New ACGME-Accredited Program Policy
Graduate Medical Education Committee - Policies and Procedures

Purpose

In compliance with the ACGME Institutional Requirements, the Graduate Medical Education Committee (GMEC) sets forth this policy to review and approve requests for new ACGME-accredited residency or fellowship training programs.

The ACGME Institutional Requirements (2021) state:

I.A.5.b).(2)   The GMEC is responsible for the review and approval of applications for ACGME accreditation of new programs. (Core)

Procedure

1. A department interested in developing a new ACGME-accredited residency or fellowship program will complete the "Request Form for New ACGME-Accredited Program" (see attached.)

2. The Request Form will be submitted to the GME office for review to ensure the program is eligible to be considered as a new program.

3. Once the Request Form has been reviewed by the GME office and deemed eligible as a new program, the department will be notified to prepare the New Program Application available on the ACGME website.

4. When the New Program Application is completed, it will be submitted to the GMEC for review and approval.

5. If approved by GMEC, the department will be notified to begin the approval process with Banner Health.

6. Once the approval processes have been completed by Banner Health, the New Program Application will be submitted to the ACGME for final review and approval.

REQUEST FORM for **NEW ACGME-ACCREDITED PROGRAM**

Date: _____

Program: _____

Program Director: _____

Please answer the following:

1. How will the new program align with strategic priorities of Banner Health and the University of Arizona College of Medicine – Tucson?

2. How does this request align with the workforce needs (locally and/or nationally) for your specialty?

3. Discuss the impact of the addition of this new program, both clinically and educationally, on any related programs.

4. What are the requested new program's FTE requirements for the Program Director (PD), Associate Program Director (APD) if applicable, and Program Coordinator (PC) for the requested resident complement?

5. Describe the source of sustained funding for this request. Please include written documentation of the funding commitment for the requested program's resident complement AND for the required PD/APD/PC FTE.

_____   _____
Program Director Name   Program Director Signature

_____   _____
Core Program Director Name   Core Program Director Signature

_____   _____
Department Chair Name   Department Chair Signature

Form Submitted by: _____

Date Submitted: _____

Revised: August 2016
April 2023