

REQUESTS FOR CHANGES IN RESIDENT COMPLEMENT Internal Medicine and Subspecialty Programs

This specialty approves:

- Increases and decreases in resident complement
- Complement total

The Residency Review Committee for Internal Medicine defines the resident/ fellow complement as the total number of approved positions. Effective June 29, 2006, all core internal medicine and subspecialty program requests for complement increase or decrease must be submitted to the Residency Review Committee for Internal Medicine using the ACGME's Accreditation Data System (ADS). Requests submitted solely via email or letter will not be accepted.

The Residency Review Committee for Internal Medicine must give prior approval for any change in complement for all internal medicine and subspecialty programs. The Committee will judge if the educational resources are adequate to support the number of positions being requested, and if the request is justified by an adequate educational rationale. The service needs of the residency/ fellowship or the participating institutions are not sufficient reason for an increase.

To officially initiate a change (i.e., increase/decrease) in the approved resident complement, programs must login to the ADS and under *Request Changes* select *Approved Positions* from the menu on the left. Continue entering your request following the prompts as directed. For assistance using ADS or the program login information, please contact the Internal Medicine ADS Representative, Raquel Eng, at (312) 755-7120 or reng@acgme.org. For content related questions or to check the status of your request, please contact the Accreditation Administrator, Jessalynn Van Ausdall, at (312) 755-5784 or jvanausdall@acgme.org.

Changes in resident complement will require documentation and DIO approval prior to RRC review. Requests for temporary increases require less documentation than requests for permanent increases, but will require DIO approval prior to RRC review, and must be submitted through ADS. All complement change requests will be electronically sent to the DIO for approval as required by the Institutional Requirements except when **permanent** changes are requested during site visit preparation (the DIO approval is provided via signature on the Program Information Form). After the DIO has approved the complement change request, the materials submitted in ADS are forwarded to the RRC for review and a final decision. Program Directors and DIOs will be notified by the Accreditation Administrator of the Committee's decision. Please note, requests could take up to 60 days for a final decision.

Programs must be fully accredited to be considered for a complement increase. Additionally, programs with a status of probation or warning are not eligible for an increase. The Committee will consider requests for a change in complement between full reviews through the WebADS mechanism. Consideration for approval will be given to programs with:

- An accreditation status that is not on warning/ provisional/ adverse action,
- No serious duty hour violation,
- Reasonable compliance on the most recent Resident Survey,

- Adequate faculty, facilities, patients,
- A sound educational rationale,
- A stable administrative structure, and program leadership,
- GMEC endorsement of proposed increase.

Any request for an increase in complement that is received within a year of an anticipated full review with site visit will be approved on a temporary basis only until the full review can be completed. A decision on a permanent increase will be made at the time of the full review.

The following documentation/information will be required to complete a complement change request (instructions also provided in ADS):

- Educational rationale for change including facilities, research, patient population, and (where applicable) procedural opportunities to support the increase.
- Adequate faculty
- Major changes in the program since its last review
- A description of how the program has corrected previous citations

The educational rationale for an increase in resident complement need not be an educational innovation or change in program structure. For programs in good standing that can demonstrate that they have adequate resources (patients, faculty, facilities, and funding) the committee will consider an adequate educational rationale to be “the desire and ability to train an increased number of residents”. However, the committee will carefully consider whether such requests are being driven by service needs or educational capacity.

Please note: Internal medicine core programs must have an ABIM board pass rate of greater than 80% for first-time takers for the most recent three-year period to be considered for an increase.