



Policy Number:	26-10
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Authority:	ACGME Institutional Requirements effective September 3, 2025, section 1.12-1.15.
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Supersedes:	24-01
Policy Last Revised:	N/A
Attachments:	A. Sponsoring Institution Organizational Chart B. GMEC Organizational Chart

PURPOSE

This policy describes how Behavioral Health and Recovery Services, San Mateo County (BHRS-SMC), through its Graduate Medical Education Committee (GMEC), fulfills its responsibilities for oversight, review, and approval of graduate medical education (GME) activities in accordance with Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements, Common Program Requirements, and all other pertinent ACGME requirements.

BACKGROUND

The Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements specify that the GMEC must provide oversight of:

1. the ACGME accreditation and recognition statuses of the Sponsoring Institution and its ACGME-accredited programs;
2. the quality of the GME learning and working environment;
3. the quality of educational experiences and achievement of educational outcomes;
4. annual program evaluations and Self-Studies;
5. implementation of institutional vacation and leave policies, including medical, parental, and caregiver leave;
6. processes related to program and institutional reductions and closures; and
7. the provision of summary patient safety information to residents, fellows, faculty, and clinical staff.



The Institutional Requirements further specify that GMEC responsibilities must include review and approval of institutional GME policies, GMEC subcommittee actions, stipends and benefits recommendations, applications for new programs, complement changes, major program changes, site additions and deletions, program director appointments, progress reports, responses to Clinical Learning Environment Review (CLER) reports, work hour exception requests, voluntary withdrawals of accreditation or recognition, appeals and appeal presentations, and appointment of exceptionally qualified candidates who do not meet standard eligibility criteria.

This policy establishes how BHRS-SMC's GMEC carries out these responsibilities.

DEFINITIONS

GMEC Membership: GMEC voting membership consists of, at a minimum, those individuals required by ACGME Institutional Requirements.

1. If BHRS-SMC sponsors more than one ACGME-accredited program, GMEC voting membership will include at least:
 - a. the DIO;
 - b. a representative sample of program directors (minimum of two) from its ACGME-accredited programs;
 - c. a minimum of two peer-selected residents/fellows from among its ACGME-accredited programs; and
 - d. a quality improvement or patient safety officer or designee.
2. If BHRS-SMC sponsors only one ACGME-accredited program, GMEC voting membership will include at least:
 - a. the DIO;
 - b. the program director when the program director is not the DIO;
 - c. one of the program's core faculty members other than the program director, if the program includes core faculty other than the program director;
 - d. a minimum of two peer-selected residents/fellows from the program, or the only resident/fellow if the program includes only one resident/fellow;
 - e. the individual or designee responsible for monitoring quality improvement or patient safety if this individual is not the DIO or program director; and
 - f. 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.
3. GMEC may include additional members and establish subcommittees as needed to carry out its responsibilities. Any GMEC subcommittee that addresses required GMEC responsibilities will include at least one peer-selected resident or fellow.



POLICY

I. GMEC Oversight Responsibilities

A. Accreditation and Recognition Status

1. GMEC will oversee the ACGME accreditation and recognition statuses of BHRS-SMC as the Sponsoring Institution and each of its ACGME-accredited programs.
2. GMEC will review accreditation letters, citations, commendations, and status changes and monitor follow-up actions to address areas of concern.

B. Learning and Working Environment

1. GMEC will oversee the quality of the GME learning and working environment within BHRS-SMC, each of its ACGME-accredited programs, and all participating sites.
2. This oversight will include attention to patient safety, supervision, professionalism, and well-being.

C. Educational Experiences and Outcomes

1. GMEC will oversee the quality of educational experiences in each ACGME-accredited program to ensure that residents and fellows achieve educational outcomes identified in the ACGME Common and specialty-/subspecialty-specific Program Requirements.
2. GMEC will monitor aggregate program performance data as part of this oversight.

D. Annual Program Evaluation and Self-Study

1. GMEC will oversee each program's Annual Program Evaluation (APE) and documentation of resulting action plans.
2. GMEC will oversee each program's participation in the ACGME Self-Study process and will review key findings and action plans arising from the Self-Study.

E. Implementation of Vacation and Leave Policies

1. GMEC will oversee ACGME-accredited programs' implementation of institutional GMEC will oversee ACGME-accredited programs' implementation of institutional policies for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually.
2. GMEC will verify that programs provide timely information to residents and fellows on how leaves may affect program completion and board eligibility.

F. Reductions and Closures

1. GMEC will oversee all processes related to:
 - a. reductions in resident/fellow complement;
 - b. closure of individual ACGME-accredited programs;
 - c. closure or major changes at participating sites that materially affect GME; and



- d. closure of BHRS-SMC as the Sponsoring Institution, if applicable.
 2. GMEC will ensure that residents and fellows are notified in a timely manner and that appropriate teach-out or transfer plans are developed when reductions or closures occur.
- G. Summary Patient Safety Information
1. GMEC will oversee the provision of summary information from patient safety reports to residents, fellows, faculty members, and other clinical staff members.
 2. At a minimum, GMEC will verify that such summary information is being provided and that mechanisms exist within programs and participating sites to share de-identified patient safety learnings on a regular basis.

