

NEW PROGRAM REQUESTS AND CHANGES IN COMPLEMENT

I. Introduction

1. The Graduate Medical Education Committee is responsible for monitoring and advising on all aspects of residency education.
2. All applications for new programs (both ACGME accredited and non-accredited) and changes to resident/fellow complement either permanent or temporary require information to be provided to GMEC for approval.

II. Policy

1. Before any changes to programs' complement can be made, a review of the program's business plan and finances must be completed. Resident salaries are paid by partner hospitals and they must in writing approve of any increases prior to requests to the GMEC and ultimately to the ACGME.
2. Prior to requesting new program development, funding sources must be identified and proof must be documented that they are available. This includes funds for resident/fellow stipends, faculty and their required protected time, research, other required training expenses and activities.
3. New programs must fit in with the GME strategic plan and address shortages in Nevada with the hopes of retaining graduates from the new program in the state.

III. Procedure

1. All requests for consideration by the Graduate Medical Education Committee shall be in writing and include justification for any of the above-outlined actions.
2. Complement increases
 - a. Requests for complement increases (temporary or permanent) must be submitted in the format consistent with residency review committee requirements. This includes at a minimum:
 - i. Educational rationale for change
 - ii. Current block diagram
 - iii. Proposed block diagram
 - iv. Faculty-to-Resident ratio
 - v. Descriptions of major changes since last accreditation review
 - vi. Response to previous accreditation and internal review citations
 - vii. Any specialty-specific documentation required by the residency review committee
 - b. Proof of funding for the additional positions must accompany the request
 - c. Once the request has been approved by GMEC, the appropriate information must be submitted through the ACGME ADS system for approval by the DIO

3. New Programs
 - a. Requests for submission of a new program (ACGME accredited or non-accredited) must be submitted in a format that follows this policy.
 - b. Forms are attached to this policy to be completed as part of the submission process
 - c. Read the program requirements and determine that the resources are available
 - d. Proof of resources must be provided in writing along with the answers to the attachments before proposing the program to the GMEC

Approved by GMEC April 2017

Request for New Training Program

Program Name: _____

Program Director: _____

Signature: _____ Date: _____

Phone: _____ Email: _____

Requested resident / fellow complement: _____

Requested effective date: _____

Dept. Chair: _____ Date: _____

Signature: _____

Requests to add a new program need review and approval by:

1. UNLV-SOM GME Committee for educational content, impact and objectives

Approved by GMEC on: _____

2. UNLV-SOM CFO and/or appropriate hospital affiliate(s)

Approved by UNSOM CFO: _____

Approved by Hospital Partner: _____

Approved by Hospital Partner: _____

Program applications to the ACGME cannot be made until after approval by the UNSOM GMEC, CFO and hospital affiliate(s) and the DIO initiates the process in ACGME ADS system. The attached questionnaire will facilitate the necessary approvals. No residents or fellows may be hired or made promises for positions until there has been approval by each group noted above and the ACGME provides initial accreditation; many new program applications still require site visits.

Please address all the questions on the next page in your request. Send the completed application request to:

Miriam Bar-on, MD, Senior Associate Dean for Graduate Medical Education at: Miriam.Bar-on@unlv.edu

Rationale, Impact and Financing for New Program

1. Reason(s) for request to add the program.
2. What are the anticipated effects of your proposed program on other training programs at UNLV-SOM?
3. If your RRC or Board have requirements for a certain number of rotations, clinical experiences, number of procedures, cases, etc., will there be adequate experiences to meet RRC and Board requirements – please explain special needs of your program?
4. Are there an adequate number of faculty for supervision of clinical activities – how many faculty are needed as described in the program requirements (if ACGME program)?
 - 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 of resident/fellow training.
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. How will the program comply with requirements on Work Conditions for each program year?
9. Are outside training sites needed to accommodate the educational needs of the trainees? If so:
 - list the additional sites you will be required to provide completed PLA's prior to the start of the rotation

10. How will positions be financed? Provide written confirmation of available funding.

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

12. Is there adequate administrative support for the program and program director? Please describe departmental support for the program director and the training program.

13. 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.

14. 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.