

BYLAWS
COUNCIL ON GRADUATE MEDICAL EDUCATION
UNIVERSITY OF MISSOURI-KANSAS CITY
SCHOOL OF MEDICINE

ARTICLE I

Title

This Council shall be known as the Council on Graduate Medical Education of the School of Medicine, University of Missouri-Kansas City.

ARTICLE II

Objectives

The Council on Graduate Medical Education has the following responsibilities:

Section 1. Ensure the school's participation in:

- a. Establishment and maintenance of institutional policies for graduate medical education.
- b. Establishment and maintenance of appropriate liaison with residency program directors, department chairs, and administrators of the affiliated institutions.
- c. Establishment of an annual review process of the residency programs to ensure compliance with Accreditation Council on Graduate Medical Education General and Special Requirements.
- d. Establishment and implementation of policies and procedures for the selection, equitable compensation, evaluation, promotion, and dismissal of residents.
- e. Establishment and implementation of policies and procedures as they relate to complaints, grievances, and discipline actions.
- f. Maintaining appropriate working conditions and duty hours of residents.
- g. Regular review of ethical, socioeconomic, medical/legal, and cost-containment issues of graduate medical education.
- h. Appropriate access to assistance programs such as personal and family counseling, stress management, and substance-abuse programs.

Responsibilities of the GMEC must include Institutional Requirements for ACGME programs. Where applicable, the same responsibilities apply to UMKC-sponsored non-ACGME programs. This includes:

I.B.1. Membership

I.B.1.a) A Sponsoring Institution with multiple ACGME-accredited programs must have a GMEC that includes at least the following voting members: (Core)

I.B.1.a).(1) the DIO; (Core)

I.B.1.a).(2) a representative sample of program directors (minimum of two) from its ACGME-accredited programs; (Core)

I.B.1.a).(3) a minimum of two peer-selected residents/fellows from among its ACGME-accredited programs; and, (Core)

I.B.1.a).(4) a quality improvement or patient safety officer or designee. (Core)

I.B.1.b) A Sponsoring Institution with one program must have a GMEC that includes at least the following voting members:

I.B.1.b).(1) the DIO; (Core)

I.B.1.b).(2) the program director when the program director is not the DIO; (Core)

I.B.1.b).(3) one of the program's core faculty members other than the program director, if the program includes core faculty members other than the program director; (Core)

I.B.1.b).(4) a minimum of two peer-selected residents/fellows from its ACGME-accredited program or the only resident/fellow if the program includes only one resident/fellow; (Core)

I.B.1.b).(5) the individual or designee responsible for monitoring quality improvement or patient safety if this individual is not the DIO or program director; and, (Core)

I.B.1.b).(6) one or more individuals who are actively involved in GME, are outside the program, and are not the DIO or the quality improvement or patient safety member. (Core)

I.B.2. Additional GMEC members and subcommittees: In order to carry out portions of the GMEC's responsibilities, additional GMEC membership may include others as determined by the GMEC. (Detail)

I.B.2.a) Subcommittees that address required GMEC responsibilities must include a peer-selected resident/fellow. (Detail)

I.B.3. Meetings and Attendance: The GMEC must meet a minimum of once every quarter during each academic year. (Core)

I.B.3.a) Each meeting of the GMEC must include attendance by at least one resident/fellow member. (Core)

I.B.3.b) The GMEC must maintain meeting minutes that document execution of all required GMEC functions and responsibilities. (Core)

I.B.4. Responsibilities: GMEC responsibilities must include:

I.B.4.a) Oversight of:

I.B.4.a).(1) ACGME accreditation and recognition statuses of the Sponsoring Institution and each of its ACGME-accredited programs; (Outcome)

I.B.4.a).(2) the quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME accredited programs, and its participating sites; (Outcome)

I.B.4.a).(3) the quality of educational experiences in each ACGME accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty-/subspecialty-specific Program Requirements; (Outcome)

I.B.4.a).(4) the ACGME-accredited program(s)' annual program evaluation(s) and Self-Study(ies); (Core)

I.B.4.a).(5) ACGME-accredited programs' implementation of institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually; (Core)

I.B.4.a).(6) all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; and, (Core)

I.B.4.a).(7) 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. (Detail)

I.B.4.b) review and approval of:

I.B.4.b).(1) institutional GME policies and procedures; (Core)

I.B.4.b).(2) GMEC subcommittee actions that address required GMEC responsibilities; (Core)

I.B.4.b).(3) annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits; (Core)

I.B.4.b).(4) applications for ACGME accreditation of new programs; (Core)

I.B.4.b).(5) requests for permanent changes in resident/fellow complement; (Core)

I.B.4.b).(6) major changes in each of its ACGME-accredited programs' structure or duration of education, including any change in the designation of a program's primary clinical site; (Core)

I.B.4.b).(7) additions and deletions of each of its ACGME-accredited programs' participating sites; (Core)

I.B.4.b).(8) appointment of new program directors; (Core)

I.B.4.b).(9) progress reports requested by a Review Committee; (Core)

I.B.4.b).(10) responses to Clinical Learning Environment Review (CLER) reports; (Core)

I.B.4.b).(11) requests for exceptions to clinical and educational work hour requirements; (Core)

I.B.4.b).(12) voluntary withdrawal of ACGME program accreditation or recognition; (Core)

I.B.4.b).(13) requests for appeal of an adverse action by a Review Committee; and, (Core)

I.B.4.b).(14) appeal presentations to an ACGME Appeals Panel; and, (Core)

I.B.4.b).(15) 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. (Core)

I.B.5. The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR). (Outcome)

I.B.5.a) The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum: (Core)

I.B.5.a).(1) the most recent ACGME institutional letter of notification; (Core) Institutional Requirements

I.B.5.a).(2) results of ACGME surveys of residents/fellows and core faculty members; and, (Core) I.B.5.a).(3) each of its ACGME-accredited programs' ACGME accreditation information, including accreditation and recognition statuses and citations.

