

BRIEF REPORTS AND OPINION

Society of Chairs of Academic Radiation Oncology Programs—Endorsed Radiation Oncology Department Review Process



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of the Society of Chairs of Academic Radiation Oncology Programs

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Purpose of This Document

Academic medical centers (AMCs) often conduct a formal review of radiation oncology departments (henceforth referred to as Department) on a periodic (generally 5- to 6-year) schedule, depending on a number of variables, which may or may not be interdependent. These may include: (1) routine and/or planned review of the performance of the Department (ie aggregate performance, Chair stewardship); (2) change in institutional or departmental leadership (ie Dean and/or Cancer Center Director); and/or (3) change in the overall strategy/scope of the institution (ie mergers of business entities). Well-conducted reviews

present opportunities to enhance and improve Departmental quality and academic activities. Ideally, reviews should not be limited to sporadic events to evaluate the Department just before the recruitment of a new Chair.

Most leaders at AMCs have been provided limited exposure to understanding radiation oncology as a specialty. As such, most new Deans have little literature and vetted perspective to provide guidance on designing a departmental review for radiation oncology. Society of Chairs of Academic Radiation Oncology Programs (SCAROP) members have expressed concerns regarding the effectiveness of some of their own reviews, and hence have suggested a broader discussion on this process. Some of these

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concerns include a lack of adequate expertise and understanding of our field on the part of the Review Committee; inadequate resolve to follow up on recommendations from the review (especially if they involve additional resources); a frequent imbalance of the process, with a disproportionate focus on the retrospective analysis as opposed to forward-looking and actionable opportunities in a rapidly changing health care landscape; and reluctance of external reviewers in documenting suboptimal leadership or other problems within the reviewed Department. Consequently, SCAROP members are committed to providing a framework for review, to improve the quality of evaluations that lead to the summary product.

Because the overarching rationale for any meaningful review process is quality enhancement, it is of utmost importance that SCAROP responds to the perceived need to educate both Chairs as the recipients of reviews, as well as individuals charged with leading the reviews. The present report provides a framework that can be utilized to facilitate this Departmental review process in radiation oncology within AMCs.

Purpose of the Review Process

Reviews are intended to be constructive and supportive, seeking perspectives and information relevant to the final scope of improving the Department. The review is confidential yet collegial, with every effort made to provide secure and independent observation of the activities of the Department, and to ensure the faculty's confidence in the process. Because there are multiple reasons and methods in conducting Departmental reviews, the Executive Committee of SCAROP has formulated a proposed template to serve as a guide for Deans, Cancer Center Directors, Hospital Leaders, and others who would be involved in leading this vital activity.

SCAROP believes that the objectives of the review process are as follows:

1. To evaluate clinical activity and opportunities, research emphasis and productivity, faculty scholarship, graduate and continuing medical education (GME, CME), graduate student educational curriculum, inter- and intra-Departmental interactions and collaborations, and community service contributions of the department. This process will seek to identify strengths, weaknesses, and, most importantly, opportunities for improvement and growth within the Department.
2. To help articulate the goals of the faculty in the context of various intellectual, technological, and pedagogical developments in the discipline. Emphasis will be placed on formulating realistic plans for future Departmental growth and improvement within the field.
3. To provide a safe and serene mechanism for Department personnel to express their views of the commitment, competence, and/or responsiveness of their leaders, including the Chair. Some medical schools have

periodic (frequently annual) faculty evaluations of the Chair, and the formal review can be used to assess trends in these evaluations.

4. To consider discipline and programmatic developments and goals as they pertain to stated Department and institutional objectives, as well as the aggregate stakeholders.
5. To define the current relationship between the Department with the Cancer Center (or institute) by facilitating a dialogue between the Chair, Dean, Cancer Center Director, and senior hospital administration; and identify strategies to develop and/or enhance programmatic alignment and synergy among the entities.
6. To propose new means and recognize existing ones geared at the improvement of processes of "best practice" functioning of the Department.

