# Program Name:

Length of Program in years

# of residents/fellows requested per year

Does this program currently have residents or fellows? 🗖 yes 🗖 no

Program Director:

Date Program Director began teaching in GME:

Program Coordinator:

Department Chair:

Specialty Program Director (if applicable):

Requested Start Date:

Program Director Signature/Date: Specialty Program Director Signature/Date:

*(if applicable)*

# Department Chair Signature/Date:

Requests to for a new training program need review and approval by:

1. MUSC SMP
2. GMEC
3. ACGME/RRC

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

Please address all the questions/requirements on the next page in your request (This information is in addition to the WEBADS application for new programs). Send completed requests to Ann Ronayne (c/o GME Office, room 202 MUH, MSC

333) at least two weeks prior to the GMEC meeting date where you would like this item considered.

**Rationale, Impact and Financing for New Program**

1. Why are you asking for a new program? (Aligning with hospital strategic planning, changes in ACGME structure, etc…)
2. What are the anticipated effects of your proposed program on other training programs at MUSC?
3. 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?
4. Is there an adequate number of faculty for supervision of clinical activities?
   * Please provide a list of faculty and proposed schedule for supervision of trainees.
5. Assuming approval, what will the program look like for each year of training?
   * Include a block diagram by PGY year, for a model resident/fellow.
6. How will the program maintain an adequate balance of service vs. education?
7. How will the program meet the duty hours for each program year?
   * Please provide a copy of the schedule demonstrating compliance.
8. Are outside training sites needed to accommodate the educational needs of the trainees? If so:
   * List the additional sites and the educational rationale for each.
   * You will be required to provide completed Affiliation Agreements prior to the start of the rotation.
9. How will additional positions be financed?

* departmental financing  hospital financing  other
  + Please provide documentation via a letter outlining funding support
  + For hospital funding requests, please contact Glenda Inabinet for instructions.

1. Is there adequate space and resources (offices, call rooms, desks, computers, labs, etc…) to accommodate the program?
   * Please provide a summary of necessary resources.
2. Is there adequate administrative support for the program and program director? Please describe departmental support for the training program, including required FTE positions for the PD and the PC..
3. How will the program meet the requirements for Scholarly Activity as defined by the ACGME?
   * Please provide a summary of faculty research activities.
   * Please describe how adequate research opportunities will be provided to trainees.
4. How will the educational goals of the program be met?
   * Please provide a copy of the educational goals and objectives.
   * Please provide a copy of the proposed conference schedule and topics covered.
5. Scope of Practice information
   * Please use the template found on the GME website (<http://academicdepartments.musc.edu/gmehandbook/appendix4/index.htm)>to complete a scope of practice for each PGY level.

If you have any questions, please contact Ann Ronayne in the GME Office (2-8681 or Ronayne@musc.edu).