

**GRADUATE MEDICAL EDUCATION COMMITTEE**

Minutes

Date: June 17, 2008

Approved by: \_\_\_\_\_

**Roseanne C. Berger, M.D., Chair**

<b>Voting Members Present</b>	Drs. Berger, Braen, Sifain (UBRC), Adragna (UBRC), Hassett, Zions, Pincus (for Rainstein), Noe, Saltzman, Morelli (for Paroski), Rozelle, Murray, Dillon (for Yeh), Michalek, and D'Arcy
<b>Non-Voting &amp; Others Present</b>	Drs. David Dunn, Michael Cain, Judy Smith, Jared Barlow, Robin Miller, Martin Brecher, Paula Mazur, Wayne Waz, and Lorna Fitzpatrick, Ms. Nancy Maloney, Ms. Bev Hurley, Ms. Donna Cummiskey, Ms. Ruth Nawotniak, Ms. Susan Orrange, Ms. Valerie Kennedy
<b>Voting Members Absent</b>	Drs. Block, Manochakian, Marshall, Quattrin

	GMEC DUTY <sup>1</sup>	DISCUSSION/CONCLUSION Ongoing Business	ACTION (AND BY WHOM)	DATE COMPLETED
<b>1. Opening</b>		The Graduate Medical Education Committee of The University of Buffalo met for a scheduled meeting on Tuesday, June 17, 2008, in Room 125 BEB. Dr. Berger introduced Ms. Nancy Maloney. Ms. Maloney is working with the OGME for the summer on a variety of projects	Dr. Berger called the meeting to order at 3:30 pm	
<b>2. Approval of the minutes</b>		Minutes of the May 13, 2008 meeting were previously circulated and reviewed.	Motion to approve was seconded and passed.  Note: Drs. Murray & Rigual are spelled wrong in the subcommittee minutes. These will be corrected.	Corrections made 6/18/08
<b>3. Ongoing Business</b>		<b>1. Standing Reports:</b>		
		<b>a. DIO—Dr. Roseanne Berger</b>		
		Announcement: The Pediatric Advanced Life Support (PALS) course planned for this weekend is being rescheduled due to unforeseen illness. The Office of GME is working with the Course Director to reschedule.		
	1	Annual Plan – Dr. Berger reviewed the purpose of the annual plan. In March the GMEC		

