USF – College of Medicine

GRADUATE MEDICAL EDUCATION POLICY & PROCEDURE

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<th>Title: Graduate Medical Education Committee</th>
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**Scope:**
The Office of Graduate Medical Education and all accredited post-graduate medical training programs (i.e., residency or fellowship) and non-accredited clinical fellowship programs at the University Of South Florida Morsani College Of Medicine

**Background:**
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.

**Policy Statement**
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 or 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:
- 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/CYN
- Internal Medicine/Pediatrics
- Ophthalmology
- Orthopaedic Surgery
- Ophthalmology
- Pathology
- Pediatrics
- Plastic Surgery
- Psychiatry
- Radiology
- Surgery
- Urology
- Program Directors from 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 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, 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 Clinical and Educational Work Hour 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 letter of notification, ACGME surveys of residents/fellows and faculty, accreditation status and citations of each of the ACGME accredited programs 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) Review annual Letter of Notification from the IRC and develop and monitor action plans for the correction of concerns and areas of noncompliance.
14) Assure JCAHAO 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 DIO. Membership is open to interested program directors, faculty, and residents. The resident who serves as the research representative on the resident advisory council 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.

2) **Program Review Subcommittee**
   The chair of this subcommittee is the DIO. Membership is open to interested program directors, associate program directors, education coordinators and include resident representation from the resident advisory council. Membership will be reviewed annually. The charge of this committee is to review program metrics including the annual program review, 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). Compliance of completion of mandatory self-study process check-in will be presented to GMEC. 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 the DIO. Membership is open to interested program directors, associate program directors, education coordinators and include resident representation from the resident advisory council. Membership will be reviewed annually. This subcommittee will maintain and follow the special review policy 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. 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 the DIO. 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 the DIO. Committee members are the GMEC subcommittee chairs with resident representation from the resident advisory council. 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.

6) Wellness Subcommittee
The Chair of the subcommittee is selected by the DIO. Membership is open to interested program directors, associate program directors, education coordinator, residents and faculty. Membership must be confirmed by the subcommittee chair and DIO. The resident who serves as the wellness representative on the resident advisory council will be a standing member of the subcommittee. The Committee will have at least one dedicated GME staff member for technical and administrative support. The Wellness 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.

7) Diversity Inclusion and Health Disparities Committee
The Chair of the Diversity subcommittee is selected by the DIO. Membership is open to interested program directors, associate program directors, education coordinators, 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:
1. Review the compositional diversity of housestaff within accredited training programs annually.
2. Review, develop and implement strategies, initiatives, and programs for recruitment of diverse housestaff.
3. Develop and implement training which promotes cultural understanding and cultural competency for all housestaff.
4. Encourage and support projects related to Health Disparities.
5. Periodically review census data and the demographics of our patient population, at least every (5) years, to ensure that our focused significant and sustained programmatic efforts are aimed towards the appropriate groups.
APPROVED:

[Signature]
Senior Associate Dean, Graduate Medical Education