

Revised Procedure for Requesting Changes in Resident Complement

8/1/2006

In order to decrease some of the burden of paper submissions, increase consistency of process across RRCs and support the roles of the DIO and GMECs in complying with the Institutional Requirements (must approve various requests prior to submitting to the ACGME), the ACGME has revised its procedures for requesting changes in resident complement. The revised procedure became effective on June 29, 2006. All requests for changes in resident complement must now be submitted through ADS at <https://www.acgme.org/ads/default.asp>. **Staff of all RRCs will not accept requests submitted via paper or email.** To be considered for a complement increase, programs must be fully accredited. Programs with a status of probation or warning are not eligible for an increase. A site visit may be required for a complement change request depending on the details of the request.

To initiate an official request for an increase or decrease in the ACGME-approved resident complement, programs must first obtain GMEC approval, and then log into ADS and, under *Request Changes*, select *Approved Positions* from the menu on the left. All complement change requests (increases and decreases) will be sent electronically to the DIO for approval as required by the Institutional Requirements, except during site visit preparation when DIO approval is provided by signature on the PIF. After the DIO has approved the complement change request, materials submitted in ADS are forwarded to the RRC for review and final decision. Program Directors and DIOs will be notified by the RRC Executive Director of the final decision by the RRC. Documentation required for increase requests varies by specialty; requests for decreases and temporary increases require less documentation for most specialties. Since requisite documentation varies by specialty, information specific to a respective specialty is provided within ADS, as well as on the specialty-specific RRC web pages. The following are examples of the documentation that may be required:

- Educational rationale for change
- Current block diagram
- Proposed block diagram
- Faculty to Resident ratio
- Descriptions of major changes since last ACGME review
- Response to previous citations
- Case log reports or clinical data (as applicable)

GMEC requires the above information as it reviews requests, along with work force need data and firm funding sources.