



**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 (IR I.A.1).

Policy: 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 (IR I.B.4).

The GMEC is a standing policy 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 trainees: *(designee may be the APD or a Core Faculty member)*

Dermatology	Internal Medicine/Pediatrics
Emergency Medicine	Ophthalmology
Internal Medicine	Orthopaedic Surgery
Cardiovascular Disease	Ophthalmology
Family Medicine	Pathology
Gastroenterology	Pediatrics
Infectious Disease	Plastic Surgery
Pulmonary & CC Disease	Psychiatry
Neurological Surgery	Radiology
Neurology	Surgery
OB/GYN	Urology

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- Program Directors from programs that have residents involved in third year medical student core clerkships
- Minimum of two (2) Residents from the Resident Advisory Committee (“RAC”) nominated and elected by their peers to act as GMEC representatives.
- GME Quality Improvement Director
- GME Patient Safety Liaison
- Affiliate leadership based on contract terms in each affiliation agreement
- GME Director
- President of the Faculty Council.

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 Quality Officer of the GMEC is appointed by the Senior Associate 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 (I.B.4. a)-I.B.4.b)), 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 program(s)' annual evaluations and self-studies;
 - e. all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; and
 - f. 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;
 - 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 duty 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.
- 3) The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR)
- 4) The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process (See GME 110).

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

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subcommittee will have resident representation. 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, and Residents. The Resident who serves as the research representative on the RAC will be a standing member of the subcommittee. Membership will be reviewed annually. 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. This committee meets the institutional requirements I.B.4.a).(3).

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, program administrators and include Resident representation from the RAC. Membership will be reviewed annually. The charge of this committee is to review program metrics including the annual program evaluation, ADS annual updates and ACGME surveys. Results of the reviews will be tracked and presented to the GMEC on a bimonthly basis. The committee is also tasked with providing oversight over each programs Self-Study process to ensure successful completion of the required Self Study Forms (Self Study Summary and Summary of Achievements). The committee will also make recommendations to the Special Assessment Subcommittee of programs that may need a Special Review. Meets bimonthly. This committee meets the institutional requirements I.B.4.a).(1) and I.B.4.a).(4).

3) Special Assessment Subcommittee

Chair is selected by the DIO. Membership is open to interested program directors, associate program directors, program administrators and include Resident representation from the RAC. Membership will be reviewed annually. This subcommittee will maintain and follow the special review policy (GME 110) and procedures. The committee is responsible for performing special reviews. Subsequently, the committee will provide GMEC with a formal report and track programs who have completed a special review to ensure improvement. Meets bimonthly. This committee meets the institutional requirements I.B.4.a).(6).

4) CLER Subcommittee

Chair is selected by the DIO. Membership should include, program directors, GME director of quality improvement, patient safety liaison, 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, and supervision between trainees and affiliated hospitals. The subcommittee will also provide

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oversight over 80-hour work hour violations. Meets bimonthly. This committee meets the institutional requirements I.B.4.a).(2) and I.B.4.a).(6).

5) Annual Institutional Review Subcommittee

Chair is selected by the DIO. Committee members are the GMEC subcommittee chairs with Resident representation from the RAC. The subcommittee is responsible for performing the annual institutional review which includes review of annual data as required by the ACGME [IR. I.B.5.a). (1)-(3)]. AIR is also responsible for developing and tracking quality improvement plan for GME at the institutional level. AIR annual report is presented to the GMEC and governing body. Meets biannually at minimum. This committee meets the institutional requirements I.B.5.

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 Committee meets at least quarterly and plans the institutional wellness curriculum, maintains the wellness website, coordinates with the wellness initiatives for the house staff and plans activities focused on wellness. This committee meets the institutional requirements I.B.4.a).(2).

7) Diversity Equity and Inclusion Subcommittee

The Chair of the Diversity subcommittee is selected by the DIO. Membership is open to interested program directors, associate program directors, program administrators, Residents, and faculty and affiliate hospital GME administrators. Membership must be confirmed by the subcommittee chair and DIO. The Diversity Committee will meet at least quarterly and is charged with Review the compositional diversity of Resident within accredited training programs annually; Review, develop and implement strategies, initiatives, and programs for recruitment of diverse Resident; Develop and implement 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 I.B.4.a).(2) and III.B.8.

APPROVED:

Senior Associate Dean, Graduate Medical Education/DIO

Effective: 1/1/1999

Reviewed, Revised, Approved: 6/2005; 8/2008; 1/2009; 1/2011; 9/2011; 9/2015; 10/2016; 8/8/2018; 6/9/2021