

Program Complement Change Requests

University of Arizona College of Medicine – Tucson (UACOM-T) Graduate Medical Education Committee (GMEC) - Policies and Procedures

Purpose

In compliance with the ACGME Institutional and Common Program Requirements, the UACOM-T GMEC must review and approve program requests for permanent changes in resident/fellow complement.

The ACGME Institutional Requirements (Reformatted, 2025) state:

1.13.e *The GMEC must review and approve requests for permanent changes in resident/fellow complement.*

The ACGME Common Program/Fellowship/One-Year Fellowship Requirements (Reformatted, 2025) state:

3.4./3.3./3.3 Resident/Fellow Complement. *The program director must not appoint more residents/fellows than approved by the Review Committee. [The Review Committee may further specify minimum complement numbers.]*

This policy sets forth a process for the submission of requests for complement changes for GMEC review.

Process

1. Prior to submitting a request for a change in complement, the program director should adequately assess their complement needs early, to ensure enough time for GMEC review, and to meet relevant ACGME Review Committee (RC) and Match program deadlines.
2. Prior to submitting a request for a change in complement, program leadership should review the “Requests for Changes in Resident Complement” document available on the specialty- specific website under the heading **Documents and Resources** to ensure any specialty- specific requirements are included in the request.
3. Program leadership should meet with the GME office team to proactively discuss the request and address any questions related to the request, and/or GMEC and ACGME timelines.
4. Next, programs will complete the “Request for Program Complement Change” form (attached).
5. The completed form is submitted to the GME office for review prior to submission to the GMEC.
6. Temporary and Permanent complement changes are reviewed by the GMEC.

a. For programs requesting a temporary increase in complement to accommodate a resident leave of absence or for educational remediation:

- i. The “Request for Program Complement Change” form does not need to be completed.
 - ii. The request will be added to the GMEC agenda for oversight only and does not require GMEC approval.
7. If GMEC approval is granted, programs will be notified to submit the request through ADS for final approval by the relevant RC.
 8. If RC approval is granted, programs must submit quota changes (if applicable) to the NRMP, or other relevant Match program.
 9. Program leadership are fully responsible to know the program’s RC and Match timelines to ensure requests are submitted early enough to be considered for the next academic year.
 10. Exceptions to the timelines outlined in this policy are considered only in extraordinary circumstances and require DIO approval.

Effective: July 2022

Revised: February 2024, approved by GMEC 03/01/2024

Revised: October 2024, approved by GMEC 11/01/2024

Updated formatting, June 2025, approved by GMEC 08/01/2025

REQUEST FOR PROGRAM COMPLEMENT CHANGE FORM

DO NOT USE for programs requesting a temporary increase in complement to accommodate a resident leave of absence or for educational remediation

Program: _____

Core Program (if applicable): _____

Program Director: _____

Please answer the following:

1. What is the current approved complement for the program (by PGY-level, if applicable?)
2. What is the requested increase/decrease in the number of trainee(s)?
3. Is this a temporary or a permanent change request?
4. How will this change align with strategic priorities of Banner Health and the University of Arizona College of Medicine - Tucson?
5. How does this request align with the workforce needs (locally and/or nationally) for your specialty?
6. What is the program's current ACGME Accreditation status?
7. Does the program have any current ACGME Citations or Areas of Concern?
8. Will the program maintain compliance with program requirements for faculty/trainee ratios if this change is approved? Please explain.
9. Has this request been discussed with the program's Clinical Competency Committee or Program Evaluation Committee to ensure all program requirements will continue to be met with the requested change?
10. Discuss the impact, both clinically and educationally, of this change on current trainees in the program, as well as in any related programs.
11. What is the potential impact to the program if this request is NOT approved?
12. Does your program's RC have any specific forms, documents, or other requirements that must be included in the complement change request? (YES / NO) If YES, please attach.

13. Does your program participate in the NRMP Match, or any other Match program? If so, what is the quota change deadline for your program's participation in the Match?
14. What are the current FTE requirements for the Program Director (PD), Associate Program Director (APD), and Program Coordinator (PC) at your current complement? Will the complement change alter these ACGME minimum FTE requirements?
15. **If this is a request for a complement increase**, describe the source of funding for this request. Please include written documentation of the funding commitment for the complement increase AND any required additional PD/APD/PC FTE.

Program Director Name

Program Director Signature

Core Program Director Name (if applicable)

Core Program Director Signature

Department Chair Name

Department Chair Signature

Form Submitted by: _____

Date Submitted: _____