	<p>approved the 2008-09 plan with the exception of unassigned lines in 3 programs. There have been a series of conversations with affiliated hospitals since acceptance. Any proposed adjustments or changes must be reviewed and approved by the GMEC.</p> <p><b>Otolaryngology</b> has requested an increase in program size from 10 lines to 15 lines (3 for each program year). Dr. Murray presented the findings of the Strategic Planning Subcommittee which were favorable. This is a relatively new program but is performing very well, attracting high quality applicants and has faculty involved in scholarly activity.</p> <p>Motion to approve the increase was seconded. Discussions: Dr. Hassett, questioned the funding sources and that this increase would benefit surgery residents by establishing a collaborative relationship with ENT residents and faculty, and requested supporting documentation. Dr. Judy Smith stated that RPCI will support these positions above the cap. Dr. Michalek also confirmed Roswell's support. Dr. Murray stated the ENT presence would enhance the trauma program at ECMC.</p> <p>The closure of the StonyBrook ENT program was also discussed, but those residents have all been placed into other programs.</p> <p>The current annual plan was circulated. Dr.'s Dunn and Cain reiterated the responsibility of the GMEC committee is to look at the educational function of the residency programs. These changes are affected by the broader academic issues of the school. Dr. Cain stated that the GMEC members are the stewards of the education of UB residency programs. This group must consider requests of the programs on this list which fall into two categories: 1) programs that still have lines not yet approved on the Annual plan and 2) programs that have requested changes due to the current educational environment. The residents begin soon and must be placed. The GMEC should understand the School of Medicine's long term vision in working with its hospital partners. Dr. Cain firmly believes that hospital partners need to share UB's vision. He stated that deficiencies lie in the inability to have a critical mass of investigators. To achieve UB's goals there must be an integrated hospital system and clinical service lines. He further stated that to move forward we need to have an integrated system that includes ECMC or to decide that we may disengage from ECMC and work with those hospital partners that allow us to fill the important gaps that exist. He referred to the task force that identified far too many missing programs such as Electrophysiology or interventional cardiology that would add value to the Buffalo area. He stressed the importance of continuing stewardship of what is best for the GME programs as discussions go forward. Dr. Dunn and Cain will participate in this discussion.</p> <p>Dr. Dunn described his background as a program director and chair in Surgery. He stated that his primary charge on arriving in Buffalo was to build a robust academic health center with the 5 schools and ancillary support programs. He concurs with all of Dr. Cain's comments. He stressed that the system currently faces severe competition from</p>	<p>Motion to approve. All in favor. No opposition. No Abstentions</p>	
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	4	<p>Rochester, Cleveland and Pittsburgh. UB cannot build robust programs as a divided entity and may need to strive for excellence with smaller programs. He gave the example of a vision that Buffalo could have a robust solid organ transplant program, but can't, due to local competition and would need to do about 100 – 200 kidney transplants a year to meet GME requirements.</p> <p>Dr. Saltzman presented his proposed change for <b>Pulmonary/Critical Care</b>. He informed the committee that ECMC hired two non-university physicians to take over leadership of pulmonary services at ECMC effective July 14<sup>th</sup>. The Department of Medicine's ability to support the PCC faculty at that institution was negatively impacted and, as a result, the faculty intend to relocate. He proposed moving two fellows to Kaleida and 2 fellows to the VA to align them with appropriate faculty. Dr. Sifain from the UBRC asked how the critical care responsibilities would be distributed among the specialties working in the cc units [anesthesia, surgery, medicine]. Dr. Saltzman assured him that lines of supervision, goals and objectives will be clearly defined.</p> <p>Dr. Murray confirmed that certain administrative services have been reassigned to new physicians. He indicated ECMC did not wish to have residents or fellows reassigned from its critical care units. He stated he received notification that this topic would be on the agenda the day before the meeting and no details of the proposed changes. He felt the notice was inadequate to prepare a complete response to the issues.</p> <p>Dr. Berger noted that ACGME standards require the internal medicine program to appoint a site director and the program director must approve and evaluate all faculty who teach residents.</p> <p>Dr. Murray indicated that they had expected the faculty would continue in their contract and at the time they hired the physicians they did not anticipate any changes.</p> <p>Dr. Saltzman stated that hiring individuals without joint recruitment put the Dept of Medicine at a disadvantage, and that one individual hired does not meet faculty requirements. Dr. Murray indicated he has been having discussions with the new intensivists and Dr. Ali El Solh to develop a model to retain services of the Department of Medicine. Dr. Murray noted that ECMC agreed to extend its affiliation with the University. Dr. Dunn noted that he had to issue a written ultimatum to the CEO of ECMC saying they must sign or immediate dissolution of their relationship would ensue.</p> <p>Dr. Sifain from the UBRC asked how the critical care responsibilities would be assigned among the different specialties in the unit [Anesthesiology, IM, Surgery]. Dr. Saltzman assured him that lines of supervision, goals and objectives will be clearly defined</p> <p>A question was raised with regard to timing and proper notification. Dr. Dunn stated that SUNY counsel has assured him that the 90 day notice pertains to</p>		
