

**UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE JACKSONVILLE**  
**Office of Educational Affairs**

<b>Approval Date:</b> 11/7/23	<b>Subject:</b> <b>ANNUAL INSTITUTIONAL</b> <b>REVIEW</b>	<b>Page 1 of 2</b>
<b>Approved by:</b> GMEC		<b>Revised Date:</b> 10/20/22; 9/22/2023
<b>Effective Date:</b> 1/7/14		<b>Reviewed Date:</b> 4/26/18

**ACGME Institutional Requirement:**

- I.B.5. The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR).
- I.B.5.a) The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum:
- I.B.5.a).(1) the most recent ACGME institutional letter of notification;
  - I.B.5.a).(2) results of ACGME surveys of residents/fellows and core faculty members; and,
  - I.B.5.a).(3) each of its ACGME-accredited programs' ACGME accreditation information, including accreditation and recognition statuses and citations.
- I.B.5.b) The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution's Governing Body. The written executive summary must include:
- I.B.5.b).(1) a summary of institutional performance on indicators for the AIR; and,
  - I.B.5.b).(2) action plans and performance monitoring procedures resulting from the AIR.

**Procedure:**

1. The DIO will prepare an AIR for distribution and review by the GMEC's AIR subcommittee.
  - a. Members of the subcommittee will include: the DIO and/or Associate Dean for Educational Affairs, program leaders (PDs and APDs), department leaders (Chairs), one program coordinator, resident/fellow representative(s), CAPER member(s), the College of Medicine-Jacksonville Dean, hospital CEO or their designee, UF Health-Jacksonville Board Member, CHaMP/Wellness Director or their designee, Faculty Council representative, Chief Nursing Officer or their designee, and Chief Quality Officer or their designee.
  - b.
2. The annual institutional review will assess the following performance indicators and quality metrics:
  - a. Institutional AIMS
  - b. Previous institutional citations and corrective actions
  - c. GME Leadership changes, including new program directors
  - d. Most recent institutional self-study, when available
  - e. Most recent CLER site visit report
    - i. Patient safety
    - ii. Quality improvement
    - iii. Teaming
    - iv. Supervision
    - v. Clinical experience and education oversight, fatigue management and mitigation
    - vi. Professionalism
  - f. Well-being
  - g. ACGME resident and fellow survey
  - h. ACGME core faculty survey
  - i. Accredited programs' statuses and next ACGME action date
    - i. Annual program reviews trends of issues/ concerns identified

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- ii. Initial accreditation reports for newly accredited programs (trends)
  - iii. Special reviews and annual review follow-ups/progress reports of programs
  - iv. Program citation trends
  - j. New program application statuses
  - k. Fill-rate for accredited programs (through NRMP and other)
  - l. Board pass rate for programs
  - m. Institutional clinical experience and education compliance
  - n. Changes in the major participating sites
  - o. Professional, equitable, respectful work environment metrics
  - p. Recruitment and retention of diverse and inclusive workforce metrics
3. The DIO or designee will prepare a tracking matrix to monitor any concerns identified during the AIR meeting.
  4. The AIR tracking matrix summary will be presented to the GMEC for review and approval.
  5. The DIO will prepare a written annual executive summary of the Annual Institutional Review to the Governing Body of the sponsoring institution.