chair) spoke on Dr. Zionts behalf. A curriculum writing workshop summary was presented at the last meeting. Dr. Zionts presented the Family Medicine educational enhancement program, “Run Faster, Jump Higher” to the group. Sharon Sullivan gave a My-folio update. She reminded the group that the Annual ACGME educational conference is open for registration. New scramble rules for the NRMP were discussed. Dr. Berger commented that she and Dr. Braen carefully scrutinize the PIFs prior to submission. Each program must provide one example of how they implement the core competencies. The PDAC is going to be focusing on examples of how these competencies can be implemented. The new quality improvement awards RFP has been distributed. QI awards will be the focus of talks with the PDAC and clinical chairs committees.</p>		
	<p>Information: Resident Salary Schedule e-mail vote passed 1/5/09. There will be a 3% salary increase in 2009-10.</p>		
	<p>Annual Plan - Dr. Smith sought clarification of the assignment process for central pool lines on the annual plan. The Central pool was designed as a system for sharing the cost for those resident paylines that were in dispute if a hospital was over its cap. The central pool process was utilized for the past two years. In 07-08 there were 11 lines in the central pool. Three were filled. In 08-09 there were 6 lines on the plan. Two were filled. The costs for filled paylines are distributed among those hospitals that participate in training the particular residency program in proportion to the anticipated rotation distribution.</p>		
	<p>Offsite Committee recommendations – Dr. Berger reminded the committee of the Offsite committee process. The Pulmonary Critical Care rotation request was discussed. The information submitted to the Offsite committee by the program incorrectly indicated the clinic in question was not being moved from the hospital. Dr. Saltzman clarified that the clinic is in fact replacing an ECMC pulmonary clinic. The program requesting the approval has not gotten the appropriate documentation from ECMC.</p> <p>Tabled – Dr. Murray requested the motion be tabled. The Chief Medical Officer from the institution being affected was not notified. The process requires a letter from the CMO indicating they are aware the residents are being moved.</p>	<p>This request will be brought back to the GMEC at a future date.</p>	
<p>The next GMEC meeting will be at 3:30 p.m. in Room 125 BEB at the Main Street campus on Tuesday, February 17, 2009</p>			
<p>Adjournment – Motion to adjourn was seconded and passed at 4:20 p.m.</p>			

Regarding GME Committee Responsibilities (ACGME Institutional Requirements section III.B.1-13), the GMEC must: establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all accredited programs **(1)** annual review and recommendations to the Sponsoring Institution regarding resident stipends, benefits, and funding for resident positions; **(2)** ensure that communication mechanisms exist between the GMEC and all program directors within the institution; ensure that program directors maintain effective communication mechanisms with the site directors at each participating institution for their respective programs to maintain proper oversight at all clinical sites; **(3)** develop and implement written policies and procedures regarding resident duty hours to ensure compliance with the Institutional, Common and specialty-specific Program Requirements; **(4)** monitor programs’ supervision of residents and ensure supervision is consistent with: provision of safe and effective patient care; educational needs of residents; progressive responsibility appropriate to residents’ level of education, competence, and experience; and other applicable Common and specialty/subspecialty-specific Program Requirements; **(5)** communication between leadership of the medical staff regarding the safety and quality of patient care that includes: the annual report to the OMS; description of resident participation in patient safety and quality of care education; and, the accreditation status of programs and any citations regarding patient care issues; **(6)** assurance that each program provides a curriculum and an evaluation system that enables residents to demonstrate achievement of the ACGME general competencies as defined in the Common and specialty/subspecialty-specific Program Requirements; **(7)** selection, evaluation, promotion, transfer, discipline, and/or dismissal of residents in compliance with the Institutional and Common Program Requirements; **(8)** review of all ACGME program accreditation letters of notification and monitoring of action plans for the correction of citations and areas of noncompliance; **(9)** review of the Sponsoring Institution’s ACGME letter of notification from the IRC and monitoring of action plans for correction of citations and areas of noncompliance; **(10)** review for approval, prior to submission to the ACGME by program directors program changes as outlined in the Institutional Requirements section III, B.10; **(11)** oversight of all phases of educational experiments and innovations that may deviate from Institutional, Common, and specialty-specific Program Requirements; **(12)** oversight of all processes related to reductions and/or closures of individual programs; major participating institutions, and, the Sponsoring Institution; **(13)** provision of a statement or institutional policy that addresses interactions between vendor representatives/corporations and residents/GME programs; **(14)** develop, implement and oversee an internal review process in accordance with the ACGME Institutional Requirements IV, A & B.