

Policy	Graduate Medical Education Committee (GMEC)
Effective Date	01/31/2022

I. POLICY STATEMENT

The Graduate Medical Education Committee (GMEC) has authority and responsibility for the oversight and administration of each of the Accreditation Council for Graduate Medical Education (ACGME)-accredited programs, including ensuring compliance with ACGME Institutional, Common, and specialty-specific Program Requirements. Where applicable, the Committee will provide comparable oversight and administration to GMEC-approved programs not accredited by ACGME.

II. REASON FOR POLICY

This policy establishes guidelines for the GMEC, including but not limited to the tasks outlined by the ACGME Institutional Requirements.

III. SCOPE

This policy applies to all residents and fellows (hereinafter "Housestaff") in training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) or approved by the American Board of Medical Specialties (ABMS), and/or sponsored by the UF College of Medicine.

IV. DEFINITION OF TERMS

- a. ACGME Core residency programs – ACGME accredited structured educational activity with physician matriculation occurring immediately following medical school or after one year of preliminary training
- b. Core faculty: Faculty members with a significant role in the education and supervision of residents
- c. Institutional Requirements (IR) – activities outlined in the ACGME Institutional Requirements, designated in this policy as IR, followed by the number/letter designation indicated the location in the ACGME IR
- d. GME community – consists of Program Directors, Associate Program Directors, Key Clinical Faculty and Program Coordinators

V. PROCEDURES

- a) **Voting Membership (IR I.B.1)** includes at least the following:
 - a. The chair is the Designated Institutional Official (DIO) or a designee
 - b. Program Directors of ACGME core residency programs or a designee from the program. A designee must be from the same program, and may be an Associate Program Director, Key Clinical Faculty or Program Coordinator. Program Directors may also decline the option to be a voting member. This option must be enacted for the entire academic year and cannot be enacted for shorter periods of time.
 - c. The Chief Quality Officer affiliated with the Sponsoring Institution
 - d. Program directors of GME programs with greater than or equal to 15 Housestaff or a designee from the program. A designee must be from the same program, and may be an Associate Program Director, Key Clinical Faculty or Program Coordinator. Program Directors may decline the option to be a voting member. This option must be enacted for the entire academic year and cannot be enacted for shorter periods of time.
 - e. The two Co-Chairs of the Housestaff Council Executive Committee, or a designee. These are peer-selected members. A designee must be an elected member of the Housestaff Council Executive Committee.
 - f. Two at large members. At large members serve a two-year term. At large members must be physicians but do not need to be program directors. Applications will be made available to the GME community and selected by the DIO.
 - g. Two Program Coordinators. Program coordinator members serve a two-year term. Any Program Coordinator within the sponsoring institution may apply. Selected by the DIO.

- b) **Duties of GMEC members:**
 - a. Attend all GMEC meetings or identify a delegate to attend.
 - b. Complete GMEC associated voting within indicated period of time or assign a delegate.
 - c. Failure to meet 70% of required GMEC votes in an academic year will result in a removal as a voting member of the GMEC committee for the following academic year.

- c) **Additional GMEC subcommittees and task force groups (IR I.B.2)**
 - a. All GMEC subcommittees and task forces must include a peer-selected Housestaff.

- b. All GMEC subcommittees will present at least annually a committee update, including at a minimum documentation of required ACGME institutional requirements assigned to the sub-committee. This will be reviewed and approved by GMEC. **(I.B.4.B.2)**
- c. The following subcommittees are established perpetual subcommittees of GMEC:
 - i. Institutional Program Review Committee (IPRC) – responsible for the ACGME Special Review process as described by the ACGME requirements. Additional information regarding this committee is found in the UF IRPC policy. **(IR I.B.6)**
 - ii. Accreditation Requirements Review Committee (ARRC) – responsible for program support to ensure accurate documentation for new program applications and in preparation for site visits. New programs seeking accreditation by a national organization may not submit unless approved by the ARRC. **(I.B.4.b.4)** The ARRC will also perform the following GMEC activities:
 - 1. Review of major changes in GME program structure, including change in designation of a program’s primary clinical site **(I.B.4.b.6)**
 - 2. Review of additions and deletions of ACGME-accredited programs’ participating sites **(I.B.4.b.7)**
 - 3. Review of requests for appeal of an adverse action by a Review Committee **(I.B.4.b.14)**
 - iii. Clinical Learning Environment Review (CLER) Committee – responsible for review of ACGME CLER reports and implementation of institutional actions to improve the clinical learning environment for all UF Housestaff **(I.B.4.a.1 and I.B.4.b.10)**
 - 1. The CLER committee will review the learning and work environment to facilitate fatigue mitigation for Housestaff and make recommendations to GMEC for improvement **(III.B.5.a)**
 - iv. Non-ACGME Accredited Program Oversight Committee – responsible for ensuring ACGME Non-Standard Training Recognition standards are met and for establishing a policy to outline the institutional oversight for all UF Non-ACGME accredited programs.
 - v. Policy and Annual Institutional Review Committee (PAIR) – responsible for reviewing institutional GME policies to ensure compliance with ACGME requirements and performing regular data review to inform the Annual Institutional Review **(I.B.5)**, including at a minimum the requirement outlined in the ACGME Institutional Requirements.
- d. The DIO may designate a task force to address specific issues related to UF GME.

d) Meetings and Attendance (I.B.3)

- a. The GMEC will meet a minimum of once every quarter during the academic year.
- b. Each meeting must include attendance by at least one Housestaff member
- c. GMEC will maintain minutes that document execution of all required GMEC functions and responsibilities.
- d. GMEC actions requiring approval must pass a vote with greater than or equal to 70% of member approval.
- e. GMEC meetings are open to all UF Program Directors, Associate Program Directors, Core Faculty and Program Coordinators. Additional individuals may be invited at the discretion of the chair.

e) New program applications and requests for changes in Housestaff complement (I.b.4.b)

- a. All new training program requests and permanent requests for change in Housestaff complement must
 - i. Complete requisite documentation as required by the UF GME office following the outlined timetable prior to presentation at GMEC.
 - ii. Be approved by GMEC.
- b. Temporary requests for change in Housestaff complement will be approved by the DIO or a designee.
- c. New programs approved by GMEC but without matriculated Housestaff within 5 years from approval by GMEC will no longer be considered approved.

f) Policy review

- a. All new policies will be reviewed by the GME community prior to review by GMEC.
- b. New policies and changes to existing policies must be approved by GMEC.
- c. Policies will be reviewed by GMEC at a minimum once every 3 years.

g) New Program Director approvals

- a. All new program directors must be approved by GMEC, including interim

Approved by GMEC, 01/31/2022

Revised/Approved by GMEC, 10/19/2023, 5/14/2024