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	<p>restructuring the educational program, rather than reallocating positions.</p> <p>Dr. Saltzman confirmed there is enough patient volume to support a transfer from ECMC to VA.</p> <p>The location change to the annual plan of two additional pulmonary/critical care fellows at Kaleida and two additional at the VA was called to question.</p> <p>Vote on the motion to move the positions – 9 in favor; 1 against; 2 abstentions</p> <p>Dr. Saltzman then presented his request to move 6 <b>Internal Medicine</b> resident lines assigned to the <b>ICU at ECMC</b>. Dr. Pincus confirmed that there are six temporary lines at the VAMC and they are pursuing making these permanent. Dr. Murray questioned whether there has been a deficiency in the teaching at ECMC at this time. Dr. Saltzman stated that with the change in ICU staffing there would be no faculty to teach and supervise the residents. Sharing the patients and revenue among two new physicians and University faculty will not be adequate enough to support the University faculty.</p> <p>Dr. Sifain expressed concern about patient volume and mix with the move to the VAMC. Dr. Saltzman reiterated that changes were being made to assure an appropriate model of service.</p> <p>Dr. Cain reiterated his position that the school will partner with hospitals to work together under a clinical service line plan with groups that are 100% on board. A question was raised as to whether these plans could be reversed. Dr. Dunn felt that he wasn't sure that this would be reversible. They cannot have non university faculty supervising residents and fellows. Practice plan contracts with Kaleida are nearly complete and not complete with ECMC.</p> <p>Dr. Sifain noted that ECMC has a unique patient population and felt it's not in the resident's best interest to leave ECMC.</p> <p>A vote was taken to move 6 Internal Medicine resident lines from ECMC to the VA for their critical care 9 in favor; one opposition; two abstentions</p> <p>Dr. Berger asked Dr. Saltzman to closely monitor the rotations at the VA and to bring back evaluations of rotation, faculty and patient volume to this committee. Dr. Mador, the PCC fellowship, will be invited to report this information.</p> <p>Dr. Hassett felt these changes may affect the surgical residency.</p> <p>Dr. Saltzman discussed the 4 resident pay lines in <b>Cardiology</b> that were unapproved in the Annual Plan because no funding source was identified. He seeks support for three of those positions at ECMC and one at Kaleida. There is a private group who will continue</p>	<p>Annual plan will be updated with 2 additional lines at Kaleida and 2 additional lines at VAMC.</p>	
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	<p>teaching on a limited basis. There will be a continued presence of fellows at ECMC, with a reduction of one line from last year. He committed to ECMC that those rotations are fixed for the upcoming year. A motion was made and seconded to assign three fellows to ECMC and one to Kaleida. Dr. Murray has requested details about where these fellows were assigned and notice of them being pulled and noted ECMC's willingness to fund 3 if there is a written guarantee that they will receive an equivalent of 3 fellows and will not be pulled. The vote taken to place 3 unapproved lines at ECMC and 1 at Kaleida for Academic year 2008 was taken with all in favor of this change and one abstention.</p> <p>Dr. Zionts presented changes to <b>Family Medicine</b>. There were six positions that were not funded in the current annual plan and need to have an appropriate pay source. He requested assignment of 2 more at Kaleida and 4 more at ECMC for 2008-09 year; all in favor; no abstentions or negative votes.</p> <p><b>Ophthalmology</b>- there were 2 pay lines not approved in the annual plan due to issues with Medicare payment. Much more stringent regulations have been put in place for funding via non hospital training sites. The law firm of Hogan and Hartzen were asked to review the issues as they pertain to UB-affiliated hospitals and recommend options to optimize reimbursement. A response is expected next week. The request is to assign the two residents to ECMC as they were assigned before. OGME will report back to the committee when further information on Medicare reimbursement is received.</p> <p>Dr. Murray withdrew his objections in order for a vote to be made before July 1. The request for the 2 pay lines to be placed at ECMC was passed by all – no abstentions or no votes.