

UTHSCSA Graduate Medical Education Policies

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
		Responsibility:	Designated Institutional Official
<b>Policy for Graduation Medical Education Office Oversight of non ACGME-Accredited Fellowships</b>			
Purpose	GME Office oversight of non ACGME-accredited fellowships is performed to ensure high quality educational experiences for the trainees in the programs.		
Policy	<p><b>It is the policy of UTHSCSA that if accreditation standards exist (ACGME, ABMS board, CPME or other accepted national entities), UTHSCSA sponsored programs must apply for and receive such accreditation.</b></p> <p><b>Categories of non ACGME-Accredited Fellowships</b></p> <p>Type 1. Programs independent of any accepted national entity. The fellows in these programs must have full, unrestricted Texas licenses.</p> <p>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.</p> <p>Type 3. Programs approved/accredited by an accepted national entity. The fellows in these programs should have full, unrestricted Texas licenses.</p> <p><i>Type 1 Programs</i></p> <p><i>Programs independent of any accepted national entity. The fellows in these programs must have full, unrestricted Texas licenses.</i></p> <p>Fellows in Type I programs must be appointed as faculty. In that regard, fellows are entitled to benefits and privileges of faculty status outlined in the UTHSCSA Handbook of Operating Procedures. These individuals are not viewed by the GME office as physicians in training. Therefore, the program is not subject to the rigorous oversight of the GME office</p>		

and the Texas Medical Board.

*Type 2 Programs*

*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.*

- A. New Programs: For new programs, the proposed Program Director will contact the GME Office to schedule the initial New Program Review at least one year before an offer of a fellowship position is made in order to optimize all timelines. The Program Director will prepare and submit a Fellowship Information Form (FIF) (see Appendix A) and the TMB Application for Board-Approved Fellowship (see Appendix B) ten business days prior to the scheduled New Program Review. The New Program Review will be conducted by GME Faculty. A report of the findings must be approved by the GMEC Compliance & Accreditation Standing Committee, and DIO 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 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 internal review protocol will be provided at that time. The FIF will be reviewed, and an internal review will be conducted. A report will be prepared and presented to the GMEC Compliance & Accreditation Standing Committee, and DIO. If approved by the aforementioned 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.

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

All fellow applicants must be subjected to a Security Background

check before beginning fellowship training. Any individuals listed by a federal agency as excluded, suspended, or otherwise ineligible for participation in federal programs are ineligible for fellowship at UTSCSA.

Fellows in non-ACGME programs will be appointed at the fellow level within a Department subject to approval by the Department Chair and the Dean, School of Medicine. Governing policies and procedures will be the responsibility of the department.

Credentialing - Clinical credentialing may be at the trainee or practitioner level, according to the goals of the program and department and hospital policies.

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 - Fellows in training must be evaluated periodically, and written records must be maintained. Fellows must be given periodic feedback on performance, and must have access to their written evaluations. Fellows must be notified promptly in writing if an evaluation may result in an adverse action such as probation, non-advancement, or termination. Fellows should be given the opportunity to indicate in writing when they have disagreements with the written evaluation. Programs must have written policies addressing evaluation, and they must be shared with the applicant.

Supervision - Fellows in training must be supervised appropriately. Programs must have written policies addressing supervision, and they must be shared with the applicant.

Duty Hours - Fellows in non ACGME-accredited programs are subject to the same duty hour limitations as those 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 the applicant.

Termination/Grievance and Appeal - Programs must have written policies addressing these issues, and they must be shared with the applicant.

**Initiation of Training:** A checklist is found in Appendix C. The Program Director and Department Chair should employ this checklist to ensure that processes are complete.

**Completion of Training:** A checklist for completion of training is found

in Appendix D. Satisfactory completion of training is assessed by the method(s) outlined and is documented in writing by the Program Director and/or Departmental Chairman. There must be a Final Evaluation and Verification of Credentials prepared, which becomes a permanent part of the fellow's training file.

Ongoing academic responsibilities of the program include response to licensure, accreditation, privileging, and other inquiries regarding the fellow's training. These inquiries will be answered promptly by the 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 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 schedule the initial New Program Review at least one year before an offer of a fellowship position is made in order to optimize all timelines. The Program Director will prepare and submit the materials required by the accrediting entity ten business days prior to the scheduled New Program Review. The New Program Review will be conducted by GME Faculty. A report of the findings must be approved by the GMEC Compliance & Accreditation Standing Committee, and DIO prior to submission of the application to the accrediting entity. If approved by the accrediting entity, the entity will assign a program number and a reaccreditation date. The application fee required by the accrediting entity for review of fellowship program applications is the responsibility of the sponsoring program.