II. GMEC Review and Approval Responsibilities

- A. Institutional GME Policies and Procedures
1. GMEC will review and approve institutional GME policies and procedures, including new policies and substantive revisions.
- B. GMEC Subcommittee Actions
1. GMEC will review and approve actions of GMEC subcommittees that address required GMEC responsibilities.
- C. Stipends and Benefits
1. GMEC will develop and approve annual recommendations to BHRS-SMC administration regarding resident/fellow stipends and benefits.
- D. New Program Applications
1. GMEC will review and approve applications for ACGME accreditation of new programs prior to submission to the ACGME.
- E. Resident/Fellow Complement Changes
1. GMEC will review and approve requests for permanent changes in resident/fellow complement for ACGME-accredited programs.
- F. Major Program Changes
1. GMEC will review and approve major changes in each ACGME-accredited program's structure or duration of education, including:
 - a. significant changes to curriculum or rotation structure; and
 - b. any change in the designation of a program's primary clinical site.
- G. Participating Site Additions and Deletions
1. GMEC will review and approve additions and deletions of participating sites for each ACGME-accredited program prior to ACGME notification or approval.



H. Program Director Appointments

1. GMEC will review and approve appointment of new program directors for BHRS-SMC-sponsored ACGME-accredited programs.

I. Progress Reports to Review Committees

1. GMEC will review and approve progress reports requested by an ACGME Review Committee prior to submission.

J. Work Hour Exception Requests

1. GMEC will review and approve any requests for exceptions to ACGME clinical and educational work hour requirements before submission to the ACGME.

K. Voluntary Withdrawal of Accreditation or Recognition

1. GMEC will review and approve any request for voluntary withdrawal of ACGME program accreditation or recognition prior to submission.

L. Appeals of Adverse Actions

1. GMEC will review and approve requests for appeal of adverse actions by an ACGME Review Committee.
2. GMEC will review and approve appeal presentations to an ACGME Appeals Panel.

M. Exceptionally Qualified Candidates

1. GMEC will review and approve the appointment of exceptionally qualified candidates for resident/fellow appointments who do not satisfy BHRS-SMC's standard eligibility policy and/or the resident/fellow eligibility requirements in the ACGME Common Program Requirements.

N. Effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR).

1. GMEC will have a policy regarding the requirements of the AIR in a separate Annual Institutional Review (AIR) policy including oversight of the DIO in submitting an executive summary to the Sponsoring Institution's Governing Body.

O. Oversight of underperforming programs.

1. GMEC will have a policy regarding the Special Review Process.

III. Scope and Applicability

- A. This policy applies to GMEC, the DIO, Program Directors, and all BHRS-SMC-sponsored ACGME-accredited programs.
- B. This policy applies to all BHRS-SMC clinical and administrative departments and any participating sites that affect or are affected by GMEC decisions related to GME.



PROCEDURE/PROTOCOL

I. GMEC Meeting Structure and Documentation

- A. GMEC will meet at least quarterly, or more frequently as needed, to carry out its oversight, review, and approval responsibilities.
- B. GMEC agendas will include items necessary to address the responsibilities outlined in this policy.
- C. GMEC minutes will:
 - 1. document attendance, including resident/fellow and program director representation;
 - 2. record decisions, approvals, and required follow-up actions related to the responsibilities described in Policy Sections I and II; and
 - 3. be maintained in accordance with institutional record-retention requirements and made available for ACGME review.

II. Oversight of Programs and Learning Environment

- A. GMEC will receive and review:
 - 1. annual program evaluations and related improvement plans;
 - 2. Self-Study summaries and outcomes;
 - 3. program-level data on board pass rates, resident/fellow evaluations, and other educational outcomes, as appropriate;
 - 4. institutional and program-level data on the learning and working environment, including survey data and patient safety/quality information; and
 - 5. summaries of program implementation of leave policies and any identified barriers.
- B. GMEC will identify areas of risk or non-compliance and may require corrective action plans from programs or institutional leadership.

III. Review and Approval Processes

- A. Items requiring GMEC review and approval under Policy Section II will be submitted to GMEC with sufficient supporting documentation and a clear description of the requested action.
- B. GMEC will deliberate and vote on such items in accordance with GMEC bylaws or operating procedures.
- C. Approved actions will be documented in GMEC minutes, and the responsible individual or office (e.g., DIO, Program Director) will be identified for implementation and communication to relevant stakeholders and external bodies (e.g., ACGME).

IV. Communication and Follow-up

- A. GMEC will ensure that its decisions and oversight findings are communicated to Program Directors, residents/fellows (as appropriate), and BHRS-SMC leadership.



- B. GMEC will monitor follow-up on required actions, including:
 1. timely submission of ACGME applications, reports, and responses;
 2. implementation of program or institutional improvement plans; and
 3. completion of steps related to program reductions, closures, or major changes.
- C. GMEC may assign subcommittees or task forces to address specific areas of responsibility, with actions and recommendations reported back to GMEC for review and approval.

V. Policy Review

- A. This policy will be reviewed periodically to ensure ongoing compliance with ACGME Institutional Requirements and institutional and County standards.

SIGNATURES

Approved: _____ *Signature on File*
 Dr. Jei Africa, PsyD, FACHE
 BHRS Director

Approved: _____ *Signature on File*
 Tasha Souter, MD, FASAM
 BHRS Medical Director

Approved: _____ *Signature on File*
 Peter Dell, MD
 BHRS ACGME Designated Institutional Official

REVISION HISTORY

Date of Revision	Type of Revision	Revision Description