

Request for Change in Resident/Fellow Program Complement

Program Name:

Program Director:

Program Coordinator:

Department Chair:

Specialty Program Director (if applicable):

Current approved Resident/Fellow complement:

Requested Change in Resident/Fellow complement:

Requested Effective Date:

Program Director Signature/Date:

Specialty Program Director Signature/Date:
(if applicable)

Department Chair Signature/Date:

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

- 1) MUSC GMEC
- 2) ACGME/RRC

Requests to specific ACGME/RRC's must not be made until after approval by the MUSC GMEC. Requests should be made in the WebADS 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.

Please address all the questions/requirements on the next page in your request. Send completed requests to Dr. Harry S. Clarke, Jr., Chairman, GMEC (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.

FOR GME OFFICE USE ONLY:

Date Received: _____

Approved by the GMEC: _____

Date approved in WEBADS: _____

Request for Change in Resident/Fellow Program Complement

Rationale, Impact and Financing for Complement Change

1. Reason(s) for request to change the number of trainees in program:
2. How will additional positions be financed?
 - Please provide documentation.
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?
5. How will the change affect the number of cases seen by the trainee?
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 site(s).
 - You will be required to provide completed Affiliation Agreement(s) before the start of the training.
9. Is there adequate space and resources (offices, desks, computers, labs, etc...) to accommodate the change? Please provide a summary of necessary resources.