Requests to change a program’s resident/fellow complement need to be reviewed and approved by:

1. UCSD GMEC for education content, impact and objectives
2. UCSD GME Enrollment Committee for overall rationale and financing/resources.
3. ACGME/RRC

Requests to specific ACGME/RRC’s must not be made until after approval by the UCSD GMEC and GME Enrollment committee. The attached questionnaire will facilitate the necessary approvals and final request to the ACGME. No residents or fellows should be hired or made promises for positions until there has been approval by each group noted above.

Please send a written request addressing all questions on the attached page to:

Charlie Goldberg, MD, Associate Dean for Graduate Medical Education and DIO

Via: Tom Arneson, Assistant Director OGME, mail code 8829 or [tarneson@ucsd.edu](mailto:tarneson@ucsd.edu)

Requests must be signed by the Program Director and co-signed by the Department Chair/Division Chief. Unsigned requests will not be presented to the GMEC. Request should be received no later than 1 week prior to the scheduled meeting.

All requests must be presented in-person at an upcoming GMEC meeting. Please contact Tom Arneson ([tarneson@ucsd.edu](mailto:tarneson@ucsd.edu)) to schedule your request.

Please attach this face page to your request.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Submitted |  |  |  | |  |
| Program Name |  |  |  | |  |
|  |  |  |  | |  |
| Program Director |  |  | Signature | |  |
|  |  |  |  | |  |
| Phone |  |  | Email | |  |
|  |  |  |  | |  |
| Dept. Chair |  |  | Signature | |  |
| Current approved Resident/fellow Complement: | | | UCSD \_\_\_\_\_\_ | ACGME\_\_\_\_\_\_ | |
| Requested Change in Resident/Fellow Complement: \_\_\_\_\_\_ | | | | |  |
| Requested effective date : | | |  | | |

**Rationale, Impact and Funding for Requested Change in Resident Complement**

1. Reason(s) for request to increase complement:
2. How will additional positions be funded?

* Please provide documentation.

1. 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.
2. What are the anticipated effects of your proposed program on other training program at UCSD?
3. How will the change affect the number of cases seen by trainees?
4. If your RRC or Board has requirements for a certain number of rotations, clinical experience, number of producers, cases, etc., will there be adequate experiences to meet these requirements?
5. Assuming approval, what will the program look like for each year of training?

* Include a block diagram by PGY year for a model resident/fellow
* What will be added, deleted or moved?

1. How will the program maintain an adequate balance of service vs. education?
2. How will this affect Duty Hours for each program year?
3. How will this affect trainee Working Conditions for each program year?
4. 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 MOU’s and/or affiliation agreements prior to the start of the rotation.

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