

 <p>All HFHS Includes: Behavioral Health Services Community Care Services Corporate Services Henry Ford Hospital Henry Ford Medical Group Kingswood Hospital Macomb Hospitals West Bloomfield Hospital Wyandotte Hospital</p>	Policy Name/Subject: Non-ACGME Accredited Fellowship Programs (MEP 309)		Policy No: MEP 309
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	Audience: Administrative Support Staff, Residents/Fellows		
	Key Words: Non-accredited		

Background

To define the Henry Ford Hospital Graduate Medical Education Committee's (GMEC) responsibilities related to the oversight of Non-ACGME Accredited Fellowship programs.

Policy

The Henry Ford Hospital Graduate Medical Education Committee (GMEC) is responsible for oversight of all graduate medical education programs in accordance with the [Accreditation Council for Graduate Medical Education \(ACGME\) Institutional Requirements](#). Additionally, the GMEC, at its June 5, 2009 meeting, assumed responsibility for oversight of Non-ACGME Accredited Fellowship Programs.

The GMEC provides oversight of Non-ACGME Accredited Fellowship Programs by:

- Reviewing and approving proposals for new programs;
- Approving appointments of new program directors;
- Approving requests for changes in fellow complement;
- Approving requests for major changes in program structure or length of training;
- Approving requests for any change to fellow work hours;
- Reviewing non-accredited program annual reports;

The fellowship programs must adhere to [HFHS Medical Education Policies](#). Fellowship programs that are eligible to become accredited by non-ACGME accrediting bodies are to apply and maintain accreditation. All accreditation documentation, including applications, must be submitted for review and approval by the Designated Institutional Official (DIO) at least thirty (30) days in advance of submission. Failure to provide documentation within sufficient time and/or maintain accreditation may result in non-appointment of fellows and/or permanent closure of the program.

Procedures

Program Personnel and Resources

Fellowship Program Director: There must be a single fellowship program director with authority and accountability for the operation of the program. Qualifications of the program director must include:

- requisite specialty expertise acceptable to the GMEC; and

- current required certification in the specialty by the Specialty Board or specialty qualifications that are acceptable to the GMEC.

Programs which exist in departments with ACGME accredited residencies or fellowships need cooperation between program directors in order to avoid training conflicts, and to ensure compliance with Medical Education policies as defined by the GMEC. As such, the two program directors must work together to coordinate and optimize resident and fellow experiences. The core program director should provide oversight to non-ACGME accredited training programs in his/her department.

The program director is responsible for all communications with the GMEC, including submitting requests for required approvals and completing the annual report.

Faculty: There must be a sufficient number of faculty members with documented qualifications to instruct and supervise all fellows. The faculty must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities and demonstrate a strong interest in the education of fellows.

Other Program Personnel: The fellowship program must jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program including an identified administrative support person for whom the GME Office will include on communications

Resources: The fellowship program must ensure the availability of adequate resources for fellow education. This includes administrative support for maintaining files for verification of training, evaluation, and work hour requirements.

Fellow Appointments

The fellowship program director may not appoint more fellows than approved by the GMEC. The program's educational resources must be adequate to support the number of fellows appointed to the program.

Educational Program

The curriculum and educational components must be documented and provided to the trainee(s) and faculty at least annually. It is strongly suggested that the programs integrate the ACGME core competencies into the curriculum:

1. **Patient Care:** Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. **Medical Knowledge:** Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
3. **Practice-based Learning and Improvement:** Fellows are expected to develop skills and habits to be able to (1) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; and (2) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
4. **Interpersonal and Communication Skills:** Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
5. **Professionalism:** Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
6. **Systems-based Practice:** Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Scholarly Activities: Fellows should demonstrate scholarly activity during their training period.

Evaluations

Fellow Formative Evaluation: The faculty must evaluate fellow performance in a timely manner, following the end of the rotation or at a minimum of twice a year. The fellowship program director must provide each fellow with documented evaluation and formative feedback at least twice a year. Evaluations must be available for review by the fellow. It is strongly suggested that fellowship program directors provide objective assessments of competency in the six ACGME competencies.

Fellow Summative Evaluation: The fellowship program director must provide a summative letter of completion upon successful completion of the program. This evaluation must become part of the fellow's permanent record maintained by the institution. This evaluation must document the fellow's performance during their education, and verify successful completion of the program.

Faculty Evaluation: At least annually, the program must document evaluation of faculty performance as it relates to the educational program. If there are less than four fellows per year, then it is advised to pool faculty evaluation results with other rotators through the department or until multiple years allow for anonymous feedback (e.g. every 2-3 years before presentation to faculty to preserve anonymity of the fellows evaluating the faculty).

Program Evaluation and Improvement: The program must document evaluation of the program at least annually. These evaluations should include at a minimum an evaluation of the program by the fellow.

The Learning and Working Environment

The program must be committed to and responsible for promoting patient safety and fellow well-being in a supportive educational environment.

Transitions of Care: Program must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.

Fatigue Mitigation: The program must have a process to ensure continuity of patient care in the event that a fellow may be unable to perform patient care duties.

Supervision: Each patient must have an identifiable, appropriately credentialed and privileged attending physician who is ultimately responsible for each patient's care. The program must demonstrate that the appropriate level of supervision is in place for all fellows who care for patients.

Clinical and Educational Work Hours: Fellows are required to follow work hour requirements as defined by the Work Hours Subcommittee of the GMEC.

Administrative Support

Contracts: Upon receipt of the Appointment Notification Form and required attachments, the GME Office will issue a Graduate Trainee Physician agreement based on the approved House Officer salary schedule. Fellows working as associate staff must have a separate contract for these activities in conjunction with their department and Staff Services.

Credentialing: The GME Office will assist trainees in the onboarding process and obtaining the proper educational licensure. Credentialing for associate staff privileges is conducted by Staff Services and must be arranged by the fellow's department.

Visa Sponsorship: The GME Office will assist trainees through the process of applying for visa sponsorship. All costs for visa sponsorship are the responsibility of the fellow or department.

Costs: The sponsoring department is responsible for all costs related to the fellowship program. As HFHS does not receive reimbursement for these programs, fellow salaries and benefits and all program operations (e.g. fees related to application, accreditation, closing) are the responsibility of the sponsoring department. Program discretionary funds for non-ACGME accredited fellowships are distributed annually to the core ACGME residency or fellowship.