SUBJECT: Graduate Medical Education Administration

INTENT: The Accreditation Council for Graduate Medical Education Institutional Requirements require the sponsoring institution to have an organized administrative system to oversee all residency programs. In addition, there should be a designated institutional official who has the authority and the responsibility for the oversight and administration of the graduate medical education programs.

POLICY STATEMENT: In order to administer the graduate medical education programs of the University of Florida and in accordance with the Accreditation Council for Graduate Medical Education's Institutional Requirements, the University of Florida has established as a standing committee the Graduate Medical Education Committee (GMEC).

DESCRIPTION: The committee shall be composed of the Associate or Assistant Dean for Graduate Medical Education as its chairman and shall include the program directors of the major specialty residency program, faculty members of the College of Medicine, residents and representatives of the Shands Hospital and the NF/SG Veterans Administration Hospital. UF Health’s Chief Quality and Patient Safety Officer or his/her designee must be a member of the GMEC. The GME Medical Educator will be a standing member of the GMEC.

The GMEC will meet at least quarterly (normal schedule monthly) and maintain written minutes.

The responsibilities of the committee are the following:

The GMEC must establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all programs. These policies and procedures must include:

1. Stipends and position allocation: Annual review and recommendations to the Sponsoring Institution regarding resident stipends, benefits, and funding for resident positions.
2. 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 institution for their respective programs to maintain proper oversight at all clinical sites.

3. Resident duty hours: The GMEC must:

   a) Develop and implement written policies and procedures regarding resident duty hours to ensure compliance with the Institutional, Common, and specialty/subspecialty-specific Program Requirements.

   b) Consider for approval requests from program directors prior to submission to an RRC for exceptions in the weekly limit on duty hours up to 10 percent or up to a maximum of 88 hours in compliance with ACGME Policies and Procedures for duty hour exceptions.

4. Resident supervision: Monitor programs’ supervision of residents and ensure that supervision is consistent with:

   a) Provision of safe and effective patient care;

   b) Educational needs of residents;

   c) Progressive responsibility appropriate to residents’ level of education, competence, and experience; and,

   d) Other applicable Common and specialty/subspecialty-specific Program Requirements.

5. 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 OMS;

   b) Description of resident participation in patient safety and
quality of care education; and,

c) The accreditation status of programs and any citations regarding patient care issues

6. Curriculum and evaluation: Assurance that each program provides a curriculum and an evaluation system that enables residents to demonstrate achievement of the ACGME general competencies as defined in the Common and specialty/subspecialty-specific Program Requirements.

7. Resident status: Selection, evaluation, promotion, transfer, discipline, and/or dismissal of residents in compliance with the Institutional and Common Program Requirements.

8. Oversight of program accreditation: Review of all ACGME program Self-Study Visits and monitor action plans for correction of citations and areas of noncompliance.

9. Management of institutional accreditation: Review of the Sponsoring Institution’s most recent NAS Self-Study visit and monitor of action plans for correction of citations and areas of noncompliance; Review the results of ACGME Clinical Learning Environment Review (CLER) visits and monitor actions plans for correction of any citations or areas in need of improvement or development

a) The GMEC will conduct an Annual Institutional Review (AIR) including the following performance indicators:

1. Results of the most recent institutional self-study visit;
2. Results of ACGME surveys of residents/fellows and core faculty
3. Status of all ACGME-accredited programs’ accreditation status and results of all self-study visits
4. Results of routine annual accredited program reviews conducted by the Institutional Program Review Committee
5. Results of all special reviews conducted by the Institutional Program Review Committee
6. Results of any CLER visits during the previous year
7. Review of housestaff participation in institutional and departmental quality and patient safety initiatives.

The AIR will include monitoring procedures for action plans resulting from the review.
b) The DIO must submit a written annual executive summary of the AIR to the Governing Body and the Organized Medical Staff.

10. Oversight of program changes: Review of the following for approval, prior to submission to the ACGME by program directors:

   a) All applications for ACGME accreditation of new programs;
   b) Changes in resident complement;
   c) Major changes in program structure or length of training;
   d) Additions and deletions of participating institutions;
   e) Appointments of new program directors;
   f) Progress reports requested by any Review Committee;
   g) Responses to all proposed adverse actions;
   h) Requests for exceptions of resident duty hours;
   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.

11. 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 if such approval is required (e.g. innovation on a core requirement; innovation by programs with accreditation issues);

   b) Monitoring quality of education provided to residents for the duration of such a project.
12. Oversight of reductions and closures: Oversight of all processes related to reductions and/or closures of:

   a) Individual programs;

   b) Major participating institutions; and,

   c) The Sponsoring Institution.

13. Vendor interactions: Provision of a statement or institutional policy (not necessarily GME-specific) that addresses interactions between vendor representatives/corporations and residents/GME programs.


Last Reviewed and Approved: Graduate Medical Education Committee
February 12, 2015