

Policy Title: GMEC Oversight and Continuity of Oversight	Policy Number: SOMGME-015
Original Date: 08-03-2024	Next Review Date: 23-06-2027

I. Purpose of the Policy:

The Lebanese American University (LAU) School of Medicine recognizes the importance of oversight in ensuring the quality of Graduate Medical Education (GME) programs. This policy is established to align with the Accreditation Council for Graduate Medical Education International (ACGME-I) standards and to uphold the highest standards of medical education.

The purpose of this policy is to outline the policies and procedures regarding oversight and continuity of oversight within GME programs at LAU School of Medicine.

II. Policy Scope:

This policy applies to all LAU GME programs, the GME committee (GMEC) including all Program Directors, the GME staff, and the Designated Institutional Official (DIO).

III. Definition:

- A. Designated Institutional Official (DIO): The DIO serves as chair of the GMEC and is responsible for the overall oversight of GME programs at LAU School of Medicine. The DIO ensures compliance with ACGME-I standards, provides leadership in program development and accreditation, and oversees institutional policies related to GME.

- B. Program Director: Each GME program within the school appoints a Program Director who oversees the day-to-day operations of the program, including trainee supervision, curriculum implementation, and program evaluation.
- C. Trainee: Resident or fellow at an LAU GME program.

IV. Policy Statement:

A. Oversight Structure:

The DIO and GMEC must have authority and responsibility for the oversight and administration of the Sponsoring Institution's GME programs as well as the responsibility of ensuring compliance with the ACGME-I foundational, program-specific, and institutional requirements.

All communication with the ACGMEI by the Program Directors must be reviewed and approved by the LAU GMEC and/or DIO before submitting information or requests to the ACGMEI.

The DIO must establish and implement procedures to ensure that he/she reviews and cosigns all program information forms and any documents or correspondence submitted to the ACGMEI by program directors, including review and approval of:

1. All applications for ACGME-I accreditation of new programs
2. Changes in resident/fellow complement
3. Major changes in program structure or length of the educational program
4. Change to the number of participating sites: addition or deletion
5. Appointment of new program directors
6. Progress reports requested by the Review Committee International

7. Responses to all citations and accreditation decisions
8. Voluntary withdrawal of program accreditation
9. Requests for an appeal of an adverse accreditation decision
10. Appeal presentations to a Board of Appeal or the ACGME-I

The GMEC must monitor resident/fellow status, including selection, evaluation, promotion, discipline, and dismissal for all ACGMEI-accredited programs.

The GMEC must manage institutional accreditation, including review of the Sponsoring Institution's and the ACGMEI-accredited programs' Letter of Notification from the Review Committee-International and monitoring of action plans for correction of citations and areas of non-compliance with requirements.

In addition, the GMEC must provide oversight of the learning environment within the Sponsoring Institution and programs as well as all participating sites. The GMEC must provide oversight of the programs' Annual Program Evaluations, Self-Study, Clinical Competency Committee meeting minutes, and minutes of meetings with the site director at each participating site.

B. GMEC Oversight Responsibilities:

1. **Supervision:** Trainees must receive appropriate supervision in all clinical settings, consistent with their level of training and experience, and their educational needs, ensuring safe and effective patient care. Supervising faculty members must be accessible and available to provide guidance and feedback to trainees. The GMEC must have oversight of trainees' supervision and the mechanisms by which trainees can report inadequate supervision and accountability in a protected manner that is

free from reprisal. All the aspect of supervision are developed at the following link:

<https://medicine.lau.edu.lb/education/gme/images/Supervision%20policy%20270224.pdf>

2. **Evaluation:** Regular assessment of trainee performance is conducted using established criteria. Assessment battery includes knowledge tests, simulation assessment where appropriate, workplace-based assessment, and multi-source feedback based on the related milestones' project of ACGME-I for summative and formative assessment. Each program is required to submit a yearly updated assessment plan to the GME office.
3. **Curriculum Oversight:** Program Directors are responsible for the development, implementation, and evaluation of the curriculum within their respective programs. Curriculum content must align with ACGME-I Foundational and Advanced Specialty requirements and foster the development of the competencies outlined in the specialty-specific milestones. Each program is required to submit a yearly updated curriculum to the GME office.
4. **Clinical Experience:** Trainees must have access to a diverse range of clinical experiences that enable them to develop the skills and competencies required for independent practice. Clinical rotations are monitored to ensure that they meet educational objectives and provide adequate learning opportunities.
5. **Compliance:** All GME activities at LAU School of Medicine must comply with institutional policies, as well as local and national regulations governing graduate medical education.

V. Continuity of Oversight Policy Statement:

If the DIO is not available to provide oversight, represent the GME programs, sign documentation related to accreditation, or other functions, the role will be filled by the Assistant DIO. In the absence of the Assistant DIO, a faculty member of the GMEC may be designated to fill the role.

Approved by	Date
GMEC	09-07-2024
Interim review	23-06-2024