(Core) I.B.5.b) The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution's Governing Body. The written executive summary must include: (Core)

I.B.5.b).(1) a summary of institutional performance on indicators for the AIR; and, (Core)

I.B.5.b).(2) action plans and performance monitoring procedures resulting from the AIR. (Core)

I.B.6. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. (Core) I.B.6.a) The Special Review process must include a protocol that: (Core)

I.B.6.a).(1) establishes a variety of criteria for identifying underperformance that includes, at a minimum, program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies; and, (Core) I.B.6.a).(2) results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GME

Oversight of:

ARTICLE III

Powers

This Council may recommend to the Dean of the School of Medicine policies within areas of its interest. It may also recommend programs and activities to be undertaken by the School of Medicine.

Council minutes should be issued through the regular channels of the School of Medicine.

ARTICLE IV

Membership

Section 1. Eligibility. Council membership is available to faculty of the clinical departments recognized by the School of Medicine, Center for Behavioral Medicine, Children's Mercy Hospital, Saint Luke's Hospital, Swope Health, University Health, VAMC KC, the Chief Administrative Officer of the School of Medicine, and current House Staff.

The Council will request a representative be appointed from each of the major participating sites. The representative or designee must have personal stake in GME. For Children's Mercy and Saint Luke's Hospitals, the members will be the Designated Institutional Official.

Two resident members will be selected by the House Staff Council which is made up of peer-selected members of all the school's sponsored programs.

A quality improvement and/or safety officer or designee will serve as a full member appointed by the Dean.

There must be a minimum of two Program Directors on the Council.

The Council will have a minimum of fifteen voting members: the Associate Dean/Chairman of the Council on Graduate Medical Education, the Vice-Chairman of the Council, the Assistant Dean(s) for Graduate Medical Education, ten members of the Faculty, two House Staff Officers, a quality improvement and/or safety officer, and participating site appointed members.

Nominations for faculty membership will be requested from the Chairpersons of the Clinical Departments of the School of Medicine and the Program Directors of all UMKC ACGME accredited training programs. GMEC members whose term is just ending may self-nominate for another term. Faculty members of the Council will be chosen through a vote of the same. The number of faculty nominees to be considered from Children's Mercy Hospital will reflect the percentage of programs from Children's Mercy Hospital which are part of the total UMKC sponsored programs, not including CMH DIO. If that percentage is already exceeded in current members, then no additional faculty nominees will be considered but will be re-evaluated each voting period.

Nominations for House Staff membership will be requested from the House Staff of all ACGME accredited training programs. House Staff members of the Council will be chosen through a vote of the same.

The Dean may appoint other people to the membership of the Council on Graduate Medical Education as deemed appropriate.

The Associate Dean for Graduate Medical Education of the School of Medicine serves as Chairperson.

Section 2. Term of Membership. Members shall serve terms of three years. House Staff members shall serve terms of one year. All members may be re-appointed for additional terms.

Section 3. Attendance. Of the six meetings during an academic year council, a council member is expected to attend four meetings in person or virtually. If unable to attend up to two meetings per year, a council member may identify a representative to attend the meeting in his/her place. Beyond the absence of two meetings, the council Chairperson can elect to replace the council member position.

Section 4. Transfer of Membership. Council membership is not transferable to another person. In case of unavoidable absence, a council member may identify a representative to attend the meeting and vote in his/her place.

Section 5. Vacancy. In the event of a vacancy, an interim representative may be appointed by the Dean of the School of Medicine. The member filling the vacancy shall serve until an individual is identified to permanently fill the position.

ARTICLE V

Non-Voting Members

Section 1. The Dean may appoint permanent staff to the Council. Those who serve in this capacity are advisory and non-voting.

ARTICLE VI

Officers

Section 1. The officers shall be the Chairperson appointed by the Dean, and a Vice Chairperson appointed by the Dean in consultation with the Chairperson. The Chairperson shall be the Associate Dean for Graduate Medical Education of the University of Missouri-Kansas City School of Medicine.

Section 2. The council Chairperson and Vice Chairperson shall serve for seven-year terms renewable by the Dean for an additional seven years.

Section 3. The Chairperson of the Council shall preside at all meetings. The Vice Chairperson shall perform the duties of the office of the Chairperson whenever the Chairperson shall be unable to do so.

ARTICLE VII

Committees

The council on Graduate Medical Education shall appoint a committee of the whole to serve as the School's Graduate Medical Education Committee. The Chairperson shall appoint other necessary committees.

ARTICLE VIII

Meetings

Section 1. Quorum. At the meeting of the Council on Graduate Medical Education, a quorum shall consist of eight or more voting members.

Section 2. Parliamentary Procedure. Except as herein provided, Robert's Rules of Order shall govern the proceedings of this Council.

Section 3. Meetings. The GMEC must meet a minimum of once every quarter during each academic year.

ARTICLE IX

Bylaws Amendments

These bylaws may be amended at any regular or special meetings of the Committee, provided that members were given prior notice of the planned changes. Bylaws amendments require a favorable vote by two-thirds of the voting members of the Committee. Amendments become effective when adopted by two-thirds majority of the Coordinating Council members present and voting at a called meeting and approved by the Dean.

Revised from GMEC Bylaws July 3, 2024

Revised and approved by GMEC April 17, 2025