

**UNIVERSITY OF CALIFORNIA, DAVIS
AUDIT & MANAGEMENT ADVISORY SERVICES**

**UC Davis Health System, Department of Pathology
Pathology Residents
Audit & Management Advisory Services Project #15-69**

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MANAGEMENT SUMMARY

Background

As a supplement to our fiscal year (FY) 2015 audit plan, Audit and Management Advisory Services (AMAS) conducted a review of the resident selection and ranking process in the UC Davis Health System (UCDHS) Department of Pathology. This review was added to our plan at the request of the UCDHS administration.

In the United States, medical school graduates are required to complete a residency program before they are eligible to practice as physicians. This involves three to seven years of additional training under the supervision of senior physician educators. The process by which medical graduates are admitted to residency programs is highly competitive and standardized under a National Residency Matching Program (NRMP).

The matching process begins when graduates submit applications to programs through the NRMP. Programs then select the most qualified applicants for interview, considering factors such as previous training, United States Medical Licensing Examination (USMLE) test scores, and recommendations from educators and prior supervisors.

In the Department of Pathology (the Department) at UCDHS, a committee consisting of faculty, senior residents, and departmental staff convenes to interview selected applicants. Once it has finished conducting interviews, the committee meets to agree on a rank for each applicant. This process involves adjusting raw values based on test scores, grade point averages, and years of prior experience, to account for more subjective factors such as interpersonal skills, level of interest in the program, and perceived likelihood of success. The product of this process is referred to as a rank order list.

The Department's Residency Program Coordinator, a member of the administrative staff, enters the rank order list into NRMP's online Registration, Ranking, and Results (R3) system. The Department's Residency Program Director, a member of the faculty, then certifies that the list is accurate as entered. Once certified, the list is sent to the hospital's Designated Institutional Officer (DIO) for approval. The DIO's approval finalizes the list in the R3 system.

At the same time, each applicant enters a ranked list of residency programs into the R3 system, ordered according to the applicant's interest. After lists have been entered by all programs and all applicants, the system uses a mathematical algorithm to place applicants into programs based on the maximum possible level of mutual preference. This happens once every year.

Purpose and Scope

AMAS conducted a review of the resident selection and ranking process in the Department to evaluate:

- Relevant UCDHS policy and Department implementation practices
- Checks and balances to preserve the integrity of the process, including:
 - Separation of duties in the rank order list compilation, entry, certification, and approval;
 - Proper filing of Outside Professional Activity disclosures; and,
 - Impartial consideration of observers and research fellows for advancement to residency positions

To perform our review, we interviewed personnel from the Department and Graduate Medical Education (GME), reviewed relevant documentation and performed other procedures as considered necessary. Our review took place during the months of March 2015 to May 2015.

Conclusion

Over the past year, the Department has taken steps to enhance its practices related to the selection of medical residents, though further opportunities for improvement exist. AMAS identified several weaknesses in internal controls over the medical resident selection process as employed by the Department, which creates the opportunity for the committee's rank order list to be altered before it is finalized in the R3 system. This presents a risk to UCDHS that private interests might displace institutional interests, with the result that the most qualified residents might not always be matched through NRMP. This has a potential to impact the quality and reputation of the residency program in the Department.

During the course of our review, we also noted that the Department's interviewing practices are somewhat inconsistent with UCDHS policy requirements. The Department will need to consult with Human Resources (HR) to identify any necessary changes to current interviewing practices.

Finally, the Department has recently drafted, and is in the process of revising, a number of internal policies governing the selection of medical residents. Outside review of these policies is recommended during the finalization process.

OBSERVATIONS, RECOMMENDATIONS, AND MANAGEMENT CORRECTIVE ACTIONS**A. Opportunity to Strengthen Controls Over Rank Order List**

AMAS identified three points during the creation and input of the rank order list into the NRMP database at which weak controls create an opportunity for unauthorized changes to be made:

1. The Program Coordinator's entry of the committee's rank order list into the R3 system

Currently, there is no formal procedure for documenting the committee's rank order list. AMAS tested resident selection and ranking records from the three most recent years and found that in two of those years, including the most recent, the final rank order list was recorded by handwritten notes in the margin of another document. Furthermore, documentation of the most recent year's rank order list was not kept in any form by departmental administrative staff; AMAS was only able to review it due to the Associate Residency Program Director's thorough personal recordkeeping.

It is not possible to monitor the fidelity of the list as entered into the R3 system without clear and accessible documentation of the committee's final decisions.

2. The Program Director's certification of the rank order list

Screenshots of the R3 system's final rank order list entry for two of the three years tested show that the list was certified within one minute of its final edit. This indicates that the Program Director has the ability to both make and certify entries in the system, and results in there being no meaningful separation of duties between the entry and certification of rank order lists.

3. The DIO's final approval of the rank order list

AMAS interviewed the UCDMC DIO regarding approval of rank order lists. The DIO reports that scrutiny of all UCDHS department lists would be impractical given time constraints during NRMP match week. Approval, therefore, currently consists of scanning lists to verify that they are populated with enough names so as to reasonably ensure that all vacant positions will be filled. If a list contains approximately ten names for every vacant position, no further inquiry is made and the DIO approves it.

