Policy Statement

The University of South Florida Morsani College of Medicine recognizes the importance of the educational process provided to the residents in each specialty and sub-specialty program. Through the Designated Institutional Official (DIO), the Graduate Medical Education Committee (GMEC) and the Office of Graduate Medical Education, institutional oversight is provided to address the overall educational component of the medical education process.

The primary responsibility of the GMEC is to provide oversight for the establishment and implementation of policies that affect all USF Health residency and fellowship programs regarding the quality of the GME learning and working environment each of its ACGME-accredited programs and its participating sites. The GMEC shall review, advise and make recommendations on matters related to clinical post-graduate medical education including the number of positions, working conditions, salary, malpractice insurance and other benefits pertaining to clinical trainees and post-graduate residency training programs.

The Graduate Medical Education Committee (GMEC) is a standing policy committee of the Faculty Council.

Voting members of the GMEC are designated as:
- Chairman of the GMEC
- Designated Institutional Official
- Representative program directors from the following ACGME programs with more than 10 trainees: (designee may be the APD or a Core Faculty member)
  - Dermatology
  - Emergency Medicine
  - Internal Medicine
  - Cardiovascular Disease
  - Gastroenterology
  - Infectious Disease
  - Pulmonary Disease
  - Neurological Surgery
  - Neurology
  - OB/GYN
  - Internal Medicine/Pediatrics
  - Program Directors of programs that have residents involved in third year medical student core clerkships
- Minimum of two (2) Residents nominated and elected by their peers to act as GMEC representatives
- Quality Improvement / Patient Safety Officer or designee
- The senior administrative officer responsible for graduate medical affairs at each affiliated institution (or designee)
- GME Director
- Two designated Education Coordinators
- President of the Faculty Council. It may also include other members of the faculty or other members as determined by the Chairman and the Office of Graduate Medical Education.

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.

All program directors of programs not represented on the GMEC shall have standing invitations to attend any of the regularly scheduled GMEC meetings as non-voting members.

The Chairman of the GMEC is appointed by and reports to both the Dean of the College of Medicine and the Vice Dean of GME. The Quality Officer of the GMEC is appointed by the Vice Dean of GME.

GMEC resident representatives are elected by their peers. Other resident representatives are encouraged to attend, to participate in discussion; however, voting is limited to elected GMEC representatives.

Committee members are expected to attend GMEC meetings as assigned. The quorum of the Graduate Medical Education Committee is defined as five (5) voting members of the Committee, including one (1) resident representative. Excused absences are not counted in the annual attendance record; a member should send a replacement if unable to attend. Clinical Department Chairs must ensure that program directors and/or representatives and House staff officers are free from department duties and able to participate in GMEC meetings/activities.

The GMEC meets on a bimonthly basis, or more frequently as needed, and is the official communication pathway for program directors. The core residency program director that is a member of GMEC has the responsibility to maintain close liaison with the subspecialty program directors including communication to and from the GMEC as needed.

The Office of GME ensures that minutes of each meeting are recorded and maintained that document execution of all required GMEC functions and responsibilities. Minutes are distributed electronically to all members of the GMEC and all Program Directors.

Consistent with ACGME Institutional Requirements, the GMEC responsibilities are as follows:

1) Establish and implement policies that affect all residency programs regarding the quality of education and the work environment for the residents.
2) Review annually and make recommendations to the Graduation Medical Education
Office on resident stipends, benefits, and funding for resident positions to assure that these are reasonable and fair. (GME-203).

3) Establish and maintain oversight of and liaison with program directors.
4) Assure that program directors establish and maintain oversight and liaison with appropriate personnel of the other participating institutions.
5) Establish and implement formal written policies and procedures governing resident duty hours and moonlighting. (See GME-208, 208-A).
6) Assure that programs provide appropriate supervision for all residents that is consistent with proper patient care, the educational needs of the residents and the program requirements (See GME-204).

7) Assure that programs provide a curriculum and evaluation system to ensure that residents demonstrate achievement of the general or core competencies (patient care, medical knowledge, practice-based learning & improvement, interpersonal and communication skills, professionalism, and systems-based practice).
8) Establish and implement formal written institutional policies for the selection, evaluation, promotion and dismissal of residents (See GME-201, -206, -216, and -218).

