| Policy | |
|---|---|
| **TITLE:**<br>Hospital Medical Staff/Peer Review Committee and GME Trainees | |
| **ISSUING DEPARTMENT:**<br>Graduate Medical Education Committee<br>Creighton University School of Medicine-Phoenix | **ORIGINALLY ISSUED:**<br>02/06/23 |
| **DOCUMENT CATEGORY:**<br>Institutional | **LAST REVIEWED:**<br>08/05/24, 08/07/23 |

## PURPOSE

This policy is created to define the relationships between Medical Staff governance, and Graduate Medical Education governance and the residents and fellows that fall under the Graduate Medical Education governance.

## DEFINITIONS

**Clinical Competency Committee:** A committee appointed by the program director that participates in reviewing HSP performance and makes recommendations to the program director regarding promotion, disciplinary action, or dismissal.

**House Staff Physician (HSP):** Any resident or fellow in a CUSOM-PHX GME program.

**Medical Staff Committee**: A governance committee made up of the medical staff that work in a specified hospital. They follow defined medical staff bylaws and are an entirely separate entity from the academic processes or trainees in the hospital.

**Peer Review**: A standing sub-committee of the Medical Staff that is responsible for investigating patient, member, or practitioner complaints or concerns about the quality of clinical care or service provided and to make recommendations for corrective actions, if appropriate.

## POLICY

HSP do not fall under rules of the Hospital Medical Staff or its Peer Review Committee. HSP are not peers with the medical staff within the hospital and therefore not subject to the medical staff peer review process.

HSP do fall under the supervision of physicians who are part of the Hospital Medical Staff. They may be a non-peer review participant invited to provide information or reports to a Medical Staff Peer Review Committee. If the Medical Staff Peer Review Committee has concerns about an HSP performance, they should notify the program director who will follow the CUSOM-PHX GME Corrective Action policy to evaluate and address that performance. All corrective actions taken by GME are confidential. The only items reportable back to the Medical Staff Peer Review Committee are when an individual HSP is grossly negligent, such as disregarding the instructions of the supervising physician or acting with willful professional misconduct. This type of report can only occur after the resolution of any processes or appeals under the Academic Appeals and Due Process and Grievance and Complaints Policy and must be approved by the program director, the Clinical Competency Committee, and the DIO.

## PROCESS

- If a Medical Staff Peer Review Committee wishes to ask a HSP to comment on aspects of the case, outside of their own performance, the Medical Staff Peer Review Committee must first contact the program director of the residency/fellowship program.
- HSP, as trainees, are not qualified to judge a medical staff's clinical decisions or skills, nor should they be asked to report information on their superiors/supervisors.
- The program director will be present with the HSP when they report to the Peer Review Committee and/or assist with any write-up.
- The program director is not held responsible to the Peer Review Committee for any actions of the HSP.
- The supervising physician is responsible for all actions of the HSP they supervise unless the HSP directly disregards instructions from that supervisor.

- The DIO will adjudicate in any situation regarding HSP performance when there is a disagreement between the program director and the Peer Review committee.

**SCOPE**

The policy applies to all Creighton University School of Medicine-Phoenix (CUSOM-PHX) House Staff Physicians (HSP) and their respective training programs, that are Accreditation Council for Graduate Medical Education (ACGME) accredited or meet the criteria in the Non-ACGME Programs Policy.

**ADMINISTRATION AND INTERPRETATIONS**

The Graduate Medical Education Committee – Creighton University School of Medicine-Phoenix is responsible for the administration of this policy and may interpret its provisions as needed.

**AMENDMENTS OR TERMINATION OF POLICY**

This policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and this GME policy, this GME institutional policy shall govern. The University reserves the right to modify, amend or terminate this policy at any time.

**ACGME ACCREDITATION STANDARD REFERENCE**

N/A