This represents an insufficient control over the accuracy of departments' rank order lists in the R3 system, because the DIO provides no check to ensure that the lists as entered match the lists as ranked by resident selection committees.

As a result of the above, a few individuals in the Department may have the ability to add, subtract, and rearrange applicant names on the rank order list without the participation or knowledge of the resident selection committee.

AMAS observed one possible instance of this. In Academic Year (AY) 2013 the name of an applicant was entered into the R3 system, though that applicant had not been interviewed or ranked by the resident selection committee. Documentation from Pathology's Chief Administrative Officer (CAO) indicates that the applicant was interviewed one week after the committee compiled its final rank order list, and that none of the committee members (except for the former Program Director) was involved in the interview.¹ An appearance of impropriety is compounded by the fact that the applicant was promoted by an organization for which the former Program Director—who held that position at the time--performed paid consulting services. It should be noted that, ultimately, the R3 system did not match the applicant to the UCDHS Department of Pathology so this late edit did not override committee input.

Recommendations

1. The Department of Pathology should implement changes to ensure proper separation of duties, including adequate documentation and use of the final rank order list to ensure that the committee's decisions are accurately submitted to the NRMP.
2. Because the weaknesses observed above are likely not unique to the Department of Pathology, GME should work with resident selection and ranking committees UCDHS-wide to ensure rank order lists are properly represented in the R3 system.
3. Prior to final institutional approval of the rank order lists by GME, the NRMP Designated Institutional Officer (DIO) or another authorized official in the Office of Graduate Medical Education (GME) should make efforts to verify that R3 system entries match certified lists.

Management Corrective Actions

- a. The Department's Resident Recruitment Review Committee (RRRC) will begin to document a final rank order list within formal minutes kept of its final ranking meeting. These minutes will include the names of committee members in attendance, a finalized rank order list of applicants, and be certified by signatures of the Program Director and Associate Program Director. This practice will be instituted during the current (AY16) ranking cycle and will be completed by March 15, 2016.
- b. Prior to final institutional approval of the rank order list, the DIO or another authorized official in GME will verify that the R3 system entry matches the list as it appears in the certified minutes. GME will perform this approval for the Department as part of a broader pilot program in which it verifies the input of rank order lists into the R3 system for two years, beginning with the current (AY16) ranking cycle. The first review will be completed by March 15, 2016.

¹ The Department believes that a different committee ratified the Program Director's decision, but there is no documentation of this.

B. Opportunity for stronger compliance with UCDHS Policy**Procedures for evaluation of residency program applicants in the Department of Pathology are not fully compliant with UCDHS Medical Staff Personnel Policy.**

UCDHS Resident Medical Staff Personnel Policy 205 requires residency programs to create:

1. A written residency position description;
2. Standard interview questions based on the position description; and,
3. Desired responses to the standard interview questions.

The Department was unable to provide AMAS with documentation of a position description, standard questions, and desired responses.

A lack of standardization in the resident selection process poses risks related to departmental and UCDHS management's oversight of the selection process, and support as to the fairness of the selection process.

Recommendations

The Department should consult with HR on steps necessary to comply with policy regarding residency program recruiting. Based upon the results of that consultation, the Department should follow HR guidance and make any necessary modifications to its recruiting process to ensure that there is transparency and consistency in the evaluation of applicants.

GME should be informed of the results of the Department's consultation with HR, and evaluate the need to: 1) coordinate standard interview and evaluation processes across UCDHS residency programs, and/or 2) work with HR to revise UCDHS policy to reflect current appropriate recruitment practices.

Management Corrective Actions

- a. The Department will develop documentation of a position description, standard questions, and desired responses for approval by the Residents Advisory Committee by 11/15/2015.
- b. The Department will consult with HR and make any necessary modifications to their residency program recruiting practices by 11/15/2015.
- c. GME will consider the results of the Department's consultations, and develop a plan for addressing residency program recruiting practices and/or policies by 1/15/2016.

C. New Procedures

The Department is in the process of implementing new procedures, which this review will not be able to consider.

Various issues arising over the last several years have caused the Department to reevaluate its processes and implement new departmental procedures (which it refers to as policies). It drafted the following in April 2015:

1. Residency Recruitment Review Committee Policy
2. Clinical Competency Committee Policy
3. Residency Advisory Committee Policy
4. Observer Categories and Procedures Policy

These procedures are under review by the department's Residency Advisory Committee and the Department does not expect to have a final draft by the time this report is issued. However, UCD PPM 2001-15 (II)(B) provides that "The campus management structure optimizes effectiveness and growth by bringing together people, ideas, and resources in the following manner... Policy making, planning, and determination of goals involves as many concerned individuals as possible." Thus, external review of the departmental procedures by knowledgeable stakeholders will be necessary to ensure their optimal effectiveness.

Recommendations

1. The Department should commit to a deadline for finalization of the procedures.
2. GME should coordinate a review of the procedures throughout the process of their finalization.

Management Corrective Actions

- a. A draft of Department procedure updates will be complete by 11/15/2015 and shared with GME for input.
- b. GME will provide input regarding the procedures by 1/15/2016.
- c. The Department will finalize procedure updates by 2/15/2016.
