

Revised May 2, 2018

**Background:**

Due to the institutional caps on the number of trainees in ACGME or other programs, it is necessary for the institution to monitor the number of residents and fellows training through the system. Therefore, there are a number of procedures that must be followed when requesting a new training program, an increase in program size (complement change), and/or when changing the current FTE of trainees at the clinical affiliates and/or adding a new clinical site for the program. **It is imperative to contact the DIO as soon as one of these requests is being considered.**

Prior to beginning the process, programs should strategize about the timing of such requests taking into account ACGME Review Committee meeting schedules, applicant interviews and Match deadlines, the potential impact on other learners, budgetary issues, etc.

New ACGME programs require an application in the ACGME ADS system and may require a site visit prior to ACGME approval. In general, it may take at least 6 months to complete all aspects of the application, which includes institutional approval prior to submission of an application. Applicants cannot be considered for a program until the program has been approved.

Requests for new programs or requests for change in size of an existing program must be approved and signed by the Designated Institutional Official (DIO) before any changes can be submitted to an ACGME accredited specialty's Review Committee. **FAILURE to follow this requirement will result in the denial of such requests.**

Early notification to the DIO of intention for these requests is necessary as the Financial Advisory Committee (FAC) and Graduate Medical Education Council (GMEC) do not meet monthly and special meetings will not be scheduled to consider such requests.

**Procedure:**

Review and complete the appropriate request form for your program (found on the following pages). Send completed form and all required attachments to the DIO.

The DIO will review requests. **Completed requests** will first be reviewed at FAC for financial approval. Once approved by the FAC, the request will be reviewed at GMEC for approval. Once approved by GMEC, accredited programs must work with accrediting body (ACMGE, etc.) to complete application(s) and receive final approval.

Requests for change in FTE at affiliates (including the addition of a new training site) require FAC institutional approval only. For ACGME accredited programs, if the proposed training site is a new participating site for the institution, ACGME approval of the site will need to occur. Additionally, any time the block diagram changes for the program's curriculum, a new block diagram and description to update "major changes" section in the ACGME ADS is required to be completed by the program.

The PD (or Assistant/Associate PD) must be present at the FAC and GMEC meeting to answer any questions raised by the committees (a calendar invite will be sent for the meeting with a specific presentation time). If the program representative cannot attend the FAC or GMEC meeting when requested, consideration of the request will be tabled until the next meeting.

**NEW PROGRAM (ACGME):**

1. Program Name:
2. Anticipated academic year for start of program:
3. Will the program require an ACGME site visit (can be found on ACGME.org, horizontal tab "specialty", right side of page will show Executive Director to contact for answer):
4. ACGME deadlines for submission of materials for the Review Committee review (can be found on ACGME.org, horizontal tab "specialty", right side of page will show dates) *\*If the program will require a site visit, the deadline for submission of the application will be sooner to have the site visit completed prior to the Review Committee meeting, check with Executive Director as in #3:*
5. Length of Training program:
6. Number of residents/fellows are you requesting:
7. Will the program participate in the National Residency Match Program (NRMP) or some other Match program:
8. Name of proposed Program Director:
9. Provide documents for PD approval per policy:  
[http://med.umkc.edu/docs/gme/policy\\_pdfs/Appointment\\_of\\_Residency\\_Program\\_Directors\\_and\\_Associate\\_Program\\_Directors.pdf](http://med.umkc.edu/docs/gme/policy_pdfs/Appointment_of_Residency_Program_Directors_and_Associate_Program_Directors.pdf)
10. ACGME requirement for Core Faculty (found in program requirements for the specialty):
11. Number of Core Faculty projected who meet requirement:
12. Briefly explain the rationale for Request (include how such a program will benefit current programs and institutions):
13. Briefly explain how this new program could affect current trainees in other programs:
14. Please prepare and attach as a separate document a plan that outlines the financial aspects of the new program at the affiliated institutions (Truman Medical Centers, Saint Luke's Hospital, Children's Mercy Hospital, Center for Behavioral Medicine, VA, or Research Medical Center, or other). This should include written documentation of the affiliates agreement for funding (please contact UMKC Business Affairs for total cost of residents in your projections), including that the affiliates will agree to fund commiserate with annual GME total cost increases). Include the names of all institutions to be used during training and the number of months and Resident/Fellow PGY level spent at each institution per year (include proposed block diagram). Review "ACGME Guide to Construction of Block Diagram" found on the GME Program Policies & Procedures page to assist you.

