

Speaking With One Voice in Florida: A GME Statewide Collaboration

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The deans of Florida's 10 public and private allopathic and osteopathic medical schools formed the Council of Florida Medical School Deans (CFMSD) in the late 1990s to provide a means through which they could effectively communicate and work together on issues of mutual interest. In 2016, in response to the growing complexity of graduate medical education (GME) and workforce needs, the council designated the GME Working Group to discuss and address areas of mutual interest and collaboration. Comprised of GME deans from all of the state's medical schools and several designated institutional officials, this working group represents 30% of Accreditation Council for Graduate Medical Education (ACGME)-accredited sponsoring institutions in Florida. These members oversee 65% of the Florida residency programs and have close affiliations with other GME-sponsoring institutions. The mission and objectives of the group were determined during in-person meetings and discussed in subsequent conference calls. In addition to establishing working relationships among individuals across the state, areas of collaboration include physician workforce expansion, training licensure issues, faculty development, and physician well-being.

Expansion of the Physician Workforce: A Voice at the Table

The Physician Workforce Advisory Council (PWAC), a statutorily mandated council, was created to monitor GME expansion and advise the State Surgeon General and the Florida Department of Health about current and future physician workforce needs in Florida.¹ A subcommittee of the GME Working Group assists the PWAC by creating an annual report detailing the overall expansion of GME, conversion of osteopathic-accredited programs to the ACGME, and specialty-specific data shared with the PWAC and the State Surgeon General. The PWAC relies on these data for its ongoing work and

annual report.² In response to forecasts of a significant shortage of physicians and to promote targeted growth in specific specialties, the Florida Legislature enacted 2 separate funding bills for GME between 2013 and 2015. These funding initiatives (as well as eligibility for new federal funding through cap-building at hospitals that had not previously served as a training site for residents or fellows) led to the launch of many new programs, which resulted in rapid growth in residency training opportunities. As subject matter experts, the group provides valuable context to state legislators responsible for continued funding. Engagement in this process has given the working group access to key decision makers and has demonstrated a collaborative model in which academic medicine can work with state officials on workforce issues.

Medical Licensure: Speaking for Our Residents and Institutions

Florida enacted new licensure requirements in 2017, which could have caused major employment delays in sponsoring institutions and participating hospitals. This provided another opportunity for collaboration on a statewide level. Members of the working group collaborated with the Florida Board of Medicine and the Florida Board of Osteopathic Medicine to facilitate the processing of licensure applications for trainees at risk for delays based on the new requirements. These efforts have fostered a close working relationship with the administrations of both boards, resulting in the creation of a webinar focused on the procurement of training licenses and providing answers to common questions that arise in the process.

Faculty Development: Sharing Resources With Our Communities

Providing faculty development for all faculty members, especially those in new community programs, is a challenge faced by many institutions. Resources and expertise vary from institution to institution, and

BOX Steps for Establishing a Statewide Graduate Medical Education Collaborative

1. Identify and contact graduate medical education leadership in your state or region
2. Identify staff support
3. Agree on means of communication
4. Establish areas of focus and collaboration
5. Choose collaborative leaders who will keep the group focused on goals
6. Identify other graduate medical education key policy, regulatory, and decision-making bodies and establish liaisons with these groups
7. Assign actionable items and timelines
8. Communicate accomplishments to stakeholders

provision of such programs can be costly. Given the rapid expansion of programs in the state, this is a priority for the working group and has led to the establishment of a statewide faculty development program for community physicians. Initially coupled with the annual meeting of the Florida Medical Association (FMA), future initiatives include forming regional faculty development programs, sharing of online training between institutions, and presentations at statewide specialty society meetings.

Improving Physician Well-Being: Continuing the Conversation

Policies and programs that affect the well-being of residents make up an important area for collaboration and an opportunity to promote change and increase support at the state level. Many states, including Florida, are studying the impact of and proposing changes to mental health questions on the state-licensing application, with the goal of decreasing the stigma associated with physicians seeking help for mental illness. Members of the Board of Medicine, its executive secretary and general council, representatives of the State Surgeon General's office, the FMA, and the working group convened several times in the last 24 months to address language on the application related to mental health. As representatives of all medical schools and their sponsoring institutions, the group provided and will continue to provide peer-reviewed evidence and individual accounts regarding the impact of the current language on the well-being of students and residents. The ability to organize a response and to speak with one voice is critical as this discussion continues. The working group remains very engaged in the discussion as the Board of Medicine continues to debate changes to the mental health questions.

In addition to assisting with changing the mental health questions on the licensure application, the group shared information on wellness programs and new initiatives focused on resident and student well-being. Surveys conducted in 2017 and in 2018 offered the group an opportunity to share best practices, resources required, and barriers to creating successful wellness programs. The Board of Governors of the State University System in Florida has taken a keen interest in these surveys, as it develops programs to address learner well-being.

Resources Needed for GME Collaboration and Keys for Success

The GME Working Group benefited from the structure and oversight of the CFMSD, a collaborative group within the medical schools themselves, and from collaboration with the legislature and state agencies. The expertise of the executive director of the CFMSD, who has extensive experience at the state level, helped steer the group's legislative and administrative agenda. However, this is not a prerequisite for successful collaboration. Important steps in establishing a GME Collaborative Group are outlined in the BOX. In-person meetings should be carefully planned and centrally located. Initial identification and agreement on areas of collaboration is key for success. Individual GME leaders' relationships with state medical societies, legislators, and regulators can expand, expedite, and facilitate success in meeting established objectives. In the absence of a dean's council, having a passionate group of educators and administrators can allow for robust discussion and creative ideas.

Cost of participation in the working group included travel expenses and time for the in-person meetings. Meetings were held at one of the medical schools, and expenses were minimal. CFMSD provided approximately 2 hours of administrative support per month. Members did spend time on conference calls and follow-up assignments. Given the topics, this time could be viewed as part of the responsibilities and scope of the members' GME leadership roles.

Conclusions

Highly motivated GME leaders within each state can effect change and serve as experts in a broad range of statewide issues that affect GME. The GME Working Group presents a model for collaborative interactions among medical schools to improve the quality of their programs and influence state and regional issues related to GME. The group's initial success in Florida

underscores the importance of informed advocacy and partnership among the medical schools' GME leaders, state regulators and legislators, and state medical societies in this effort.

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