

REQUEST FOR CHANGE IN APPROVED RESIDENT/FELLOW PROGRAM COMPLEMENT

Note: Please make sure you have Adobe downloaded before completing this form.

TEMPORARY (only needed for requests longer than 90 days)

PERMANENT

Please address all the questions/requirements below and on the next page in your request. Send completed requests to the GME Accreditation Team **at least two weeks prior to the Program Quality and Compliance Committee** meeting date where you would like this item considered. P&C meets monthly.

Requests to change a program's resident/fellow complement need review and approval by:

1. MUSC Program Quality and Compliance Committee
2. MUSC GMEC
3. ACGME/RRC

Requests to specific ACGME/RRC's must not be made until after approval by the MUSC GMEC that meets quarterly. Requests should be made in the ACGME ADS system no longer than six months following GMEC approval.

No resident or fellow should be hired or promised a position until there has been approval by each group noted above.

Is this a new request? Yes No

Is this a resubmission of an old request? Yes No

Training Program Name:

Total # of additional positions requested:

Breakdown by PGY level:

This will take our total complement from (# of current complement) to (# of requested complement)

Requested Effective Date:

Effective End Date (if temporary):

1. For permanent requests, will the increase in trainees increase the required % FTE for the program director, faculty, or coordinator?
Yes No
If yes, what are the new % FTE requirements?
2. For temporary requests, please explain the reason this is needed. For permanent requests, please list the education rationale for request to change the number of trainees in program:
3. What will be the impact of the change on the educational program? Please include both the positive and negative effects on the educational program in comparison to the current program size.
4. What are the anticipated effects of your proposed program changes on other training programs at MUSC?

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5. How will the change affect the number of cases seen by trainees?

6. If your RRC or American Board have requirements for a certain number of rotations, clinical experience, number of producers, cases, etc., will there be adequate experiences to meet RRC and Board requirements?

7. Assuming approval, what will the program look like for each year of training?

What will be added, deleted, or moved?

Include a Block diagram by PGY year, for a model resident/fellow.

8. Will there be additional or new training sites needed to accommodate the change in trainee complement? If so, list the additional sites, along with the education rationale for using these sites.

You will be required to provide completed Affiliation Agreements prior to the start of each rotation.

[Agreement Here](#)

9. Please provide a summary of resources. Is there adequate space and resources (offices, desks, computers, labs, etc...) to accommodate the change?

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10. How will additional positions be financed?

departmental financing*

hospital financing through SMP**

Please provide documentation via a letter from the chair committing and outlining funding for the resident(s), program director, faculty, and program coordinator support.

[Attach Letter Here](#)

** For hospital financing requests, please contact the GME business manager, _____ for instructions.

Program Director Signature/Date:

Program Coordinator Signature/Date:

Specialty Core Program Director Signature/Date (if for a fellowship):

If the proposed program is a fellowship, the Specialty Core Program Director must sign off on the application:

Department Chair Signature/Date:

If you have any questions, please contact the Accreditation Manager, _____

in the MUSC GME Office.