

<b>Graduate Medical Education Policy</b>	Establishing a Residency or Fellowship Program/Increase in Program Complement
<b>Facility/Sponsor</b>	CMC/GMEC
<b>Policy Origin Date</b>	March 2007
<b>Revision Date</b>	November 2024

## **PURPOSE**

It is the policy of the Graduate Medical Education (GME) Office of Carilion Medical Center (CMC) to provide valid and fair procedures to departments that desire to establish new residency or fellowship training programs, or to increase the complement of a current training program. Establishing a new GME program or increasing the program's complement contains both educational and financial elements. Prior to initiating a program or increasing in size, departments must obtain support from the GME Office and institutional administration.

## **SCOPE**

This policy applies to all Accreditation Council for Graduate Medical Education (ACGME), Council on Podiatric Medical Education (CPME), and Commission on Dental Accreditation (CODA) accredited graduate medical education programs sponsored by Carilion Medical Center (CMC).

## **DEFINITIONS**

**Program or Residency Program** refers to an accredited or non-accredited post-graduate medical education program based at Carilion Medical Center.

**Program Director** is the lead physician appointed by the Institution and registered with the appropriate ACGME Residency Review Committee, CODA, CPME or the AOA Program and Trainee Review Committee (PTRC) to provide academic and administrative oversight of the respective Residency Program.

**Resident** refers to all interns, residents, and fellows participating in CMC post-graduate medical education programs.

**Resident Complement** refers to the number of trainees in a program approved for training by their accrediting agency.

**Temporary Increase in Complement:** A transient increase in the number of trainees in a program. This requires approval of the DIO and may require review committee input.

**Permanent Increase in Complement:** A permanent change in the number of learners in a program. DIO and review committee approval are required.

## **PROCEDURE**

1. An SBAR (Situation, Background, Assessment, and Recommendation) providing rationale for the establishment of a new training program or complement increase will be developed and presented to the GME Office.
2. The proposed training program may be an ACGME, CPME, or CODA accredited or non-accredited program.
3. The SBAR must address all the following topics:
  - a. Establish the clinical need for the program or complement increase at local, regional, and national levels and how this new program contributes to Carilion Medical Center's mission.

- b. Determine the impact of the new program on existing training programs sponsored by CMC.
  - c. The proposed number of trainees per year and the length of the program. Possible sources of funding for program development, including grants.
  - d. Identify the person who will be the Program Director for a new program.
  - e. Ensure that the Program Director's qualifications meet ACGME-RRC, CPME or CODA guidelines.
  - f. Identify faculty who will be responsible for the curriculum and training of the residents and ensure that they meet the qualifications specified in the program requirements.
  - g. Ensure that key faculty members are available and that their participation will not create adverse effects on other existing Carilion Medical Center programs.
  - h. An assessment of the scholarly work of the proposed Program Director and core faculty is required.
  - i. Identify any capital needs for the program, including geographic space (e.g. call rooms).
  - j. Identify any additional personnel needed for the program.
4. A business plan must be developed. The GME Office, along with the proposed Program Director and department chair, will consult with the Finance Department to review the proposed program to determine eligibility for DME and IME funding.
  5. The business plan and SBAR will be presented by the departmental chair, to the Chief Physician Executive (CPE), Chief Financial Officer (CFO) and CMC President for review and approval.
  6. If approval is obtained from the CPE, CFO and CMC President, the proposal will proceed to the Board of Governors for review and final funding approval. The program proposal will be presented by the department chair with assistance from the DIO.
  7. Once the program funding is approved, the SBAR will be presented to the GMEC for final approval.
  8. After institutional financial support and GMEC approval is secured, the DIO will open the application for a new program in the ACGME Accreditation Data System (ADS) for ACGME accredited programs. For a complement increase, the Program Director will submit this request through ADS.
  9. All correspondence to the accrediting agencies concerning the establishment of a new training program must be reviewed by the DIO and signed as appropriate. This is conducted through ADS.
  10. The GME office will assist the new Program Director with writing and submission of the new program application.

Designated Institutional Official	Reviewing Committee	Date Approved
Daniel Harrington, MD	GMEC	March 11, 2007
Daniel Harrington, MD	GMEC	January 1, 2011
Donald Kees, MD	GMEC	December 17, 2013
Donald Kees, MD	GMEC	July 18, 2017
Donald Kees, MD	GMEC	March 20, 2018
Donald Kees, MD	GMEC	April 21, 2020
Arthur Ollendorff, MD	GMEC	November 19, 2024