<table>
<tr><td colspan="2">TEXAS TECH HEALTH SCIENCES CENTER
Paul L. Foster School of Medicine GRADUATE
MEDICAL EDUCATION Standard Policy
and/or Procedure</td></tr>
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TITLE:	New Training Program Request Policy
APPROVED:	4/4/2003
REVISED:	9/1/2006; 7/1/2009; 10/16/2020; 9/1/2022
EFFECTIVE DATE:	4/4/2003; 9/1/2006; 7/1/2009; 10/16/2020; 9/1/2022
PURPOSE:	To establish a procedure by which a new residency or fellowship program requests a new program application through the Accreditation Council for Graduate Medical Education (ACGME).

PROCEDURE STATEMENT: A clinical department that wishes to establish a new graduate medical education program *accredited by the ACGME* shall follow the *process* outlined below.

TTUHSCEP Institutional Process:

1. Discussion regarding the establishment of a new graduate medical education program shall begin in the clinical department of the proposed program and there should be full faculty support for the proposed program.

2. Subsequently, a consultation with the Associate Dean for Graduate Medical Education/Designated Institutional Official (DIO) should take place to go over the general aspects of the proposed new program and to review this policy and procedure.

3. After the initial meeting with the DIO, the Graduate Medical Education (GME) office will provide the New Program Application packet, which includes the following attachments:

   a. **New Training Program Request Policy**

   b. **New Training Program Power Point Presentation Template** – to be completed by the Program Director (PD) and submitted to the DIO for presentation at an upcoming Graduate Medical Education Committee (GMEC) meeting.

   c. **Block Diagram Instructions and Sample** – to be completed by PD and submitted to the GME office for purposes of preparing agreements and as a component of the application form. It is recommended for the PD to list the name of the sites in the block diagram.

4. The PD will notify the GME office of the date when the PD wishes to present the New Training Program Power Point Presentation at an upcoming GMEC meeting as requested.

   a. The GMEC meets on the *second Friday of every month*.

   b. At the GMEC meeting, the PD will have approximately 10 minutes to present a brief summary describing the new program.

5. Once the GMEC has approved the new program **request**, the GME office will schedule a meeting with the PD to obtain ACGME WebADS access.

6. Once the access is granted, the PD will receive an email from ACGME with instructions on how to proceed with completion of the program director information in WebADS. **Completion of this form does not imply that the ACGME has reviewed it or approved it.**

7. The GME office will schedule a meeting with the PD and Program Coordinator (PC) to review the Block Diagram for purposes of beginning the Academic Affiliation Agreement or Educational Training Agreements (ETAs), and Program Letters of Agreement (PLAs).

8. In addition and as a component of the agreements process, the Program Director will email the Goals & Objectives for each rotation listed in the block diagram to the GME Office.

9. Once the new program application has been completed in WebADS, the DIO will review the application with the Program Director and Program Coordinator for any edits as necessary.

10. The finalized application form is subsequently presented to the GMEC for approval before the DIO submits it to the ACGME.

11. For the Transmountain Campus, additional steps will proceed as delineated in their policy.

ACGME Process

1. ACGME will receive the completed application and will assign a Site Visitor for those programs that require a Site Visit (SV) prior to submitting the application to the respective Residency Review Committee (RRC).

2. At the SV, the ACGME field representative will verify the accuracy of the information submitted in WebADS and meet with the PD, DIO, Residents, and Faculty.

3. After the site visit takes place, the site visitor will submit a report to the ACGME.

4. The ACGME submits both the completed application and the site visitor report to the respective RRC.

5. The RRC will review the application and the report during their _next scheduled meeting_ provided these documents were submitted by the 'Agenda Closing' deadline. The 'Agenda Closing' deadline is available in the program's ACGME website.

6. The ACGME will notify the PD and DIO of the RRC's accreditation decision via an email notification indicating 'Initial Accreditation' – if approved.

7. A Letter of Notification will follow and may include citations or other appropriate information.

8. As soon as this process takes place, the PD and Program Coordinator will proceed to follow the **ERAS** and **NRMP New Program Application Process**. The Program Coordinator may access these two processes in the Coordinators' Corner SharePoint site.

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TEXAS TECH UNIVERSITY
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Office of Graduate Medical Education

NEW TRAINING PROGRAM REQUEST FORM

Department:_____

Proposed Program Name:_____

Anticipated Program Director Name:_____

What is the length of the training program?_____

1. From which accreditation body will the program seek accreditation from?

    ____ ACGME ____TMB ____ Other (please specify): _____

2. Provide the maximum number of residents/fellows at full complement? _____

3. What is the maximum number of residents/fellows for each academic year? _____

4. Is there any prior training required?
    a. If yes, please specify the number of years:_____

5. Does the department have sufficient faculty?
    a. ____Currently, Yes
    b. ____Currently, No, but anticipated. If no, please provide details:

6. Does the department have sufficient Clinical/Educational resources for this program?
    a. ____Currently, Yes
    b. ____Currently, No, but anticipated. If no, please provide details:

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Office of Graduate Medical Education
NEW TRAINING PROGRAM REQUEST FORM

7. What impact, if any, will the addition of this new program have on other training programs and participating sites?

8. Has the department obtained a financial commitment to support the new program?

   For reference, please review the currently posted residency/fellowship salaries and add 30%.

   a. If Yes, please specify:

   b. If Not, please specify how funding will be secured:

SIGNATURES

Department Chair:_____Date: _____

Department Administrator: _____Date: _____

Anticipated Program Director:_____Date: _____