Overall Structure of the Periodic Review

The academic program review consists of 2 phases: (1) an intramural phase that includes a shared intramural Review Committee (with members usually selected by the Dean of the medical school), to be followed by (2) a site visit of extramural consultants external to the institution. The Dean or the Cancer Center Director shall appoint the Review Chair and the committee members. (At some institutions, the medical school Dean initiates periodic reviews with or without the Cancer Center Director.) The committee represents a multidisciplinary faculty interested in the Department under review. Committee representation is sought from intramural programs ideally interacting with the Department under review, but does not include faculty who hold primary or secondary appointments with voting rights (or equivalent) in the Department under review. In addition, a representative of the Dean's office and/or Cancer Center serves within the committee and assumes responsibility for coordinating the committee's activities and managing the administrative details (henceforth Review Coordinator).

Suggested Procedures for the Periodic Review

1. A letter is sent by the Dean or the Director of the Cancer Center notifying the Chair of the Department (henceforth Department Chair) of the pending review, and requesting that a self-study document be prepared.
2. The Dean or Cancer Center Director shall jointly appoint and charge a well-balanced Internal Review Committee (henceforth Committee) comprising a diverse mix of medical school faculty and inclusive of some full-members of the cancer institute. Inclusion of administration representatives within the institution who are familiar with the historical context and strategic vision of the institution is also suggested.

3. After consultation between the Dean or Cancer Center Director, with the Department Chair, 3 external consultants who are nationally or internationally known investigators from peer institutions, with expertise related to the Department under review, will be invited to participate in the review process. The external consultants must adhere to confidentiality of the process. Of note, although the Department Chair should not select the external consultants, the Department Chair's concerns about conflicts (ie confidentiality concerns) regarding potential external consultants should be communicated before such individuals are formally invited by the Dean or Cancer Center Director. Ideally the selection of external reviewers should be a collaborative process, but in general the Chair should have "veto" power for up to 3 potential reviewers, similar to the right bestowed to Cancer Center Directors undergoing National Cancer Institute reviews.
4. The Department Chair will prepare a self-study document (described below) based on input from the faculty and administrative leadership in the department. This document will serve as the initial reference for the Committee and external consultants.
5. The Department self-study document is assembled by the Review Chair and is submitted to the Dean and/or Cancer Center Director.
6. The internal Committee will meet 2 to 3 times or as many times as required before the site visit to review the Department self-study document. The Dean or Cancer Center Director will attend the initial meeting of the Committee to discuss the content and respond to any questions. The Internal Review Committee may also wish to interview the Department Chair, Senior Administrators within and external to the department, and faculty and staff from the department, as well as faculty or leadership from other departments that have frequent contact (eg surgery, medical oncology). These meetings are often critical because confidential issues that might not be raised in the self-study document could be discussed in a less threatening environment. The Committee Chair will guide the external review agenda and determine the selection of individuals for the Committee and external consultants to interview during the site visit. The Review Coordinator will schedule the interviews, as well as document each meeting in the form of notes or minutes.
7. The Committee will prepare a 3- to 5-page written initial draft of their review (Review Report) to the Dean or Cancer Center Director, including its initial findings and recommendations to enhance the quality of the Department. This *draft* Committee Report will be completed before the external consultant site visit and will be written to enable sharing with the Department Chair, faculty, staff, and institutional senior leadership.
8. The Dean or Cancer Center Director will direct the Review Coordinator to send a copy of the internal

Review Report to each external consultant before the site visit. Often, other data related to the institution and department (including updated financials) are provided to the external reviewers. The Review Coordinator ensures that updates or additional materials are complete and current. The external consultants' visit commences with a meeting with the Dean, or Cancer Center Director, and the Department Chair. This meeting provides an opportunity for a succinct presentation with general information regarding the Department, institutional priorities, and charge for the review.

During this site visit, the Review Chair and external consultants meet with the Department Chair, key faculty, staff, trainees within the Department, as well as relevant administrators.

At the end of the site visit, the external consultants should meet with the Department Chair to obtain clarifications or more information to contextualize issues and resolve inconsistencies observed during the visit. The external consultants will then meet in an executive session to allow for feedback to be processed into a coherent set of themes that can be later articulated to senior leadership at the wrap-up/preliminary summary session with the Committee Chair, Dean, and/or Cancer Center Director. At this time, the consultants may also verbally provide confidential comments and recommendations to the Dean and/or Cancer Center Director that might not be appropriate for inclusion in the final Report.