</p> <p><b>Anesthesiology</b> is contemplating a phased readjustment of their resident assignments that differs from the approved plan. Dr. Barlow presented the plan to increase the resident assignments to RPCI by one and to Kaleida by one Dr. Barlow noted that the volunteer faculty at ECMC has supported the department and chairman for the past 10 years. ECMC does have a unique patient population which is beneficial for teaching. He felt that no financial support from ECMC is forcing this reassignment. The motivation to relocate residents is to decrease reliance on volunteer faculty and reduce the demand for service. He noted that RPCI GFT faculty would have protected time for teaching and presented a plan for Kaleida as well. Dr. Sifain stated that ECMC education, including the Trauma center is invaluable and removing anesthesiology residents would be a disservice. Dr. Dunn noted that Kaleida is willing to go over their cap if necessary and partner with UB in terms of hiring full time faculty. Dr. Smith also noted that RPCI will fund over the cap and there is already adequate faculty to support resident training.</p> <p>Dr. Dunn reminded the GMEC that no service can be dependent on residents to provide service functions, as the residents are there first and foremost for education. Building an academic program with full time academic faculty is Anesthesiology's main goal. Kaleida</p>		
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	<p>and Roswell have made a commitment to help anesthesiology build a strong academic program. Dr. Murray questioned whether his predecessor was informed of educational issues related to the programs. Dr. Dunn explained that these issues came to focus as part of the affiliation agreement negotiations.</p> <p>Dr. Cain reminded the committee that the LCME has an October 2010 site visit. Data collection begins now and that the issues discussed here affect the medical student experience as well.</p> <p>Dr. Murray made a general comment that Dr. Cain's vision is one which everyone can subscribe to and the issue resolution can be illusive. He hopes they can resolve these issues, although some of the resolutions discussed here may be obstructionist.</p> <p>Dr. Dunn felt that actions by the ECMC administration have led to an environment that may not be particularly collegial and may not meet the goals of UB.</p> <p>It was noted that the GFTs at Kaleida have not yet been identified and that RPCI has all GFT Faculty.</p> <p>In a 7 in favor 3 against, 5 abstentions, with 15 voting members present; motion to approve moving residents to RPCI and Kaleida was passed.</p> <p>Timing of the approved moves will be discussed outside this committee. Meetings will be scheduled and brought back to this committee.</p> <p>Dr. Dunn thanked the committee for its time.</p>		
10	<p>Dr. Mazur presented her draft response to the proposed withdrawal of the <b>Pediatric Emergency Medicine</b> accreditation. The response must be received by July 14<sup>th</sup>. There were several significant errors made by the Site visitor. The site visitor seemed to lack an understanding of many of the issues cited. Moreover, the report was submitted late for review and the response was over a year old when received. Due to the multiple errors in the report, the committee questioned whether there may have been confusion or a mix-up about which program was reported on. It was suggested that Dr. Mazur call to discuss the possibility that sites were mixed up in the report and that the citations and proposal may actually be for another program. She should also ask the RRC to review the results of the site visitors report, reviewing the PIF prior for any and all other notable errors. It was also suggested that the program response use similar wording as used in the report for ease of reference. The final draft will be circulated to this group. Drs. Mazur and Berger will place a phone call to the Executive Director of the RRC to alert him to their concerns about a possible mix-up.</p>	<p>Dr. Mazur and Dr. Berger to call RRC. Dr. Mazur to circulate final draft response to GMEC.</p>	
	<p><b>NPI</b> – Local pharmacies have refused to fill prescriptions written by unlicensed residents. Only graduates of US medical schools who have passed all USMLE exams are eligible for licensure. All residents are eligible for a <b>National Provider Identifiers which is</b></p>	<p>Need to distribute information</p>	<p>E-mail to program directors</p>

		<b>accepted by all pharmacies.</b> Many institutions are requiring residents obtain these numbers. Applications are available on-line, are free, and are assigned for life. It does not matter if you are an international or US graduate. Motion to require all residents to obtain numbers was seconded and passed.	to programs	and coordinator s 6/23/08
	IV	<b>Internal reviews</b> – passed as presented in packet		
	2b, 4b	<b>Offsite Committee recommendations</b> - passed		
		<b>New business</b> – The recent death of Dr. Harold Brody was noted. Dr. Brody made a significant positive impact on the students at the medical school for four decades. Many of the people in the room were students of Dr. Brody. There will be a Memorial service on June 18th on north campus.		
		<b>University at Buffalo Residents Committee (UBRC)</b> – Dr. Adragna presented that orientation week preparations were discussed. Some problems with computer access at some of the hospitals were discussed and resolution will be sought with those locations.		
		<b>Program Directors Advisory Committee (PDAC)</b> – Dr. Sands – no report available.		
The next GMEC meeting will be at 3:30 p.m. in Room 125 BEB at the Main Street campus on Tuesday, July 15, 2008				
<b>4. Adjourn-ment</b>		The meeting was adjourned at 6:00 p.m.		

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**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.