

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

<b>Approval Date:</b> 11/7/23	<b>Subject: Graduate Medical Education Committee (GMEC) Policy</b>	<b>Page 1 of 2</b>
<b>Approved by:</b> GMEC		<b>Revised Date:</b> 11/02/06; 2/11/2011; 5/10/16; 5/17/18; 9/30/21; 10/20/22; 9/22/23
<b>Effective Date:</b> 07/01/05		<b>Reviewed Date:</b> 12/07/04; 5/10/16; 4/27/18

**GMEC Composition and Meetings:**

1. The Graduate Medical Education Committee (GMEC) has the responsibility for monitoring and advising on all aspects of residency education.
2. Voting membership on the committee includes:
  - a. Core Residency and Cardiology Fellowship Program Director
    - i. In their absence they may appoint an Associate/Assistant Program Director or other faculty member to act on their behalf
  - b. The DIO (Senior Associate Dean for Educational Affairs)
  - c. Associate DIO
  - d. Associate/Assistant Dean(s) for Educational Affairs
  - e. Two peer-selected residents {from the Resident/Fellow GMEC}.
  - f. Chief Quality Officer or their designee
  - g. Patient Safety Officer or their designee
  - h. Chief Nursing Officer or their designee
3. The GMEC will meet monthly on the first Tuesday of the month at 12:00 noon. The GMEC is required to maintain written minutes documenting fulfillment of the committee's responsibilities.
4. Members are expected to attend all meetings. If a GMEC member is unable to attend, an appropriate alternate representative should be sent. At least one resident/fellow member must attend each meeting.

**GMEC Responsibilities:**

Must include oversight of:

- ACGME accreditation statuses of the Sponsoring Institution (SI) and each of its ACGME-accredited programs;
- the quality of the GME learning and working environment within the SI, each of its ACGME-accredited programs, and its participating sites;
- 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;
- the ACGME-accredited programs' annual program evaluation(s) and self-study(ies);
- ACGME-accredited programs' implementation of institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually;
- all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; and,
- the provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided.

Must include review and approval of:

- institutional GME policies and procedures;
- GMEC subcommittee actions that address required GMEC responsibilities;
- annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits;
- applications for ACGME accreditation of new programs;
- requests for permanent changes in resident/fellow complement;

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- 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;
- additions and deletions of each of its ACGME-accredited programs’ participating sites;
- appointment of new program directors;
- progress reports requested by a Review Committee;
- responses to Clinical Learning Environment Review (CLER) reports;
- requests for exceptions to clinical and educational work hour requirements;
- voluntary withdrawal of ACGME program accreditation or recognition;
- requests for appeal of an adverse action by a Review Committee; and
- appeal presentations to an ACGME Appeals Panel; and,
- exceptionally qualified candidates for resident/fellow appointments who do not satisfy the Sponsoring Institution’s resident/fellow eligibility policy and/or resident/fellow eligibility requirements in the Common Program Requirements.

The GMEC must demonstrate effective oversight of the Sponsoring Institution’s accreditation through an Annual Institutional Review (AIR). The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum:

- the most recent ACGME institutional letter of notification
- results of ACGME surveys of residents/fellows and core faculty members
- each of its ACGME-accredited programs’ ACGME accreditation information, including accreditation statuses and citations

The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. The Special Review process must include protocol that:

- establishes a variety of criteria for identifying underperformance that includes, at a minimum, program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies
- results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines

**E-vote:**

In order to conduct GMEC business in a timely manner, it may be necessary to send out an electronic request to voting members on behalf of the GMEC Chair. The e-vote will require a majority of voting members as recognized by Roberts Rules of Order, to approve GMEC business.