In some instances, postinterview phone calls may be required if key stakeholders were not available to be contacted in person during the planned review visit. The consultants are expected to provide additional comments or recommendations as an addendum to the draft Committee Report, as well as provide edits and annotations to the internal Review Committee Report. It is critical that the final External Review Report be received in a timely fashion after the site visit.

9. The Review Coordinator then develops a final Consolidated Review Document that summarizes the assessments and suggestions of both the internal and external committees for evaluation by the Review Chair, who then meets with the Dean and/or Cancer Center Director to discuss findings and recommendations.
10. The Dean and/or Cancer Center Director will then meet jointly with the Department Chair to discuss the review and its implications on the future plans of the Department. This meeting offers to the Chair an opportunity to discuss (and if necessary present evidence to correct) the findings, and to recommend appropriate response to the review by the Dean and/or Cancer Center Director.
11. Upon completion of this meeting, the consolidated Review Document is considered final.
12. The Department Chair is sent a copy of the Review Document and is encouraged to share it with the faculty

of the Department. Recommendations from the Comprehensive Review Document become part of the Department's Annual Report in the years between reviews, giving the Department Chair the opportunity to comment on the actions taken by the Department and the School in response to the review.

13. Interested members of the Department or new recruits can schedule times to review a hard copy of the Review Document in the Dean's office.
14. A bound copy and electronic copy of the Review Document are stored in the archives of the institution.

Self-Study Documents

Details regarding the necessary documents for the Review are provided in the [Supplementary Materials](#) (available online at www.redjournal.org) (1). It is critically important that all the necessary information, including previous Reviews, the strategic vision and tactics of the Department, the governance structure, the finances, and the clinical, academic, research, and educational activities of the Department are provided in a comprehensive and organized manner, to facilitate both the internal as well as the external reviews.

Timeline: approximately 5 months

Four months before review:

- Department Chair, Dean, and/or Cancer Center Director will jointly meet about preparation timeline and process.
- Dean and/or Cancer Center Director will jointly invite and appoint members of the Internal Review Committee, including designation of the Review Chair. Department begins self-study process.

Two months prior to review:

- Self-study due to be submitted to the Dean and/or Cancer Center Director.
- The self-study documents will also be provided to the Department; and institutional background documents will be delivered to the Internal Reviewers.
- Internal Review Committee members will review self-study documents and interview faculty internal and external to the Department.

One month before review:

- Draft of Review Report will be created by the Internal Review Committee and shared with External Reviewers. The External Reviewers are reminded regarding the confidentiality of these sensitive documents. Self-study documents will be sent to External Reviewers.

Review: Two-day visit by reviewers.

One month after review:

- Obtain written assessment and recommendations from External Reviewers.
- Check final Report for completeness and share with Dean and/or Cancer Center Director.
- The Dean and/or Cancer Center Director will jointly share the Report with the Department Chair.
- The Department Chair reviews the final Report and prepares a written response to the Dean. It is strongly recommended that the Department Chair share the key contents of the Report to the faculty of the Department.
- The Department Chair meets with the Dean and/or Cancer Center Director to discuss the Report and the Departmental response.

Conclusion

The Society of Chairs of Academic Radiation Oncology Programs has provided this summary and guiding document to familiarize Chairs of Radiation Oncology Departments on the purpose, process, and timelines for Departmental Reviews. When well conducted, this is a healthy mechanism by which Chairs are held accountable for the output of their Departments. Similarly, this is also an opportunity for the Department to showcase their achievements, communicate their strategic goals to the Deans and/or Cancer Center Directors, and optimistically, argue for increased resources to support common academic objectives. Ultimately, such processes will enhance and improve the overall departmental quality and academic activities.

Reference

1. Collins J, Amis ES Jr, Beauchamp NJ Jr, et al. A guide to the external review of an academic radiology department. *Acad Radiol* 2014;21:400-406.