

UTHSCSA Graduate Medical Education Policies

Section 3	Evaluation and Assessment Process	Effective:	March 2011
Policy 3.1.1.1	Policy for GME Committee Oversight of Non-ACGME/Non-ABMS Fellowships Requiring Texas Medical Board Approval	Revised:	
		Responsibility:	Associate Dean for Graduate Medical Education
Policy for GME Committee Oversight of Non-ACGME/Non-ABMS Fellowships Requiring Texas Medical Board Approval			
Purpose	Internal Reviews of non-ACGME/non-ABMS Graduate Medical Education (GME) Programs are performed in order to assess their compliance with the requirements of the Texas Medical Board (TMB). This function is an essential responsibility of the Graduate Medical Education Committee (GMEC) of the UTHSCSA. All non-ACGME/non-ABMS fellowship programs requiring TMB approval sponsored by UTHSCSA must undergo an Internal Review and appropriate ongoing monitoring of quality.		
Policy	<p>I. Process</p> <p>In order to determine compliance of these programs with the requirements of the TMB and UTHSCSA GME policies, the GME Office, under the direction of the DIO/Associate Dean and Assistant Dean for GME, coordinates these Internal Reviews, the results of which are reviewed and ultimately approved by the GMEC.</p> <p><u>New Programs:</u> For new programs, the proposed Program Director will contact the GME Office to schedule the initial Internal Review at least one year before an offer of a fellowship position is made. In order to supply the information essential for this oversight, the Program Director will prepare and submit a Fellowship Information Form (FIF) (see 3.1.1.1.1) ten business days prior to the scheduled Internal Review. Members of the GME Executive Committee will conduct the Internal Review. A report of the findings must be approved by the DIO/Associate Dean for GME and the GMEC prior to submission of the application to TMB. If approved by the TMB, the Board will assign a TMB program number and an expiration date. The application fee required by the TMB for review of fellowship program applications is the</p>		

responsibility of the sponsoring program.

Renewing Programs: One year prior to the expiration date, the Program Director will be contacted to determine if s/he wishes to continue to sponsor the fellowship program. If so, s/he will be asked to submit an updated FIF to the GME Office. The FIF will be reviewed, and if indicated an internal review will be made. A report will be prepared and presented to both the DIO/Associate Dean for GME and the GMEC. If approved by both, the application for re-approval will be submitted to the TMB. The application fee required by the TMB for re-approval is the responsibility of the sponsoring program.

II. Protocol

Because the FIF is critical to the approval process, the Program Director will prepare and submit a FIF for examination by members of the GME Executive Committee. The Program Director will submit the following electronic document to the GME Office, at least ten business days prior to the Internal Review:

- Completed FIF

III. Review

In conducting the review, the members of the GME Executive Committee will review the aforementioned materials and interview the following individuals in separate sessions on the same day:

- Department Chairman or Division Chief, Fellowship Program Director, Associate or Assistant Program Director (if applicable) and Program Coordinator
- Faculty, selected by the Program Director, each representing key components of the training program
- Fellows

The purpose of these interviews is to assess: the program's compliance with the TMB requirements, the completeness and accuracy of the completed FIF, and the general educational and clinical experiences of the fellows.

In assessing the fellowship program's compliance with the TMB requirements, the members of the GME Executive Committee will specifically appraise:

- The educational objectives of the program and the effectiveness of the program in meeting them
- The adequacy of available educational and financial resources to meet these objectives
- The effectiveness of the program in monitoring fellow well-being,

including resident stress, impairment, and fatigue

- The effectiveness of the program in preparing fellows to assume responsibility for teaching and supervising other fellows, residents and students
- The adequacy of the supervision and evaluation of fellows
- The program moonlighting policy
- Faculty and fellow development relevant to vendor relations
- Faculty and fellow development relevant to the recognition of impairment and fatigue
- Faculty board and sub-board certification (if relevant)
- Faculty and fellow scholarly activity

IV. Report

The members of the GME Executive Committee will prepare a written report based on the information collected during the Internal Review.

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Appendix A

UTHSCSA
Office of Graduate Medical Education
Non-ACGME Fellowship Information Form

Fellowship Name:
Institution Name:
Length of Fellowship: 1 year
Number of Fellows per year: 1
Program Director:
Program Coordinator:
Participating Faculty:

Faculty	Specialty Board Certification (year)	Educational Qualifications	License
, Program Director			Texas license
			Texas license
			Texas license
			Texas license
			Texas license
			Texas license
			Texas license
			Texas license
			Texas license

Funding source for training costs (must be documented for a minimum of 5 years):

PGY starting level: PGY 4 **Comments:**

Will resident salaries differ from those provided in other programs for each PGY level? No
If “yes,” please explain:

Fellowship rationale and overview:

Fellowship goals and objectives:

General Competencies:	Objectives:
Patient Care	
Medical Knowledge	
Professionalism	
Interpersonal Communication	
Systems-Based Practice	
Practice-Based Learning & Improvement	
Other Competencies:	

Major rotations:

Rotation	Location	Length	Supervising Faculty

Fellow selection process:

Funding source (please check all that apply):

- Hospital:
- Grant: (PI:)
- Department:
- Other:

Prerequisite requirements of residents (including prior training in a related specialty, if applicable):

Duties and responsibilities of the fellow (if the fellowship is greater than one year in length, please describe the progressive responsibility of the fellow):

Scholarly activity required of the fellow:

Supervision policy for fellow:

Resident evaluation strategy:

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Resident moonlighting policy: Moonlighting is allowed Comments:

Duty hours monitoring strategy:

Resident dismissal/grievance policies:

Does this program have any graduates? No

If "yes," please list graduates from the last 5 years:

Please list publications of fellows from the last 5 years:

Name of Department Chair:

Signature of Department Chair: _____

Date:

Name of Division Chief:

Signature of Division Chief: _____

Date:

Name of Program Director of core program:

Signature of Program Director of core program: _____

Date:

Name of Fellowship Director:

Signature of Fellowship Director: _____

Date:

Name of DIO:

Signature of DIO: _____

Date: