

**MARSHALL UNIVERSITY
JOAN C. EDWARDS SCHOOL OF MEDICINE
GRADUATE MEDICAL EDUCATION
POLICY ON OVERSIGHT OF NEW TRAINING PROGRAMS
AND COMPLEMENT INCREASE**

SECTION 1. STATEMENT AND SCOPE OF POLICY

It is the responsibility of the Graduate Medical Education Committee (GMEC) to oversee the quality of graduate medical education and the learning and working environment for all Accreditation Council for Graduate Medical Education (ACGME) accredited programs sponsored by Marshall University Joan C. Edwards School of Medicine and participating sites. To address the ACGME Institutional Requirement, this policy defines the procedure for obtaining a new residency or fellowship training sponsored by the Marshall University Joan C. Edwards School of Medicine and requests to increase resident complements. The implementation of this policy will ensure the proposed training programs and complement requests are consistent with educational needs and available financial resources of the sponsoring institution and affiliated sites and meet the applicable accreditation and institutional requirements.

SECTION 2. NEW PROGRAM SUBMISSION PROCEDURE

- 2.1. Prior to submission to the Accredited Council for Graduate Medical Education (ACGME), the Marshall University Joan C. Edwards School of Medicine Graduate Medical Education Committee (GMEC) and the Dean must approve the new training program.
- 2.2. To obtain new program submission approval, the following procedure must be followed:
 - 2.2.1. A faculty member must meet with the Designated Institutional Official (DIO) to discuss institutional sponsorship of the desired new program, discuss Residency Review Committee (RRC) requirements and determine a plausible timeline for possible RRC submission.
 - 2.2.1.a. Should the proposed Program Director not meet the qualifications as stated by the RRC, the application process will not proceed.
 - 2.2.1.b. Should the RRC Program Requirements for demonstration of scholarship not be met, then the application will not proceed.
 - 2.2.2. After meeting with the DIO, the faculty member must submit a new program application and supporting documents as detailed in the GMEC application. Subspecialty applications must also have the approval of the Core Program Director and the Program Department Chair.
 - 2.2.3. The DIO will review the application and may request further information or clarification as necessary.

- 2.2.3.a The DIO will meet with the faculty member, the Chair of the GMEC Finance Subcommittee, the Department Chair, the Dean or Dean's designee and others as deemed necessary and appropriate to discuss tentative financing options.
- 2.3.3. b. Upon devising a funding plan, the DIO will submit the material to the GMEC Finance Subcommittee for consideration.
- 2.2.4. The GMEC Finance Subcommittee will meet with the faculty member and the department chair to discuss the information submitted. The Subcommittee will request further information or clarification as needed.
- 2.2.5. Upon review the application material, the Subcommittee will make one of the following recommendations to the full GMEC:
 - 2.2.5. a. Favorable recommendation
 - 2.2.5. b. Conditional recommendation
 - 2.2.5. c. Does not recommend
- 2.3. The full GMEC will review and consider the proposal only if presented in-person by the faculty member and recommend one of the following actions to the Dean:
 - 2.3.1. Favorable Recommendation
 - 2.3.2. Conditional Recommendation
 - 2.3.3. Does Not Recommend
- 2.4. Should the GMEC issue a Conditional or Favorable recommendation, the Dean will then review the program proposal and notify the DIO of his/her final decision. The faculty member and the department chair will be informed in writing of the Dean's decision through the DIO.
 - 2.4.1. The Dean may take one of the following actions:
 - 2.4.1. a. Approval of new program
 - 2.4.1. b. Defer action and return to faculty or the GMEC for further modification/study
 - 2.4.1. c. Does not approve new program
- 2.5. Should the GMEC issue a "Does Not Recommend", the proposal will not advance to the Dean.
 - 2.5.1. At this level, the GMEC's decision will be considered final and cannot be appealed.
 - 2.5.2. The faculty member may revise the application and resubmit, but resubmission will start the approval process again as outlined starting at 2.2.1.
- 2.6. Only upon approval of program request by the GMEC and Dean may the faculty begin completing the ACGME application for accreditation (Program Information Form). The application must be submitted to the DIO for review **prior to sending it to the ACGME.**
- 2.7. Application fees and all associated costs shall be the responsibility of the program.

SECTION 3. INCREASE IN RESIDENT/FELLOW COMPLEMENT PROCESS

- 3.1. Program Directors must prepare a written justification for the complement increase and/or funding change. This request must be submitted to the DIO for review by prior to the submission to the RRC. The documentation **must** include:
 - 3.3.1. Educational rationale for complement change including adequate faculty, facilities, research, patients, and (where applicable) procedures to support the increase.
 - 3.3.2. Description of major program changes since last ACGME (or equivalent) review (self- study visit, etc.) including changes in participating institutions/facilities, faculty, program director, clinical rotations, didactic conferences, and resident complement.
 - 3.3.3. Key faculty to resident or fellow ratio
 - 3.3.4. Response to previous site visit citations or concerns
 - 3.3.5. Impact on clinical productivity at a program and departmental level
 - 3.3.6. Potential impact on other training programs

- 3.4. Upon review of the documentation, the DIO will include the complement increase request on the agenda of the next GMEC meeting for consideration.

