Section 3	Evaluation and Assessment Process	Effective:	March 2011
Policy 3.1.1.	Policy for Graduate Medical Education Office Oversight of non ACGME-Accredited Fellowships	Revised:	September 2015 July 2017 December 2021 October 2022
		Responsibility:	Designated Institutional Official

Policy for GMEC and DIO Oversight of non-ACGME Accredited Programs

Purpose	GMEC and DIO oversight of non-ACGME accredited programs is performed to ensure high quality educational experiences for the individuals in the programs.
Policy	**It is the policy of UTHSCSA that if accreditation standards exist (ACGME, ABMS board, CPME or other accepted national entities), UTHSCSA sponsored programs should apply for and receive such accreditation. Approval of non-ACGME programs will take into consideration the effect of those programs on the trainees in ACGME programs. Funding for the compensation of the individuals in these programs must be assured prior to the approval of these programs by the GME Office.** **Categories of non-ACGME Accredited Programs** Type 1. Programs independent of any accepted national entity. The individuals in these programs must have full, unrestricted Texas licenses. Type 2. Programs independent of any accepted national entity. The fellows in these programs will have access to Texas Medical Board (TMB) issued Physician in Training (PIT) permits upon approval of the program by the TMB. Type 3. Programs approved/accredited by an accepted national entity. The fellows in these programs should have full, unrestricted Texas licenses. Non-Standard Training (NST) Programs: Clinical training for foreign national physicians in advanced subspecialty programs for which there is no ACGME accreditation or ABMS Member Board Certification. Type 2 and Type 3 non-ACGME accredited programs will be designated as NSTs if the program has a trainee enrolled who holds a J-1 visa. The additional oversight to which NSTs and NST trainees are subject are outlined in Policy 3.1.2

Type 1 Programs

Programs independent of any accepted national entity. The individuals in these programs must have full, unrestricted Texas licenses.

Individuals in Type 1 programs must be appointed as faculty. In that regard, those individuals are entitled to the benefits and privileges of faculty status outlined in the UTHSCSA Handbook of Operating Procedures (HOP). These individuals are not viewed by the GME office as physicians in training, rather they are faculty participating in structured faculty development programs. New Type 1 programs are initiated after review of a Faculty Development Program Information Form (FDPIF) and approval of that FDPIF (see Appendix A) by the Compliance and Accreditation Action (C&A) Committee and the DIO.

Type 2 Programs

Programs independent of any accepted national entity. The fellows in these programs will have access to TMB issued PIT permits upon approval of the program by the TMB.

A. New Programs: For new programs, the proposed Program Director should contact the GME Office to schedule the initial New Program Review at least one year before an offer of a fellowship position is made. The Program Director will prepare and submit a Fellowship Information Form (FIF) (see Appendix B) and the TMB Application for Board-Approved Fellowship (see Appendix C) ten business days prior to the scheduled New Program Review. A New Program Review (NPR) may be conducted by GME Faculty, at the discretion of the DIO and Chair of the C&A committee. If an NPR is conducted, the report of its findings must be approved by the C&A Committee, and DIO prior to submission of the TMB Application for Board-Approved Fellowship documentation to the 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 responsibility of the sponsoring program.

B. 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 and updated Application for Board-Approved Fellowship to the GME Office. The FIF will be reviewed, and a review of the applications materials will be conducted. The DIO and the Chair of the C&A committee will determine the structure of the review. A report will be prepared and presented to the C&A Committee, and DIO. If approved by the C&A Committee and the DIO, 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.

Type 3 Programs

Programs approved/accredited by an accepted national entity. The fellows in these programs should have full, unrestricted Texas licenses.

Trainees in these programs should have full, unrestricted Texas licenses. The TMB may recognize accreditation by various national entities and permit those trainees access to PITs; the TMB decides which national accreditation entities are acceptable to them on a case-by-case basis.

A. New Programs: For new programs, the proposed Program Director will contact the GME Office to discuss the initiation of the proposed program. The program director will complete the new program request form attached to Policy 2.16 Process for Establishing a New GME Program. The Program Director will prepare and submit the materials required by the accrediting entity to the GME Office. The DIO and Chair of the C&A Committee will determine the need for a New Program Review to be conducted by the GME Faculty. The report of the New Program Review must be approved by the C&A Committee, and DIO prior to submission of the application to the accrediting entity. The application fee required by the accrediting entity for review of fellowship program applications is the responsibility of the sponsoring program.

