

UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE JACKSONVILLE

Office of Graduate Medical Education

POLICY: Annual Institutional Review	
Approved by: GMEC	Page(s): 1 of 2
Approval date: 11/7/23	Reviewed date: 4/26/18; 3/6/25
Effective date: 1/7/14	Revised date: 10/20/22; 9/22/23; 3/6/25

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 Graduate Medical Education, 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

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- i. Accredited programs' statuses and next ACGME action date
 - i. Annual program reviews trends of issues/ concerns identified
 - 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 and respectful work environment metrics
 - p. Recruitment and retention 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.