



**USF Health - Morsani College of Medicine
GME POLICY & PROCEDURE**

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Scope: Applies to all University of South Florida Morsani College of Medicine (“USF MCOM”) residents and fellows (“Residents”) in Accreditation Council for Graduate Medical Education (“ACGME”) accredited and non-accredited/non-standard programs as appointed through the House Officer Contract issued by the USF MCOM Graduate Medical Education Office (“GME Office”).

Background: The USF MCOM 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.

Policy: The primary responsibility of the GMEC is to provide oversight for the establishment and implementation of policies that affect all USF Health ACGME and non-standard residency and fellowship programs (“programs”) and its participating sites regarding the quality of the learning and working environment.

The GMEC, in collaboration with the DIO, must have authority and responsibility for the oversight and administration of each of the Sponsoring Institution’s ACGME-accredited programs, as well as for ensuring compliance with the ACGME Institutional, Common, specialty/subspecialty-specific Program, and Recognition Requirements. 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 Residents appointed through the House Officer Contract issued by the GME Office.

The GMEC is a standing committee of the Faculty Council.

Voting members of the GMEC are designated as:

- Designated Institutional Official
- Representative program directors from the following ACGME programs with more than 10 approved trainees: *(designee may be the APD or a Core Faculty member)*

Cardiovascular Disease	Internal Medicine/ Pediatrics	Pediatrics
Dermatology	Neurological Surgery	Physical Medicine and Rehabilitation
Emergency Medicine	Neurology	Plastic Surgery
Family Medicine	OB/GYN	Psychiatry
Gastroenterology	Ophthalmology	Pulmonary & CC Disease
Hematology Oncology	Orthopaedic Surgery	Diagnostic Radiology
Infectious Disease	Otolaryngology	Surgery
Internal Medicine		

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	Pathology	Urology
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- Minimum of 2 residents from the RAC, which should be the 2 co-chairs or their designees from RAC
- GME Quality Improvement Director or designee
- GME Patient Safety Liaison
- GME Director
- President of the Faculty Council
- Chairs of GMEC Subcommittee or their subcommittee member designee
- TGH CMO or designee
- Moffitt Chief Academic Officer
- James A Haley VA DEO

Non-Voting Members

- Other program directors of ACMGE-accredited programs who do not meet the definition of voting member
- Other RAC members who do not meet the definition as voting member
- Members of any of the GMEC subcommittees
- Chair of the Program Administrator Advisory Council (“PAAC”), or designee

Meeting Logistics

The quorum of the GMEC is defined as five (5) voting members of the Committee, including one (1) Program Director, and one (1) resident representative. Excused absences are not counted in the annual attendance record; a member should send a core faculty replacement if unable to attend for participation credit. All designees should represent their stakeholder’s perspective when discussing/voting on GMEC items or abstain from vote. Clinical Department Chairs must ensure that program directors and/or representatives and designated Residents 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 the Sponsoring Institution maintains meeting minutes that document execution of all required GMEC functions and responsibilities. Minutes are reviewed and approved by GMEC Voting members and distributed electronically to all voting and non-voting members.

Committee Charges

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

- 1) The GMEC is responsible for oversight of:
 - a. the ACGME accreditation recognition status of the Sponsoring Institution and each of its ACGME-accredited programs.

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- b. the quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites.
 - c. 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;
 - d. the ACGME-accredited programs' annual evaluations and self-studies;
 - e. ACGME-accredited programs' implementation of institutional policy (see [GME-215](#)) for annual leave and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually;
 - f. all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; and
 - g. non-accredited/non-standard programs as appointed through the House Officer Contract to ensure compliance with institutional and program requirements.
- 2) The GMEC is responsible for review and approval of:
- a. institutional GME policies and procedures;
 - b. GMEC subcommittee actions that address required GMEC responsibilities;
 - c. annual recommendations to the Sponsoring Institution's administration regarding Resident stipends and benefits;
 - d. applications for ACGME accreditation of new programs and ;
 - e. requests for permanent changes in Resident complement;
 - f. 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;
 - g. additions and deletions of each of its ACGME-accredited programs' participating sites;
 - h. appointment of new program directors;
 - i. progress reports requested by a Review Committee;
 - j. responses to Clinical Learning Environment Review (CLER) reports;
 - k. requests for exceptions to work hour requirements;
 - l. voluntary withdrawal of ACGME program accreditation;
 - m. requests for appeal of an adverse action by a Review Committee;
 - n. appeal presentations to an ACGME Appeals Panel; and,
 - o. exceptionally qualified candidates for Resident appointments who do not satisfy the Resident eligibility requirements in the Common Program Requirements.
 - p. Program decisions regarding advancing a physician from a PGY 1 to PGY 2, who has completed a residency program that was not accredited by ACGME, AOA, RCPSC, CFPC, or ACGME-I (with Advanced Specialty Accreditation) based on ACGME milestone evaluations.
- 3) The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR)

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- 4) The GMEC must demonstrate effective oversight of underperforming programs through a Special Review process (See [GME 110](#)).
- 5) GMEC, in collaboration with the DIO, will review program reports in circumstances when the presence of other learners has interfered with the residents' education.
- 6) Additionally, GMEC provides oversight of nonstandard training programs according to the USF GME Policy GME 205 and the standards of those accrediting bodies, as applicable.

