

**LEHIGH VALLEY HEALTH NETWORK  
System Manual**

**GME – GRADUATE MEDICAL EDUCATION COMMITTEE RESPONSIBILITIES –  
DEPARTMENT OF EDUCATION (DOE)**

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**SCOPE:**

Lehigh Valley Health Network (LVHN) adopts this policy for the following selected licensed entities:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Lehigh Valley Hospital              | <input type="checkbox"/> LVHN Surgery Center – VNA Road       |
| <input type="checkbox"/> Lehigh Valley Hospital – Dickson City          | <input type="checkbox"/> Lehigh Valley Home Care              |
| <input type="checkbox"/> Lehigh Valley Hospital – Hazleton              | <input type="checkbox"/> Lehigh Valley Hospice                |
| <input type="checkbox"/> Lehigh Valley Hospital – Pocono                | <input type="checkbox"/> Pocono VNA / Hospice                 |
| <input checked="" type="checkbox"/> Lehigh Valley Hospital – Schuylkill | <input type="checkbox"/> Lehigh Valley Home Care – Schuylkill |
| <input type="checkbox"/> LVHN Children’s Surgery Center                 | <input type="checkbox"/> Lehigh Valley Home Care – Hazleton   |
| <input type="checkbox"/> LVHN Surgery Center – Tilghman                 | <input type="checkbox"/> Transitional Skilled Unit            |

**LINKS TO ATTACHMENTS:** N/A

**LIST OF ASSOCIATED FORMS:** N/A

**DISCLAIMER:**

This policy and the implementing procedures are intended to provide a description of recommended courses of action to comply with statutory or regulatory requirements and/or operational standards. It is recognized that there may be specific circumstances, not contemplated by laws or regulatory requirements that make compliance inappropriate. For advice in these circumstances, consult with the Departments of Risk Management and/or Legal Services, as appropriate.

**REVIEW:**

Origination: 1 / 2014  
Review / Revision: 8 / 2022

<b>Approved by:</b> Joseph Patruno (Physician)	<b>Approval Date:</b> 08/26/2025
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<b>Original Creation Date:</b> 01/13/2014	<b>Next Review Date:</b> 08/26/2028

**I. POLICY:**

The Graduate Medical Education Committee (GMEC) must establish and implement policies and procedures regarding the quality of education and the work environment for the graduate trainees in all Accreditation Council of Graduate Medical Education (ACGME)/American Osteopathic Association (AOA)/Commission on Dental Accreditation (CODA)-accredited programs. These policies and procedures must include:

1. Membership, meetings, and attendance: The GMEC will be comprised and scheduled to convene as noted:
  - a. Members:
    - 1) Designated Institutional Official (DIO)
    - 2) Chief, Department of Education (ex officio)
    - 3) All Graduate Training Program Directors
    - 4) At least 2 peer selected graduate trainees
    - 5) Quality improvement designee
  - b. Meetings will occur at a minimum quarterly frequency:
    - 1) Will be attended by at least one graduate trainee member
    - 2) Will be documented with minutes
2. Stipends and position allocation: Annual review and recommendations to the Sponsoring Institution (aka LVHN) regarding graduate trainee stipends, benefits and funding for graduate trainee positions.
3. Communication with program directors: The GMEC must:
  - a. Ensure that communication mechanisms exist between the GMEC and all program directors within the institution.
  - b. Ensure that program directors maintain effective communication mechanisms with the site directors at each participating site for their respective programs to maintain proper oversight at all clinical sites.
4. Graduate trainee duty hours and work environment:
  - a. The GMEC must develop and implement written policies and procedures, and monitor data regarding graduate trainee duty hours to ensure compliance with the Institutional, Common, and specialty/subspecialty specific Program Requirements.
5. Graduate trainee supervision: Monitor programs' supervision of graduate trainees and ensure that supervision is consistent with:
  - a. Provision of safe and effective patient care;
  - b. Education needs of graduate trainees and quality of the educational experiences that lead to measurable achievement of educational outcomes
  - c. Progressive responsibility appropriate to graduate trainees' level of education, competence, and experience; and,
  - d. Other applicable Common and specialty/subspecialty specific Program Requirements
6. Communication with Medical staff: Communication between leadership of the medical staff regarding the safety and quality of patient care that includes:
  - a. The annual report to the Medical Staff;
  - b. Description of graduate trainee participation in patient safety and quality of care education and,
  - c. The accreditation status of programs and any citations regarding patient care issues.
7. Curriculum and evaluation: Assurance that each program provides a curriculum and an evaluation system that enables graduate trainees to demonstrate achievement of the ACGME general competencies and program specific Milestones as defined in the Common and specialty/subspecialty-specific Program Requirements.
8. Graduate trainee status: Selection, evaluation, promotion, transfer, discipline, and/or dismissal of graduate trainees in compliance with the Institutional and Common Program Requirements.

