

Requests for Changes in Resident Complement Review Committee for Otolaryngology – Head and Neck Surgery

This Review Committee approves:

- Temporary and permanent increases in complement
- Permanent (voluntary) 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. Review Committee staff members will contact the program if additional information is required to process the request.

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 [Otolaryngology – Head and Neck Surgery](#) section of the ACGME website.

Temporary Increase in Complement for Up to 90 days in Residency Programs

A temporary increase in resident complement for up to 90 days does not require approval by the Review Committee and should not be submitted in ADS.

Temporary Increase in Complement for More than 90 Days in Residency Programs

A temporary increase in resident complement for more than 90 days must first be approved by the DIO, after which Review Committee approval must be requested through ADS; requests will be reviewed at 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 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. The Review Committee reviews permanent increase requests at its scheduled meetings. All required materials must be received by the agenda closing date for the applicable meeting. Meeting and agenda closing dates are published on the [Otolaryngology – Head and Neck Surgery](#) section of the ACGME website.

An educational rationale for the increase and current and proposed block diagrams must be submitted with the request. 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 schedule will not change with the increase, submit the current block diagram and include a detailed explanation in the educational rationale of why there will be no change.

The following information in ADS will also be reviewed, and program information should be updated as needed: responses to citations; major changes and other updates; faculty-to-resident ratio (ensure that Faculty and Resident Rosters are accurate); and Graduate Case Log Reports. While these reports cannot be updated, the program can 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 Review Committee approval must be requested through ADS. The request in ADS should be made *after* the effective date of the decrease has passed.

An educational rationale for the decrease, proposed block diagram, and clinical data must be submitted with the request. The proposed block diagram should include all training years of the program. If the program's block diagram will not change with the decrease, include an explanation in the educational rationale and submit the current block diagram. The following program information in ADS will also be reviewed, and program information should be updated as needed: responses to citations; major changes and other updates; current block diagram; faculty-to-resident ratio (ensure that Faculty and Resident Rosters are accurate); and Graduate Case Log Reports.

Email questions to Review Committee staff members, contact information for whom can be found on the [Otolaryngology – Head and Neck Surgery](#) section of the ACGME website.