The GMEC will have subcommittees that will meet as indicated below, and each have a focused theme to report back to the GMEC. Subcommittee reports will be reviewed and approved as part of the GMEC meeting minutes. Each subcommittee will have peer selected resident representation. Resident attendance is mandatory to consider a quorum for subcommittee meetings. These subcommittees are described below:

1) GME Research Subcommittee

Chair of the subcommittee is selected by the DIO. Membership is open to interested program directors, associate program directors, faculty, GME librarian, representative from the USF Research, Innovation & Scholarly Endeavors ("RISE") Office and Residents. The Resident who serves as the research representative on the RAC will be a standing member of the subcommittee. The subcommittee's purpose is to provide support services for the fulfillment of educational and professional responsibilities related to scholarly pursuits within the GME Community. Meets at minimum 4 times per academic year. This committee meets the institutional requirements as annotated in GMEC minutes.

2) Program Review Subcommittee

The chair of this subcommittee is the DIO or selected by the DIO. Membership is open to interested program directors, associate program directors, faculty, program administrators and include Resident representation from the RAC. The charge of this subcommittee is to review program metrics through review of annual program evaluation, ADS annual update submission, case log submission, milestone submission, internal and external surveys/reports, dashboards, and annual accreditation letters. The committee provides oversight over each program's Self Study process to ensure successful completion of the required Self Study Forms (Self Study Summary and Summary of Achievements). The subcommittee review and approve new ACGME program applications prior to submission in ADS. The subcommittee will also refer programs to the Special Assessment Subcommittee for Special Review. Meets at minimum 4 times per academic year. This committee meets the institutional requirements as annotated in GMEC minutes.

3) Special Assessment Subcommittee

Chair is selected by the DIO. Membership is open to interested program directors, associate program directors, faculty (with GME experience),

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program administrators and include Resident representation from the RAC. The subcommittee maintains and follows the special review policy (GME 110) and procedures. The subcommittee is responsible for performing special reviews. Subsequently, the subcommittee will provide GMEC with a formal report and track programs who have completed a special review to ensure improvement. Meets at minimum 4 times per academic year. This committee meets the institutional requirements as annotated in GMEC minutes.

4) CLER Subcommittee

Chair is selected by the DIO. Membership should include, program directors, GME director of quality improvement, patient safety liaison, affiliate partners, faculty and Residents representing quality improvement and patient safety from the RAC. This subcommittee will develop the infrastructure and policies to coordinate the CLER focus areas of quality improvement, patient safety, professionalism, teaming, and supervision between trainees and affiliated hospitals. The subcommittee will also provide oversight of resident clinical and educational work hours, consistent with the Common and specialty-/subspecialty specific Program Requirements across all programs, addressing areas of non-compliance in a timely manner. Meets at minimum 4 times per academic year. This committee meets the institutional requirements as annotated in GMEC minutes.

5) Annual Institutional Review Subcommittee

Chair is selected by the DIO. Membership includes GMEC subcommittee chairs, DIO, selected program directors, PAAC representative, and Resident representation from RAC. The subcommittee is responsible for performing the annual institutional review which includes at minimum review of annual data including: the most recent ACGME institutional letter of notification; results of ACGME surveys of Residents and faculty members; and each of the ACGME-accredited programs' ACGME accreditation information, including accreditation statuses and citations. AIR is also responsible for developing and tracking quality improvement plan for GME at the institutional level. The DIO must annually submit a written executive summary ("GME Annual Report") of the AIR to the Sponsoring Institution's Governing Body. The written executive summary must include: a summary of institutional performance on indicators for the AIR; and, action plans and performance monitoring procedures resulting from the AIR. Meets biannually at minimum. This committee meets the institutional requirements as annotated in GMEC minutes.

6) Wellness Subcommittee

The Chair of the subcommittee is selected by the DIO. Membership is open to interested program directors, associate program directors, program administrators, Residents, and faculty. The Resident who serves as the wellness representative on the RAC will be a standing member of the subcommittee. The subcommittee meets at least quarterly. The committee oversees the SI partnership with ACGME accredited programs towards

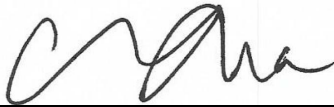
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fulfillment of responsibility to address well-being of residents/fellows and faculty member through education and resources for screening tools and mental health assessment and treatment. This committee meets the institutional requirements as annotated in GMEC minutes.

7) Culture, Engagement & Enrichment Subcommittee

The Chair of the CEE subcommittee is selected by the DIO. Membership is open to interested program directors, associate program directors, program administrators, Residents, and faculty. The Resident who serves as the CEE representative on the RAC will be a standing member of the subcommittee. The CEE subcommittee will meet at least quarterly and is charged with reviewing, developing, and implementing strategies, initiatives, and programs for intentional recruitment of Residents; Develops and implements training which promotes cultural understanding and cultural competency for all Residents; Encourage and support projects related to Health Disparities. This committee meets the institutional requirements as annotated in GMEC minutes.

APPROVED:



Senior Associate Dean, Graduate Medical Education/DIO

Date of Origin	Effective	Revision/GMEC Approval:	Originally Policy #
01/1999	06/2024	06/2005; 08/2008; 01/2009; 01/2011; 09/2011; 09/2015; 10/2016; 08/2018; 06/2021; 06/2023; 12/2023; 06/2024	N/A