9. Oversight of program accreditation:
  - a. Review of all ACGME program accreditation letters of notification and monitoring of action plans for correction of citations and areas of noncompliance.
  - b. Must demonstrate effective oversight of underperforming programs through
    - 1) Special review process:
      - i. Establishes criteria for under performance, and
      - ii. Yields a report that describes quality improvement goals, corrective actions and the process by which GMEC monitors progress
10. Management of institutional accreditation: Review of the Sponsoring Institution's accreditation through Annual Institutional Review Process (AIR) which includes:
  - a. Results of the most recent institutional self-study visit
  - b. Results of ACGME surveys of graduate trainees and core faculty
  - c. Notification of ACGME accredited programs' accreditation statuses and self-study visits.
  - d. Must include monitoring procedures for action plans from the review
  - e. The DIO will submit an annual executive summary of the AIR to the Board of LVHN. This may be part of the GMEC Annual Report.
11. Oversight of program changes: The DIO reviews and approves all correspondence related to Requirement III.B.10. a-j prior to submission to the ACGME. Correspondence is also posted on the GME SharePoint site for review and comment by committee members. The DIO reports all correspondence to GMEC at the following meeting.
  - a. All applications for ACGME accreditation of new programs;
  - b. Changes in graduate trainee complement;
  - c. Major changes in program structure or length of training;
  - d. Additions and deletions of participating sites;
  - e. Appointments of new program directors;
  - f. Progress reports requested by any Review Committee;
  - g. Responses to all proposed adverse actions as defined in training agreement.
  - h. Responses to Clinical Learning Environment Review (CLER) reports
  - i. Voluntary withdrawal of program accreditation;
  - j. Requests for an appeal of an adverse action; and,
  - k. Appeal presentations to a Board of Appeal or the ACGME
12. Experimentation and innovation: Oversight of all phases of educational experiments and innovations that may deviate from Institutional, Common, and specialty/subspecialty-specific Program Requirements, including:
  - a. Approval prior to submission to the ACGME and/or respective Review Committee;
  - b. Adherence to Procedures for "Approving Proposals for Experimentation or Innovative GME Policies and Procedures;" and,
  - c. Monitoring quality of education provided to graduate trainees for the duration of such a project.
13. Oversight of reductions and closures: Oversight of all processes related to reductions and/or closures of:
  - a. Individual programs;
  - b. Major participating sites; and,
  - c. The sponsoring Institution.
14. Vendor interactions: Provision of a statement or institutional policy (not necessarily GME-specific) that addresses interactions between vendor representatives/corporations and graduate trainees/GME programs.
15. As needed, conduct internal reviews of all ACGME/ CODA-accredited programs including subspecialty programs to assess their compliance with the Institutional Requirements and the Program Requirements of the ACGME/ CODA Residency Review Committees.

- II. **DEFINITIONS:** N/A
- III. **PROCEDURE:** N/A
- IV. **REFERENCES:** N/A
- V. **ATTACHMENTS:** N/A