Renewing Programs: GME Office oversight of renewing programs will be governed by the accreditation requirements of the accrediting entity.

Program Processes, Selection and Appointment - Selection processes in all non-ACGME programs must be free from impermissible discrimination. In compliance with all federal and state laws and regulations, University of Texas System Policy, and Institutional Policy, no person shall be subject to discrimination in the process of selection on the basis of gender, race, age, religion, color, national origin, disability, sexual orientation, or veteran status.

Individuals in Type 2 and Type 3 non-ACGME programs will be appointed at the fellow level within a department subject to approval by the Department Chair and consistent with all GME policies. Individuals in Type 1 programs will be appointed to the faculty with a rank of Specialist subject to approval by the Department Chair and consistent with all HOP faculty appointment procedures.

Credentialing - Clinical credentialing will be at the trainee level for Type 2 and Type 3 programs, or practitioner level for Type 1 programs.

Appointment: Level, Duration, Conditions for Reappointment, and Non-Renewal - Programs must have written policies addressing these issues, and they must be shared with the applicant.

Evaluation – Individuals in all non-ACGME programs must have their activities in the program evaluated at least quarterly, and written records must be maintained. Individuals in all non-ACGME programs must be given periodic feedback on performance and must have access to their written evaluations. Those individuals must be notified promptly in writing if an evaluation may result in an adverse action such as probation, non-advancement, or dismissal. Those individuals should be given the opportunity to indicate in writing when they have disagreements with a written evaluation. Programs must have written policies addressing evaluation, and they must be shared with all applicants to non-ACGME programs.

Supervision – Individuals in non-ACGME programs must have their activities in those programs supervised appropriately. Programs must have written policies addressing supervision and transitions of care, and they must be shared with all applicants to non-ACGME programs.

Duty Hours - Fellows in Type 2 and Type 3 non-ACGME accredited programs are subject to the same duty hour standards as fellows in ACGME accredited programs.

Promotion - For programs of greater than one year in length, programs must have written policies addressing promotion, and they must be shared with all applicants.

Dismissal and Grievance - Programs must have written policies addressing these issues, and they must be shared with all applicants. Trainees in Type 2 and 3 programs have access to grievance procedures per GME Policy. Individuals in Type 1 programs are subject to the Faculty Grievance policies and procedures outlined in the HOP.

Initiation of Training: Fellows in Type 2 and Type 3 programs are subject to the same on-boarding processes and requirements as trainees in ACGME programs, to include appropriate background checks. On-boarding for individuals in Type 1 programs is governed by the faculty on-boarding policies and procedures in the HOP.

Completion of Training: Similar to fellows in ACGME programs, fellows in Type 2 and Type 3 programs must receive the appropriate templated final evaluation found on the GME Office webpage. Individuals in Type 1 programs must have the completion of their

training documented. Documentation of the completion of training must be shared with all individuals in non-ACGME programs. Certificates documenting the completion of training must be made available to all individuals in non-ACGME programs.

Ongoing academic responsibilities of the program include responses to licensure, accreditation, privileging, and other inquiries regarding non-ACGME training. These inquiries will be answered promptly by the program.

Appendix A

UTHSCSA
Office of Graduate Medical Education
Faculty Development Program Information Form

Program Name:

Length of Program: 1 year
Number of Individuals in Program 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
			Texas license

Funding source for training costs:

Program rationale and overview:

Program 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

Selection process:

Funding source (please check all that apply):

☐ Hospital:

☐ Grant: (PI:)

☐ Department:

☐ Other:

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

Duties and responsibilities of individuals in the program (if the program is greater than one year in length, please describe the progressive responsibility associated with advancement to the next year of the program):

Required Scholarly activity:

Supervision policy:
Evaluation strategy:

Dismissal/grievance policies:

Does this program have any graduates? No

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

Please list publications of individuals in the program 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:

Appendix B

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

Fellowship 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
			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:

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:

Appendix C

Texas Medical Board

Application for Board-Approved Fellowship

BOARD-APPROVED FELLOWSHIPS - INSTRUCTIONS & INFORMATION

New Rules Effective June 29, 2006
Refer to Chapter 171.4, Postgraduate Training Permits, Board-Approved Fellowships, at
http://www.tmb.state.tx.us/rules/rules/171.php on the board's web site.
- All board-approved fellowships approved before September 1, 2006 expire on the date provided in the original approval, but no later than August 31, 2007.
- A new application for approval must be submitted at least three months prior to the expiration date or on June 1, 2007, whichever date is earlier.
- All requests for board approval of fellowships submitted on or after September 1, 2006 must comply with the requirements of this chapter.

