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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.]

***Background and Intent:** Programs are required to request approval of all complement changes, whether temporary or permanent, by the Review Committee through ADS. Permanent increases require prior approval from the Review Committee and temporary increases may also require approval [if greater than 90 days.] Specialty-specific instructions for requesting a complement increase are found in the “Documents and Resources” page of the applicable specialty section of the ACGME website.*

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

Process

Prior to submitting a request for a change in complement:

1. The program director in collaboration with the department chair should adequately assess complement needs early, to ensure enough time for GMEC and Banner Health review, and to meet relevant ACGME Review Committee (RC) and Match program deadlines.
2. Program leadership should review the “Requests for Changes in Resident or Fellow 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.

Approval process for a request for a change in complement that requires funding:

3. The steps for requesting a change in complement that requires funding approval are outlined in **Addendum A. “BUMG-T GME New Program or Existing Complement Change Approval Process”**.
4. All complement changes are reviewed by the GMEC.
 - a. All permanent complement changes are reviewed by GMEC prior to being sent to the RC for final review and approval.
 - b. All temporary complement changes of greater than 90 days are reviewed by GMEC prior to being sent to the RC for final review and approval.
5. If GMEC approval is granted, programs will be notified to submit the request through ADS for final approval by the relevant RC.
6. If RC approval is granted, programs must submit quota changes (if applicable) to the NRMP, or other relevant Match program.
7. 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.

For programs requesting a temporary increase in complement for less than 90 days:

1. The “Request for Program Complement Change” form does not need to be completed.
2. The request will be added to the GMEC agenda for oversight only but does not require GMEC 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

Revised December, 2025, approved by GMEC 01/09/2026

Addendum A. BUMG—T GME New Program or Existing Complement Change Approval Process

Step 1: Initial Program Request Submission

A. Department/Program initiates contact with GME Leadership:

1. Department/Program approaches the GME Leadership (Drs. Kathy Smith and Conrad Clemens) with interest in a new program or complement increase
2. GME office conducts an initial high-level review to ensure it is a reasonable request
 - a. For any concerns related to the request, Drs. Clemens and Smith will meet with departmental leadership to discuss concerns prior to completing next steps
3. GME office discusses the process and timeline with the department

B. Program completes required GME forms with signatures:

1. Program completes initial GME form, “Request For Program Complement Change” with required signatures (Program Director, Core Residency Program Director when applicable, and Department Head):
 - a. Complement Change Request Form

C. Program prepares supporting documentation:

1. **SBAR** detailing educational, operational, and financial impact. Questions to consider:
 - a. **Educational benefit:**
 - i. What is the educational value of this program?
 - b. **Dedicated Research Time:**
 - i. Does the program being presented require dedicated research months? For example, some programs mandate 12 months of dedicated research time beginning in the first year of the program.
 - ii. How will the required block diagram incorporate this research time throughout the training program years? For instance, in a 3-year program, each academic year would include 4 months of dedicated research time, reducing clinical activity accordingly.
 - c. **Operational Impact:**
 - i. Impact on clinic or inpatient workflow
 - ii. Any additional accommodations needed from the hospital?
 - iii. How does it improve patient care/LOS/throughput?

BUMG—T GME New Program or Existing Complement Change Approval Process

- iv. Will having fellows reduce our dependence on APPs or other staff?
- v. Will fellow(s) take call, restricted vs. unrestricted?
- vi. Will our market possibly be able to hire graduates based on volume/demand projections?
- vii. What is our record in keeping our own graduates?

d. **Financial impact:**

- i. How will productivity or coverage be impacted by FTE reduction by the program director?
- ii. What is the current volume and projection for growth?

2. **Proforma** (use the *GME Complement Increase Pro Forma.xlsx* format):

- a. Proforma must include input from Andy Wegman from Medicaid/Medicare office
 - i. Include acknowledgement that if federal/state funding to GME stops, the program can finish out the current classes, but not matriculate new class
 - ii. Include communication confirmation from Andy Wegman in the form on an email snippet, etc.
 - iii. Currently new programs receive both Medicaid and Medicare funding. Program expansions only receive Medicaid funding.