9) Regularly review, revise and reissue existing Graduate Medical Education policies and procedures.
10) Identify institutional performance indicators for the AIR which must include the institutional self-study, ACGME surveys of residents/fellows and faculty, and include monitoring procedures for actions plans resulting from the review.
11) Demonstrate effective oversight of underperforming programs through a Special Review process, resulting in a report that describes QI goals, corrective actions, and GMEC monitoring of outcomes.
12) Regularly review all ACGME program ACGME program accreditation letters and monitor action plans for the correction of concerns and areas of noncompliance.
13) Regularly review the Letter of Report from the IRC and develop and monitor action plans for the correction of concerns and areas of noncompliance.
14) Assure JCAHO accreditation for sponsoring and participating institutions as applicable.

15) Review and approve prior to submission to ACGME:
   a. All applications for ACGME accreditation of new programs and subspecialties;
   b. Changes in resident 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 Clinical Learning Environment Review (CLER) Reports;
   h. Responses to all proposed adverse actions;
   i. Voluntary withdrawals of program accreditation;
   j. Request for an appeal of an adverse action; and,
   k. Appeal presentations to an ACGME Appeals Panel.

16) Be aware of funding/reimbursement issues regarding graduate medical education;
17) Have oversight and monitor non-ACGME approved programs and/or fellowships to ensure compliance with institutional and program requirements.
The GMEC will have subcommittees that will meet as indicated below, and each have a focused theme to report back to the GMEC on a bimonthly basis. Sub-committee reports will be reviewed and included in the GMEC meeting minutes. Each subcommittee will have resident representation. These subcommittees are described below:

1) **GME Research Subcommittee**

Chair of the subcommittee is selected by the GMEC chair. Membership is open to interested program directors. The resident who serves as the research representative on the resident advisory council will be a standing member of the subcommittee. The subcommittee’s purpose will be to highlight important educational literature in graduate medical education to the GMEC, help residents and program directors develop scholarly products, review all studies requesting IRB approval involving residents, and develops collaborative research projects across programs. Meets bimonthly.

2) **Program Review Subcommittee**

The chair of this subcommittee is the GMEC chair. Membership is open to interested program directors and include at least one resident annually. The charge of this committee is to review program metrics including the annual program review, annual updates, case logs, board pass rates, and ACGME surveys. Results of the reviews will be tracked in dashboards and presented to the GMEC on a bimonthly basis. The committee will also make recommendations to the Special Assessment Committee of Programs that may need a Special Assessment. Meets bimonthly.

3) **Special Assessment Subcommittee**

Chair is selected by GMEC chair. Membership is open to interested program directors and include at least one resident. Membership will be reviewed annually. This subcommittee will develop and maintain the policy for special assessments. They will be responsible for performing special assessments or internal reviews. Subsequently, the committee will provide GMEC with a formal report and track programs who have completed a special assessment to ensure improvement. Finally, members on this committee will also serve as ombudsmen for programs needing this additional resource to evaluate issues within the program. Meets bimonthly.

4) **CLER Subcommittee**

Chair is selected by GMEC chair. Membership should include a representative from all major affiliates and residents representing quality improvement and patient safety from the resident advisory council. This subcommittee will develop the infrastructure and policies to coordinate the CLER focus areas of quality improvement, patient safety, and supervision between trainees and affiliated hospitals. The subcommittee will also help develop and track resident integration in QI/PS at the affiliate sites. Meets bimonthly.

5) **Annual Institutional Review Subcommittee**

Chair is selected by GMEC Chair and DIO. Committee members are selected by
5) **Annual Institutional Review Subcommittee**

Chair is selected by GMEC Chair and DIO. Committee members are selected by GMEC chair with resident representation. The subcommittee is responsible for performing the annual institutional review and developing a quality improvement plan for graduate medical education at the institutional level. AIR annual report is presented to the GMEC and governing body. Meets biannually at minimum.

**APPROVED:**

[Signature]

**Vice Dean, Graduate Medical Education**

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