Does Your Board-Approved Fellowship Require Board Approval for Physician in Training Permits to be Issued?
No, not if the fellowship is approved by:
- the Accreditation Council for Graduate Medical Education (ACGME)
- the American Osteopathic Association (AOA)
- a member board of the American Board of Medical Specialties (ABMS), or
- a member board of the Bureau of Osteopathic Specialists (BOS)

Application Process
1. Complete the attached application.
2. Attach a check for the $250 processing fee.
3. Submit it 90 days before the board-approved fellowship is to begin to allow enough time for processing.

Internal Reviews
Institutions with board-approved fellowships must determine whether to conduct internal reviews of the board-approved fellowship at the mid-point of the board-approved fellowship's most recent approval period.

Reapprovals
The DIO and the chair of the GMEC of the institution for which a fellowship has been previously approved by the board must apply to have the fellowship approved again, if the fellowship is to continue after the expiration date. Applications for subsequent approval must comply with all requirements in this section for initial approval and must be submitted at least three months prior

to the expiration of the board-approved fellowship in order to prevent a lapse in time of the fellowship. Permit holders shall be allowed to complete their fellowship regardless of continuing fellowship approval.

Subsequent ACGME, AOA, ABMS, or BOS Certification of Fellowship
All board-approved fellowships subsequently approved by the ACGME, AOA, a member board of the ABMS, or a member board of the BOS, must notify the board within 30 days of their approval. Fellowships may not be dually approved by the board and ACGME, AOA, a member board of the ABMS, or a member board of the BOS. A board-approved fellowship that becomes approved by the ACGME, AOA, a member board of the ABMS, or a member board of the BOS immediately loses its board-approved status when its new approval becomes effective through the ACGME , AOA, a member board of the ABMS, or a member board of the BOS.

TEXAS MEDICAL BOARD
APPLICATION FOR BOARD-APPROVED FELLOWSHIP

Fellowship Name	
Graduate Medical Institution Name and Address, Including Contact Person	
Length of Fellowship	
Length of Time for Which Approval of the Fellowship Is Requested (May Not Exceed 5 Years)	
Begin Date of Fellowship	
Brief Summary of Fellowship, Including Goals/Objectives, Need for Fellowship, Fellowship Program Director, Number of Fellows to Be Enrolled, and Fellowship's Status with Accrediting or Approval Bodies (such as ACGME, AOA, ABMS, and BOS). Include denials of accreditation/approval.	

TEXAS MEDICAL BOARD
APPLICATION FOR BOARD-APPROVED FELLOWSHIP

I certify that the information regarding the above-named fellowship has been reviewed by the Graduate Medical Education Committee and that the following criteria have been satisfactorily demonstrated in the review:

1. Goals and objectives; documented curriculum; and, qualifications of the program director and program faculty, including, but not limited to, certification by the appropriate specialty board and/or appropriate educational qualifications;

2. Process by which subspecialty (fellowship) postgraduate residents are selected;
3. Prerequisite requirements of the subspecialty (fellowship) postgraduate residents, including whether prior residency training in a related specialty is required;
4. Delineated duties and responsibilities required of subspecialty (fellowship) postgraduate residents in the fellowship;
5. Number of subspecialty (fellowship) postgraduate residents to be enrolled each year;
6. Scholarly activity to be required of subspecialty postgraduate;
7. Type of supervision to be provided for subspecialty (fellowship) postgraduate residents;
8. Requirements for the program director or supervising physician to hold a Texas license or faculty temporary license issued by the board;
9. Methods for evaluation of subspecialty (fellowship) postgraduate residents by the fellowship; and
10. Progressive nature, including, but not limited to, the progressively greater responsibility of the subspecialty (fellowship) postgraduate residents throughout the course of the fellowship if the fellowship is over one year in length.

I have read and understand Board Rule 171.4 regarding board-approved fellowships. I will provide such information and documentation to the board as may be requested. By my signature below, I affirm that I am the person holding the designated position and that all of the information contained herein is true and correct.

_____   _____
Printed Name and Texas License Number –   Printed Name and Texas License Number
DIO   – GMEC Chairman

_____   _____
Signature – DIO   Signature – GMEC Chairman

_____   _____
Date   Date