Request for New Training Program
IUSM-GME-PO-0026

Scope
This policy applies to all Indiana University School of Medicine (IUSM) Graduate Medical Education (GME) resident physicians and residency programs.

Reason for Policy
The purpose of this policy is to ensure that the IUSM GME programs for all residents and fellows are consistent with the educational needs of residents and fellows and meet the applicable accreditation and institution requirements.

Policy Statement
The Graduate Medical Education Committee (GMEC) and the Associate Dean for GME must approve all residency and fellowship training programs for sponsorship, prior to the implementation of the program. There must be sufficient institutional oversight to assure that new training programs are well defined in educational training and meet institutional requirements.
If available, all new programs must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). All new programs must provide a curriculum and evaluations that are ACGME competency based.

All new training programs, or new-to-be IUSM sponsored programs, must provide written justification for proposing the new program to include the outline listed below, not less than sixty days in advance of the GMEC meeting at which review would be requested, and preferably a year in advance of program initiation. All requests for a new training program must be made in-person before the GMEC. In the special circumstance in which a proposed or new training program has already received preliminary approval by a certification body or other nationally recognized educational or professional committee, the certification application or national documentation and the responses will also need to be submitted with this application for review by the Office of GME and the GMEC.

### Procedures

The application must include the following:

**Procedure to Initiate the Process for a New Training Program**

All requests for new training programs should be presented in writing to the GMEC for approval, utilizing the “Request for Sponsorship of New Training Program” forms. Additionally, programs seeking ACGME accreditation must contact the GME Office to initiate a new program application in the ACGME WebADS (reference 1). Proposals should be submitted to the GME Office six months to one year prior to the expected start date of the new program.

1. The GME Office will distribute the request forms and accompanying documents to the Associate Dean for Graduate Medical Education. The GME Office will contact the program director regarding notification as to when the Request for Sponsorship of a New Training Program will be on the GMEC agenda. The program director (or designee) is expected to attend the GMEC meeting in order to address questions the committee may have regarding the new program.

2. A letter from the Associate Dean for GME will be sent to the program director outlining the approval or non-approval of the training program. If the GMEC does not approve the program, the program cannot bring in residents for the next academic year. However, the program can reapply after six months.

### Definitions
A resident is an IUSM resident or fellow, or a non-IUSM resident or fellow electively rotating through IUSM and provides clinical care as part of a GME program.

Implementation

The Designated Institutional Official (DIO) for GME is responsible for implementation of this policy.

Oversight

Policy authority for this document resides with the GMEC. The DIO and the GMEC are responsible for oversight. This policy will be reviewed every three years or more often if deemed necessary.

Forms

Request for Sponsorship of New Training Program Application- attached to policy

Related Information

ACGME Instructions for New Program Applications: http://www.acgme.org/Portals/0/ApplicationInstructions.pdf

History

1. Policy IUSM-GME-PO-0026 approved by GMEC and published on 22 September 2010.
2. Policy reviewed, updated, and approved by GMEC on 28 August 2013.
Request for Sponsorship of New Training Program Application

The Application must include the following:

1. **Program Demographics**
   a) Name of Program
   b) Program Specialty/Subspecialty
   c) Department
   d) Campus Mailing Address
   e) Campus Phone Number
   f) Program Fax Number
   g) Program E-mail
   h) Program Director
   i) Program Coordinator

2. **Background**
   a) Assessment of the need for the program
   b) Is ACGME accreditation available, and if so, where in the process of seeking this accreditation is the program?
   b) Duration: Define the exact number of years for the training program and the number to be trained each year, as well as the starting level (PG) for new recruits.
   c) Prerequisite Training/Selection Criteria: Identify prerequisite training requirements and other selection criteria used in appointing candidates
   d) Cost/benefit Assessment:
      o Benefits to other training programs
      o Adverse impact on other training programs
   e) List any oversight and certification organizations associated with the program; does this training lead to Board Certification or a CAQ?

3. **Resources**
   a) Teaching Staff: List the teaching staff involved in providing the education experience and their supervisory responsibilities over the resident(s). It is not necessary to send a faculty member’s CV.
   b) Facilities: List all training sites where rotations are conducted.
   c) Funding: Please explain in a brief narrative how funding will be secured. If program duration is greater than one year and will ultimately educate more than one resident per year, please provide (or diagram) how funding is secured for duration and number of residents. In other words, if program’s duration is greater than one year and/or resident numbers exceed more than one, describing the first year funding for one resident is not sufficient evidence that all financial resources are secured.

4. **Education Program – Basic Curriculum**
There must be a competency-based written curriculum in place that includes goals and objectives. Define the educational purpose of the training program and intended goals of the program. Components that should be addressed include:

a) Clinical and research components
b) Residents’ supervisory and patient care responsibilities
c) Procedure requirements
d) Didactic components (attach the conference schedule).
e) If a program is more than 12 months in duration, describe the progression in responsibilities by PGY level
f) Criteria for successful completion of program
g) Indicate Board Eligible or Certificate of Advanced Qualifications (CAQ) at complete of training
h) A typical calendar year schedule, including training sites

5. **Evaluation**
   a) Resident evaluations must be based on observed performance of the six core competencies and milestones as designated by oversight or certification organizations:
      1. medical knowledge
      2. patient care
      3. professionalism
      4. interpersonal communication skills
      5. systems-based practice
      6. practice-based learning and improvement

   b) Describe the formal evaluation process used to assess the educational performance of program participants, the faculty and the program itself.

   c) A final summary evaluation stating that the resident is competent to practice independently should be part of the evaluation process. Attach copies of the evaluation forms to be used.

6. **Operational Issues and Policies**
The program must have policies covering major operational issues for the training program that include:

a) Adherence to the duty hour regulations
b) Selection process of new residents
c) Source of funding for stipends, benefits, and other operational costs
d) Disciplinary actions
e) Supervision
f) Moonlighting
### SOURCE OF PROGRAM SUPPORT

<table>
<thead>
<tr>
<th>Participating Hospital(s)</th>
<th># / % of FTEs x duration of program</th>
<th>Total Dollar Amount</th>
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<tbody>
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<tr>
<td>Clinical Revenues</td>
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<td>Training Grants</td>
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<td>Other</td>
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<th># / % of FTEs x duration of program</th>
<th>Total Dollar Amount</th>
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<td>Resident(s)</td>
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<td>Program Director</td>
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<td>GME Coordinator</td>
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<td>GME Training Committee</td>
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<td>Operation Expenses</td>
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Please bring your request and appropriate documentation to Ms. Emilie Leveque, GME Office, Fesler Hall, Room 224, or fax to 317-278-3909 (send original via campus mail). The Associate Dean for Graduate Medical Education will review your request and ask you to present it to the GMEC for discussion and approval. You will be notified regarding the date.

Attach the following to this application: the written program goals, objectives, and curriculum for the training program. Additionally, include the basic and major operational policies requested.
IUSM Office of Graduate Medical Education

Request for Sponsorship of New Training Program

Submitted By:

Name ___________________________  Date __________________

Title ___________________________

Approved by:

Signature of Proposed Program Director ____________________________

Name of Department Chair (please print): ____________________________

Signature of Department Chair ____________________________

For GME Office only:

Date reviewed by GMEC ______________

Approved by GMEC ______________

Signature of GMEC Chair ____________________________  Date

Senior Assoc. Dean for GME and CME