University of Virginia Medical Center

Application for Increase in Resident/Fellow Complement for Existing Program

**Step 2:**

*Following UVAMC leadership review, please complete Step 2 and submit to the GME Office**. After being reviewed by the UVA GME Education Specialist, the form will be added to the GMEC-Education Subcommittee agenda for review. It will then be reviewed by the GMEC.*

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| Additional Information (request for increase in program complement ONLY) |
| 1. What is the division’s/department’s educational rationale for requesting this complement change?

*Rationale must not be based on service demands. Provide detail on the educational advantage or specific patient needs of starting a program in this specialty.*[Enter Text]1. Regarding the reason for requesting this increase, has the program/department tried to address these concerns by alternative efforts prior to pursuing growing the program?

[Enter Text]1. Does the requested complement increase adhere to ACGME requirements regarding core faculty to resident/faculty ratios? (i.e., do new faculty members need to be recruited to support ACGME minimum requirements?

[Enter Text]1. Do patient/procedural volumes meet the required minimums for a complement increase?

*For example, the ACGME requires Family Medicine residents to obtain at least 600 hours (or six months) and 750 patient encounters dedicated to the care of hospitalized adults with a broad range of ages and medical conditions; how many adult patients does the Sponsoring Institution see annually versus how many residents will see with the complement increase? (Show number needed). If required to log cases by your accrediting or certification body, attach the Graduate Statistics report from the past three years. ACGME-accredited programs can obtain the reports from the Accreditation Data System.* [Enter Text]1. Is there sufficient space for an increase in learners?

*Space needs include call rooms, desk/office space, workstations, conference rooms, lockers, etc.*[Enter Text]1. Describe the other learners present and the impact of this increase on other learners within the health system (medical students, residents, fellows, PA, APPs, etc.):

[Enter Text]1. What is the national match rate (% slots filled) for this specialty over the past three years?

[Enter Text]1. What has been the program’s actual fill rate (%) over the past three academic years?

*If the specialty participates in the NRMP Match program, this information can be found at* [*https://www.nrmp.org/*](https://www.nrmp.org/) *by navigating to the ‘Match and Data Analytics’ page and selecting either the ‘Residency Data & Reports’ or the ‘Fellowship Data & Reports’, depending on the type of program. If the specialty participates in a different matching service, please navigate to the appropriate website to find the fill rate information.*[Enter Text]1. Is the residency/fellowship program in good standing?

*Information can be related to if the program has had a special review in the past three years, if any citations have been given in the past three years including their content, and the number of trainees who have left or been dismissed from the program.* [Enter Text]1. Please list dates of deadlines for submission to the accrediting body for approval (e.g. ACGME RC meetings) and for quota increases for the match (if applicable)?

[Enter Text] |

UVA GME Education Specialist Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GMEC Education Subcommittee Approval Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GMEC Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Comments/Feedback:  |