D. **Program Submits to GME Office:**

- 1. All documents (GME forms, SBAR, and proforma) are submitted together to GME Office to avoid parallel streams of information
- 2. The GME office will review the forms for completion and accuracy, and ensure they reflect the current ACGME program-specific requirements
- 3. GME office submits completed program documents to Phyllis Michaels and Ericka Moore
- 4. **Timeline: Variable, 1 week after documents are received from the GME office.**

Step 2: BUMG-T Finance Review

A. **Phyllis/Ericka will send proforma to Finance**

B. **Finance reviews and approves proforma to ensure financial viability**

C. **Finance sends approved proforma to Dr. Andy Tang and Tawnya Tretschok, cc Ericka Moore**

BUMG—T GME New Program or Existing Complement Change Approval Process

- D. *Timeline: 2 weeks, pending prompt response from the Department on follow-up questions from the Finance team.***

Step 3: BUMG-T Leadership Review

- A. Dr. Andrew Tang reviews all submitted materials**
- B. *Timeline: 2 weeks***

Step 4: Senior Banner Leadership Review

- A. Dr. Tang submits approved request to Dr. Benjamin Schwartz and Kat Berry**
- B. Request will be presented at an upcoming GME meeting comprised of core leaders: Drs. Schwartz, Tang, Bessell, and Tawnya Tretschok, Jessica Graham. Requesting program and department leadership will also be invited to present; be succinct and brief in your presentation. Recommended areas to highlight are key elements of the program and need. *Plan for 10 minutes to present, max.***
- C. *Timeline: 3 weeks, GME meeting occurs monthly***

Step 5: Banner Written Approval

- A. Banner sends written approval to GME office, Department, and local BUMG leadership**
- B. *Timeline: 1 to 2 weeks***

Step 6: GMEC Review and Approval

- A. GME office works with the program to bring request to GMEC (Graduate Medical Education Committee)**
- B. GMEC review focuses predominantly on educational merits of the request**
- C. GMEC provides approval or denial**
- D. *Timeline: Variable (dependent on GMEC meeting schedule)***

Step 7: ACGME Submission

- A. If approved by GMEC, the application/request is sent to the appropriate Review Committee of the ACGME for final approval**
- B. *Timeline: Variable (dependent on ACGME review cycle)***

BUMG—T GME New Program or Existing Complement Change Approval Process

Total Estimated Timeline Summary

Step Process Component		Timeline	Cumulative Time
1	Initial Program Request & Document Preparation	Variable	Variable
2	BUMG-T Finance Review	~2 weeks	~2 weeks
3	BUMG-T Leadership Review	2 weeks	~4 weeks
4	Senior Banner Leadership Review	3 weeks	~7 weeks
5	Banner Written Approval	~2 week	~9 weeks
6	GMEC Review and Approval	Variable	Variable
7	ACGME Submission	Variable	Variable

Note: The Banner leadership review and approval process requires a minimum of **approximately 9 weeks** from finance review through final written approval. Programs should plan accordingly in consideration of ACGME deadlines and GMEC meeting schedules.

REQUEST FOR PROGRAM COMPLEMENT CHANGE FORM

DO NOT USE when requesting a temporary increase in complement of less than 90 days

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. What is the program's current ACGME Accreditation status?
5. Does the program have any current ACGME Citations or Areas of Concern?
6. Will the program maintain compliance with program requirements for faculty/trainee ratios if this change is approved? Please explain.
7. 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?
8. Discuss the impact, both clinically and educationally, of this change on current trainees in the program, as well as in any related programs.
9. What is the potential impact to the program if this request is NOT approved?
10. 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.
11. 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?
12. 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? Is there any required FTE for program core faculty?

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: _____