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# 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 term "Training Program" refers to all proposed ACGME-accredited residency and fellowship programs.

This policy does not apply to a non-ACGME-accredited program, or a Non-Standard Training (NST) Program (please refer to the NST Program Policy for guidance regarding these programs.) All non-NST, non-ACGME-accredited programs are administered in the appropriate clinical department and are not subject to GMEC oversight.

#### The ACGME Institutional Requirements (Reformatted, 2025) state:

**1.13.d.** The GMEC is responsible for the review and approval of applications for ACGME accreditation of new programs

1.13.h. The GMEC is responsible for the review and approval of appointment of new program directors.

#### **Procedure**

- 1. A department interested in developing a new ACGME-accredited training 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 training program.
- 3. Once the Request Form has been reviewed by the GME office and deemed eligible as a new training program, the department will be notified to review the ACGME guidelines and timeline for submitting a new training program application in the ACGME Accreditation Data System (ADS) available at <a href="https://www.acgme.org/programs-and-institutions/programs/program-application-information/">https://www.acgme.org/programs-and-institutions/programs/program-application-information/</a>. The department is also encouraged to review the Learn at ACGME Learning Path, "Applying for Program Accreditation." A login and password is required to access the content and can be created on the Learn at ACGME login page available at dl.acgme.org.
- 4. Department leadership will meet with the GME office team to review the request, and proactively address questions regarding the new program application and the GMEC/ACGME timeline.
- 5. The GME office will initiate the training program application in ADS including basic information about

the program and the identified program director. The program director will receive an email with ADS login information.

- 6. After the program director can access ADS with their new login credentials, the program director will enter and upload all parts of the application in ADS. The completed application will be downloaded by the GME office to be added to the GMEC agenda.
- 7. In accordance with institutional requirements and policies, the completed application and the anticipated program director's CV and letter of support, will go to the GMEC for review and approval.
- 8. If the training program is approved by the GMEC, the DIO will submit the final program application to the ACGME in ADS.
  - a. If the proposed program director is not approved by GMEC, the department will be asked to identify another individual to serve in this role, and to provide a letter of support and the new proposed program director's CV for GMEC review and approval.
- 9. The ACGME specifies that program coordinators cannot submit new applications.

Revised: August 2016

April 2023

December 2023, GMEC approved January 2024

May 2024, GMEC approved June 2024

Revised September, 2024, GMEC approved November 2024 Revised formatting, June 2025, GMEC approved 08/01/2025

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

| Date:  |  |
|--|--|
| Program:   |  |
| Program Director:  |  |
| Please answer the following:   |  |
| How will the new training program University of Arizona College of M | align with strategic priorities of Banner Health and the ledicine – Tucson?  |
| 2. How does this request align with the specialty?                   | e workforce needs (locally and/or nationally) for your   |
| 3. Discuss the impact of the addition of on any related programs.    | of this new training program, both clinically and educationally,   |
|  | m's FTE requirements for the Program Director (PD), if applicable, and Program Coordinator (PC) for the requested          |
|  | nding for this request. Please include written documentation of quested training program's resident complement AND for the |
| Program Director Name  | Program Director Signature   |
| Core Program Director Name (if different than above)                 | Core Program Director Signature  |
| Department Chair Name  | Department Chair Signature   |
| Form Submitted by:   |  |
| Date Submitted:  |  |