Renewing Programs: At the midpoint in the program's accreditation cycle, the GME Office will conduct an internal review. The internal review protocol will be provided at that time. The internal review will be conducted and a report/action plan will be prepared and presented to the GMEC Compliance & Accreditation Standing Committee, and DIO. The DIO and GME Faculty will determine the requirements for ongoing follow up based on the report and action plan.

UTHSCSA Graduate Medical Education Policies

UTHSCSA  
Office of Graduate Medical Education  
Non ACGME-Accredited 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:**

UTHSCSA Graduate Medical Education Policies

**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 B



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 GMCEC 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



## UTHSCSA Graduate Medical Education Policies

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 –

DIO

\_\_\_\_\_  
Printed Name and Texas License  
Number

– GMEC Chairman

\_\_\_\_\_  
Signature – DIO

\_\_\_\_\_  
Signature – GMEC Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Appendix C

**Checklist for Initiation of Training for Type II Fellowships**

☑	Item	Comments
	<p>If applicant will need a <b>training permit</b> from the Texas Medical Board, the <b>program</b> will need to undergo an internal review (60-90 days) and will need to be approved by the TMB (60-90 days). Please contact the GME Office for further information.</p>	
	<p>Do <b>not</b> offer position until checklist is completed</p>	
	<p>CV reviewed</p>	
	<p>Medical school:</p> <ul style="list-style-type: none"> <li>• Graduation date:</li> <li>• If US, get Dean's Letter</li> <li>• If international medical school, check documents</li> </ul>	
	<p>USMLE scores:</p> <p>Step 1 _____ number of attempts _____</p> <p>Step 2 _____ number of attempts _____</p> <p>Step 3 _____ number of attempts _____</p> <p><u>Note:</u> TMB requires the following for licensure:</p> <ul style="list-style-type: none"> <li>• All steps passed within 7 years</li> <li>• Each step – maximum of 3 attempts; allowance for a 4<sup>th</sup> attempt if only 1 step pending</li> <li>• Please see the TSBME Rules for more information</li> </ul>	
	<p>ECFMG Certificate: Date _____</p> <p>Number _____</p>	
	<p>Obtain a signed release to speak to particular individual(s) involved in the applicant's medical education (e.g., program directors)</p>	
	<p>Residency #1:</p> <ul style="list-style-type: none"> <li>• Dates:</li> <li>• Letter from Program Director:</li> <li>• Phone call to Program Director if appropriate:</li> </ul>	
	<p>Residency #2 (if applicable):</p> <ul style="list-style-type: none"> <li>• Dates:</li> <li>• Letter from Program Director:</li> <li>• Phone call to Program Director if appropriate:</li> </ul>	

UTHSCSA Graduate Medical Education Policies

	Unexplained time periods on CV:	
	<p>Current Licensure:</p> <ul style="list-style-type: none"> <li>• Check State Medical Board website (see <a href="http://www.fsmb.org/">http://www.fsmb.org/</a> for a directory of all state medical boards)</li> </ul>	
	<p>ABMS Board Certificate/Eligibility? Check with ABMS Board if any doubt about months of credit to this point. Get letter or email from the board, or send them a letter confirming a verbal conversation.</p> <ul style="list-style-type: none"> <li>• Has taken boards?</li> <li>• Deficiencies?</li> <li>• Eligible for ___ months toward _____ ABMS Certification</li> <li>• Letter from ABMS</li> </ul>	
	<p>If <u>U.S. Citizen</u>, copy of drivers license and birth certificate.          If <u>non-U.S. Citizen</u>, copy of permanent resident document or visa (see below)</p>	
	<p>If applicant needs a visa, check with International Services re: application process.  <b><i>Please don't proceed until this is clear.</i></b></p>	
	<p>Obtain a signed release for <b>security background check</b>. All must be completed (and any convictions must be reviewed and approved by the Dean and UTHSC Chief of Police) before a contract can be given.</p>	

UTHSCSA Graduate Medical Education Policies

Appendix D

**Checklist for Completion of Training for Type II Fellowships**

<input checked="" type="checkbox"/>	<b>Item</b>	<b>Comments</b>
	Written documentation of successful completion of training	
	Final letter of Final Evaluation and Verification of Credentials – must include the statement: “qualified to practice competently and independently in this specialty”	
	Certificate prepared and given to fellow	