

Request for Permanent Resident/Fellow Complement Change

Per the ACGME Institutional Requirements, the GMEC must give prior approval for any permanent change in resident/fellow complement for all training programs before submitting to the ACGME. The GMEC will judge if the educational resources are suitable and available to support the number of positions being requested and if an adequate educational rationale was provided. The service needs of the residency or participating institutions are not sufficient reason for an increase.

Please note: programs with an accreditation status of warning or probation will not be considered for an increase in resident complement.

I. DEMOGRAPHIC INFORMATION

Program Name	KCU-GME Consortium/		
Program Director	Click here to enter text.		
Accreditation	<input type="checkbox"/> ACGME <input type="checkbox"/> Other Accreditation		
Length of Program in Years			
Type of Request (i.e., Permanent or Temporary)			
Effective Date of Request			
Proposed Funding Source – if additional funding is needed to support the change			
Number of Trainees in Program by PGY Level on Effective Date of Request		REQUESTED number of Trainees by PGY Level on Effective Date of Request	
PGY-1		PGY-1	
PGY-2		PGY-2	
PGY-3		PGY-3	
PGY-4		PGY-4	
PGY-5		PGY-5	
TOTAL Number of Residents approved by ACGME (per PGY if applicable)			
TOTAL Number of Residents Requesting to be in the program (per PGY if applicable)			

II. EDUCATIONAL PROGRAM INFORMATION

<p><u>Provide a rationale for this complement change.</u> The rationale must be educational in nature and not based on service demands. E.g., increased time for didactics, enhance the learning environment, improve the experience on certain rotations, new clinical experiences required by the accrediting agency, improved compliance with duty hour requirements, increased elective time.</p> <p>Click here to enter text.</p>
<p>What other residents rotate through this program (i.e., medical students, fellows from other programs, residents, international scholars)? What impact, if any, would this complement change have on these trainees?</p> <p>Click here to enter text.</p>
<p>What impact, if any, would there be if this complement change was not approved?</p>

Have there been any complement changes in the program in the past three years? If so, please describe.	
Click here to enter text.	
Current Core Faculty to Resident Ratio	
Core Faculty to Resident Ratio on effective date, if change is approved	
What impact would this complement change have on space and facilities, such as office space, computers, and call space?	
Do current clinical volumes support this complement change?	
Does the current research infrastructure (lab space, faculty expertise, research funding) support this complement change?	
Does the current funding source support this complement change?	

	Signature	Date
Program Director		
CEO or Hospital/Health Care Institution Administrator if additional funding is needed to support the change		

Completed forms should be returned to:

Kerrie J. Jordan, DHSc, C-TAGME
 Designated Institutional Official (DIO)/Chair-GMEC, KCU-GME Consortium
kjordan@kansascity.edu

The KCU GME Department will ensure completion of the section below.

Approved by GMEC (Date): _____

Requests to specific ACGME/RC's must not be made until after approval by the GMEC. This form will facilitate the necessary approvals and final request to the ACGME. No residents should be hired or made promises for positions until there has been approval by each group noted above.

All requests for changes in resident complement must be submitted through the ACGME Accreditation Data System (ADS) **only after the GMEC has approved the request for change.**

In order to request change in resident complement through the Accreditation Data System, please follow the instructions after logging into the "Data Collection System" at www.acgme.org.