

Requests for Changes in Resident Complement Review Committee for Colon and Rectal Surgery

This Review Committee approves:

- Temporary and permanent increases in complement
- Permanent decreases

To initiate a change in the approved resident complement, program directors must log into the Accreditation Data System (ADS) and select "Requests," then "Complement Change," from the menu under the "Program" tab. All complement change requests will be electronically sent to the designated institutional official (DIO) for approval, as outlined in the ACGME Institutional Requirements. The DIO may approve the request, reject and delete the request, or reject and return the request to the program for modifications. After the DIO has approved the request, the information is forwarded to the Review Committee staff members for consideration. A member of the Review Committee staff will notify the program of the Committee's decision.

Eligibility

In some instances, a site visit may be required depending on the information provided and the nature of the request. Programs must hold a status of Continued Accreditation to be considered for a permanent increase. Programs with statuses of Continued Accreditation without Outcomes, Continued Accreditation with Warning, Initial Accreditation, Initial Accreditation with Warning, or Probation are not eligible for a permanent increase but may apply for a temporary increase.

Programs with current citation(s) are not eligible for a permanent increase. Programs that are seeking a permanent increase in complement and have current citation(s) are encouraged to reach out to Review Committee staff members. Contact information can be found on the <u>Colon</u> and <u>Rectal Surgery</u> section of the ACGME website.

Temporary Increase in Complement for Up to 21 Days

A temporary increase in resident complement for up to 21 days does not require approval by the Review Committee and should not be submitted in ADS.

Temporary Increase in Complement for More than 21 Days

A temporary increase in resident complement for more than 21 days must first be approved by the DIO, after which Review Committee approval must be requested through ADS; requests will be reviewed on an ad hoc basis. Depending on the date of submission, the Review Committee may place temporary increase requests on the agenda for the next scheduled Review Committee meeting.

An educational rationale for the increase must be submitted with the request via ADS. The educational rationale should describe the specific circumstances for the temporary increase, including the provisions that will be taken to ensure adequacy of support (funding) and educational resources for the duration of education and training, as well as the name of the resident (if applicable).

Permanent Increase in Complement

A permanent increase in resident or fellow complement must first be approved by the Sponsoring Institution's Graduate Medical Education Committee (GMEC), after which Review Committee approval must be requested through ADS. Requests for permanent increases in complement are considered only at Review Committee meetings, which occur three times per year. Programs should monitor meeting agenda closing dates on the <u>Colon and Rectal Surgery</u> section of the ACGME website to ensure timely submissions and/or to meet recruitment needs.

An educational rationale for the permanent increase and proposed block diagram(s) must be submitted with the request via ADS. The educational rationale should include a description of how a permanent complement increase will enhance resident education. It is important that the proposed block diagram clearly demonstrate how the requested increase will impact the curriculum. If the program's block diagram will not change with the increase, submit the current block diagram and include an explanation in the educational rationale.

Programs with a status of Continued Accreditation without Outcomes will be required to submit an institutional operative experience form with a request for a permanent complement increase. The completed form should be emailed to the associate executive directors listed on the <u>Colon</u> <u>and Rectal Surgery</u> section of the ACGME website. The following program information in ADS will be reviewed and should be updated as needed prior to submission: response(s) to citation(s); major changes and other updates; current block diagram; faculty-to-resident ratio (ensure that Faculty and Resident Rosters are accurate); and Graduate Minimums Reports (these reports cannot be updated, but provide an explanation in the educational rationale if minimums were not met in the previous year's report).

Permanent Decrease in Complement

A voluntary permanent decrease in resident complement must first be approved by the Sponsoring Institution's GMEC, after which approval must be requested from the Review Committee through ADS. The request in ADS should be made *after* the effective date of the decrease has passed. An educational rationale for the decrease and proposed block diagram must be submitted with the request. The proposed block diagram should include all years of the program. If the program's block diagram will not change with the decrease, submit the current block diagram and include an explanation in the educational rationale. The following program information in ADS will be reviewed and should be updated prior to submission as needed: response(s) to citation(s); major changes and other updates; current block diagram; faculty-to-resident ratio (ensure that Faculty and Resident Rosters are accurate); and Graduate Minimums Reports.

Permanent decreases in complement will be processed at the end of the current academic year, even if approved by the Review Committee at an earlier date.

Direct questions to Review Committee staff members. Contact information can be found on the <u>Colon and Rectal Surgery</u> section of the ACGME website.