Department Chair Typed Name:  
Signature:

Program Director Typed Name:  
Signature:

Date of Submission to DIO:

FAC Approval Date:

GMEC Approval Date:

**NEW PROGRAM (NON-ACGME):**

1. Program Name:
2. Anticipated academic year for start of program:
3. Will the program require other accreditation approval:
4. If so, please briefly provide any application deadlines and requirements:
5. Length of Training program:
6. Number of residents/fellows are you requesting:
7. Name of proposed Program Director:
  - Provide documents for PD approval per policy:  
[http://med.umkc.edu/docs/gme/policy\\_pdfs/Appointment\\_of\\_Residency\\_Program\\_Directors\\_and\\_Associate\\_Program\\_Directors.pdf](http://med.umkc.edu/docs/gme/policy_pdfs/Appointment_of_Residency_Program_Directors_and_Associate_Program_Directors.pdf)
8. Number of Faculty for program and any requirements:
9. Briefly explain the rationale for Request (include rationale how such a program will benefit current programs and institutions):
10. Briefly explain how this new program could affect current trainees in other programs:
11. Please prepare and attach as a separate document a plan that outlines the financial aspects of the new program at the affiliated institutions (Truman Medical Centers, Saint Luke's Hospital, Children's Mercy Hospital, Center for Behavioral Medicine, VA, or Research Medical Center, or other). This should include written documentation of the affiliates agreement for funding (please contact UMKC Business Affairs for total cost of residents in your projections), including that the affiliates will agree to fund commiserate with annual GME total cost increases). Include the names of all institutions to be used during training and the number of months and Resident/Fellow PGY level spent at each institution per year (include proposed block diagram). Review "ACGME Guide to Construction of Block Diagram" found on the GME Program Policies & Procedures page to assist you.

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**INCREASE IN PROGRAM SIZE (COMPLEMENT INCREASE):**

1. Program Name:
2. Current number of trainees (If an ACGME program, what is the current approved number of trainee which is listed on the ADS "program" page for your program):
3. Requested number of trainees:
4. Is this a temporary or permanent increase request:
5. If increase in positions is approved, what would be the number of PGY positions per year for the program:
6. Requested effective date for the increase:
7. If the request is approved, will NRMP or other Match program require an increase in quota size:
8. For ACGME or other accredited programs, will this increase require ACGME or other approval? If so, what submission information will be required? (For ACGME program, go to ACGME.org and on web page search enter "complement change" followed by your specialty and describe required information):
9. Will the request require consideration at a scheduled ACGME Review Committee meeting (can be found on ACGME.org, horizontal tab "specialty", right side of page will show Executive Director to contact for answer):
10. For ACGME accredited programs, any need for additional core faculty per specialty program requirements (can be found in program requirements for your specialty):
11. Briefly explain the rationale for Request (include how such an increase will benefit current programs and institutions):
12. Briefly explain how this the request could affect current trainees in this and other programs:
13. Please prepare and attach as a separate document a plan that outlines the financial aspects of the new program at the affiliated institutions (Truman Medical Centers, Saint Luke's Hospital, Children's Mercy Hospital, Center for Behavioral Medicine, VA, or Research Medical Center, or other). This should include written documentation of the affiliates agreement for funding (please contact UMKC Business Affairs for total cost of residents in your projections), including that the affiliates will agree to fund commiserate with annual GME total cost increases). Include the names of all institutions to be used during training and the number of months and Resident/Fellow PGY level spent at each institution per year (include proposed block diagram). Review "ACGME Guide to Construction of Block Diagram" found on the GME Program Policies & Procedures page to assist you.

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**CHANGE IN FTE AT AFFILIATES (INCLUDING ADDITION OF A NEW SITE):**

1. Program Name:
2. What is the educational rationale for the request? If an ACGME accredited program, is the request related to a change in program requirements? If so, please provide the program requirement and how the current block diagram does not satisfy the requirement?:
3. If the program has not procured funding agreement, what steps has the program taken to try to resolve the issue:
4. If an ACGME accredited program, will a new clinical site and/or Program Letter of Agreement (PLA) be necessary for the proposed FTE change:
5. Please prepare and attach as a separate document that outlines the financial aspects of the requested FTE at the affiliated institutions (Truman Medical Centers, Saint Luke's Hospital, Children's Mercy Hospital, Center for Behavioral Medicine, VA, or Research Medical Center, or other). This should include written documentation of the affiliates agreement for funding (please contact UMKC Business Affairs for total cost of residents in your projections, including that the affiliates will agree to fund commiserate with annual GME total cost increases). Include the names of all institutions to be used during training and the number of months and Resident/Fellow PGY level spent at each institution per year (include proposed block diagram and current block diagram). Review "ACGME Guide to Construction of Block Diagram" found on the GME Program Policies & Procedures page to assist you.

Department Chair Typed Name:  
Signature:

Program Director Typed Name:  
Signature:

Date of Submission to DIO:

FAC Approval Date:

GMEC Approval Date: