

**University of Kentucky  
Graduate Medical Education  
Resident/Fellow Complement Increase/Funding Request Policy**

**Purpose:**

The goal of this policy is to assure that requests from programs for increases in resident/fellow complement and/or funding are handled in a fair, equitable and timely manner. Request for complement increases and/or funding changes for residents must be anticipated a full year before they are to be effected to allow time for submission to the RRC of the ACGME (or equivalent for non-physician specialties/programs) regarding approved positions and changes in the NRMP quota (as applicable). Because the matching program for fellows occurs at various times during the year, requests for complement increases and/or funding changes for fellows must be anticipated a full two years before they are to be effected.

**Policy:**

All requests for increase in resident/fellow complement and subsequent funding must be approved by both the University of Kentucky Enterprise and the RRC of the ACGME (or equivalent for non-physician specialties/programs) before implementation.

**Definitions:**

FTE: A resident/fellow FTE refers to the cost of supporting a resident/fellow during a single academic year.

Line: A resident/fellow line refers to funding for a resident/fellow from the beginning to the end of training.

**Procedure:**

- A. Program Directors must prepare a written justification for the complement increase and/or funding change. This request must be submitted to the GME Committee (GMEC) Compliance Subcommittee for review by June 1<sup>st</sup> of the academic year prior to the anticipated increase for residents and two years prior for fellows. The documentation **must** include:
  - Educational rationale for complement change including adequate faculty, facilities, research, patients, and (where applicable) procedures to support the increase.
  - Description of major program changes since last ACGME (or equivalent) review including changes in participating institutions/facilities, faculty, program director, clinical rotations, didactic conferences, and resident complement.
  - Key faculty to resident or fellow ratio
  - Response to previous site visit citations or concerns
  - Impact on clinical productivity at a departmental and Enterprise level
  - Potential impact on other training programs
- B. The GMEC Compliance Subcommittee will evaluate the educational rationale for each and either (1) recommend approval of the proposal for submission as written or (2) will make suggestions, comments or revisions to the documentation.
- C. If the GMEC Compliance Subcommittee makes suggestions, comments, or revisions to the proposal the Program Director may withdraw the request, or will make changes in the documentation and submit a revised copy for GMEC Compliance Subcommittee review in June.
- D. The GMEC Compliance Subcommittee will then make a recommendation on each proposal to the GMEC in July.

- E. The Assistant Dean will provide a summary document of the GMEC recommendations to the Dean of the College of Medicine by the first week of August.
- F. The Dean will (1) review the proposals and discuss as needed with the involved chairs and (2) prioritize the proposals to bring forward to the Enterprise Leadership by the first week in September.
- G. The Enterprise Leadership will (1) disapprove or (2) conditionally approve funding for the proposal and return the proposals through the Assistant Dean by October 1<sup>st</sup>. Final approval will be confirmed in January upon completion of the budget process for that cycle.
- H. Program Directors with a conditionally approved complement increase must then complete a complement change request to the accrediting body via the GMEC Compliance Subcommittee noting that the final approval will not be given until the budget process is completed.

Approved GMEC:

Revision approved GMEC: May 28, 2008