Effective Date: February 24, 2015
Approved by GMEC: February 24, 2-15
Approved by DIO: February 24, 2015
Amended by GMEC: January 19, 2016
Approved by DIO: January 19, 2016

**Marshall University School of Medicine
Graduate Medical Education Committee**

Residency/Fellowship

New Program Application

Instructions: Provide information to each section; number your information as per the outline.

I. Summary

A. Overview of the program (one or two paragraphs)

II. Needs Analysis (one or two paragraphs)

A. Why is this new program needed at MUSOM?

B. Why is this specialty beneficial to the Tri-State area, the State of WV and the nation?

C. How will it impact the education of residents in other training program(s) and, if a subspecialty, impact the residents in the core program?

D. Attach a proposed block schedule diagram.

III. Program Organization

A. Program Parameters- describe each of the following:

1. Anticipated first year of participation in Match

2. Length (number of months) of training

3. Proposed number of trainees/ per year, and if it is a phase in process?

4. Eligibility of trainees (training prerequisites)

5. How will trainees be selected (NRMP, or other specialty Match)?

6. Is the Sponsoring Institution required to be a sponsor or be affiliated with any other ACGME-approved residencies? If so, please list required specialties

B. Program Director

1. List RRC requirements for program director

2. Proposed Program Director- describe the qualifications and the protected time that are needed

3. Proposed Program Director must submit a CV with this application

C. Faculty

1. Faculty- describe the number and type of key/core faculty members for the training program

2. What is the faculty to resident/fellow ratio?

3. Listing of key/core faculty members must be submitted with this application.

4. Research requirement for faculty.

D. Other program personnel requirements

IV. Education Program

A. Accreditation

1. Official recognition- how is program recognized? ACGME, ABMS, Certificate, etc.

2. Board Certification- does training lead to ABMS Board Certification and how will the program meet the requirements?

B. Curriculum

1. Learning Objectives-

What are the educational goals/objectives of the training program? (**Attach the written Program Goals/Objectives**)

2. Formal Curriculum

- a. Didactic Sessions- describe or attach a schedule of proposed lectures/rounds, etc.
- b. Clinical Experience- describe each of the following:
 1. Patient population
 2. Time for and location of in-patient experiences
 3. Time for and location of out-patient experiences
 4. Patient load requirements (include overall case load goals for duration of training period)
 5. Supervision during clinical activities
- c. Research Activities
Define goals of academic development in terms of the research/clinical investigation for the trainee

3. Evaluation

- a. How will the trainees be evaluated?
- b. Attach sample evaluation forms

4. Outside-of-core Hospital Rotations

- a. External- describe any planned rotations outside of the participating institution

5. Duty Hours

- a. How will duty hours be maintained within the standards?

6. Address the 6 CLER Focus areas and how they will be part of the resident/fellow training

- a. Patient Safety
- b. Quality Improvement activity by the residents/fellows
- c. Enhanced communication training and evaluation
- d. Supervised Hand-offs/Transition of Care
- e. Professionalism
- f. Duty Hours tracking

V. Recruitment Strategy

Discuss recruitment strategy keeping in mind National matched applicant type percentage (NRMP) of graduate type versus specific proposed programs matched applicant type percentage

VI. Financial Impact

Describe each of the following:

A. Anticipated Full Costs of Program

Discuss financial proposal for the addition of a resident/fellow line including costs of resident/fellow stipend, faculty salary, outside speakers, research costs, recruitment costs, etc.

B. Outside Source of trainees' stipends and benefits

C. Revenues- describe any proposed revenue for offsetting the above costs (grants, clinical revenues, etc.).

VII. Facilities Impact

Discuss each of the following:

A. Office space for resident

- B. Clerical needs for resident
- C. Need for computer, and call-room
- D. Conference Room
- E. Other needs not addressed above

New Program Application Signatures/ Recommendations:

Faculty Member for Proposed Residency Program _____ Date _____

Program Director, Core Program (if applicable) _____ Date _____

Department Chair _____ Date _____

Action Taken by Finance Subcommittee:

- Favorable Recommendation Neutral Recommendation Does Not Recommend

GMEC Finance Subcommittee Chair _____ Date _____

Action Taken by GMEC:

- Favorable Recommendation Neutral Recommendation Does Not Recommend

DIO _____ Date _____

(As Chair of GMEC)

Action Taken by Dean:

- Approved Needs Further Modification/Study Not Approved

Dean _____ Date _____

**Marshall University School of Medicine
Graduate Medical Education Committee**

Residency/Fellowship

Request for Resident/Fellow Complement Increase

Program Directors Name:

Program:

Current RRC Resident Number Approved_____

Requested Number: _____ per _____ PGY (\$_____ Total)

Impact Upon Budget (Does your program currently have funds to absorb the complement increase or have outside funding sources planned?)

Justification for the complement increase:

Educational rationale for complement change including adequate faculty, facilities, research, patients, and (where applicable) procedures to support the increase.

Description of major program changes since last ACGME (or equivalent) review (self- study visit, etc.) including changes in participating institutions/facilities, faculty, program director, clinical rotations, didactic conferences, and resident complement.

Key faculty to resident or fellow ratio

Response to previous site visit citations or concerns

Impact on clinical productivity at a program and departmental level

Potential impact on other training programs