I PURPOSE

As per GMEC policy, all requests to the ACGME for new programs must be pre-approved by NYU Winthrop’s Graduate Medical Education Committee. This policy ensures that a consistent process is followed for that review.

II POLICY

To ensure consistency in presenting requests to the GMEC for new programs, program directors shall develop a formal written application for review by the Committee.

III PROCEDURES

The application shall comprise the following:
APPLICATION FOR NEW RESIDENCY/FELLOWSHIP TRAINING PROGRAM – NON-ACGME-ACCREDITED

Instructions

1. All new non-accredited training programs must be approved by the Graduate Medical Education Committee before initiation. No fellow must be recruited or offered a position until the program is approved by the GMEC.

2. Departments/Divisions interested in obtaining approval for a new GME training program must notify the GME office of the intent to request approval for such a program, and furnish the name of the proposed Program Director.

3. The proposed Program Director must complete this “Application for New Residency/Fellowship Training Program – Non-Accredited” in its entirety, including the required signatures, and submit it, along with any supporting documents, to the GME Office for initial review. Incomplete submissions will be returned without review.

4. The GME office will review the proposal, request clarifying information from the Program Director as necessary, and return the proposal to the program indicating suggested revisions, edits and queries as appropriate.

5. When the proposal is deemed complete, it will be presented by the proposed Program Director to the GMEC for approval.

6. The GMEC will render a decision to approve the request based upon its educational merit. Approval by the GMEC will be promptly communicated to the Program Director.

7. For Accredited Programs: Once the proposal is approved by the GMEC, the program will meet with the GME Office to review the application for accreditation, in advance of its completion/submission to the governing body.

8. For Accredited Programs: Mock Survey and application review should be scheduled with the GME office.

9. For Non-Accredited Programs: All non-accredited trainees must be credentialed by the medical staff office and hired by the Human Resources Department.

10. Weekly status updates/meetings must be scheduled with the GME office.

11. Although the program will not be ACGME-accredited, the Program Director is advised that the GME office requires annual reporting of whether the program is continuing or not, and how many individuals are enrolled, if any.
I. PROGRAM DEMOGRAPHICS

1. Program Name: Click here to enter text.

2. Program Duration (in years): Click here to enter text.

3. Program Director (qualifications and protected time): Click here to enter text.

4. Program Coordinator: Click here to enter text.

5. Departmental Administrator: Click here to enter text.

6. Department Chair: Click here to enter text.

7. Core Program Director (if applicable): Click here to enter text.

8. Number of positions requested: Choose an item.

9. Anticipated Start Date of Program: Click here to enter a date.

10. Is this program subject to oversight by another entity such as a specialty board or specialty society?  
    Yes ☐ No ☐  Indicate name: Click here to enter text.

11. Will this program participate in a matching program?  
    Yes ☐ No ☐  Indicate name: Click here to enter text.

12. Does training lead to Board Certification? If so how will the program meet the requirements  
    Yes ☐ No ☐  Click here to enter text.

II. RATIONALE FOR CREATING THIS PROGRAM

   a. Why is this new program needed at NYU Winthrop Hospital? Why now?  
   b. Whom does it benefit?  
   c. How does it support the strategic plan of NYU Winthrop Hospital and your Department?  
   d. How will it affect the education of residents in the core and other training program(s)?

   Click here to enter text.

III. DESCRIPTION OF PROGRAM

   Click here to enter text.

IV. FUNDING SOURCE(S) (enter specific chart field data)

   a. Full costs of Program: Proposed budget for first 3 years of program, including costs of resident/fellow stipend (include stipend for benefits), faculty salary, outside speakers, research costs, recruitment costs, etc.  
   b. Source of trainees’ stipends and benefits  
   c. Revenues: Describe any proposed revenue for offsetting the above costs (grants, clinical revenues, etc.)

   Click here to enter text.

V. PARTICIPATING INSTITUTIONS

   a. Which hospitals other than NYU Winthrop Hospital will supply training opportunities?  
   b. Provide a PLA from each hospital where the trainee will rotate.

   Click here to enter text.

VI. GOALS AND OBJECTIVES – Include the following:

   a. Brief description of Overall Goals and Objectives for the program as a whole.  
   b. Competency based G&Os for each rotation/block learning activity.
VII. **ROTATIONS/ASSIGNMENTS** – Please include the following:
   a. List all rotational/block learning activities with a brief description.
   b. Describe any planned rotations outside of NYU Winthrop and include educational rationale.
   c. Indicate clinic and other outpatient activities, if applicable, including time, location, patient population, and patient load requirement.
   d. Briefly describe conferences including didactics, etc.
   e. Indicate research/scholarly activity expectations.
   f. Supervision during clinical activities

VIII. **BLOCK DIAGRAM** – Please attach a generic Block Diagram that conforms to the format required by the ACGME on the ADS site. Instructions can be found on the ACGME web site and in the Program Director’s Toolbox under ADS Help.

IX. **DUTY HOURS/NIGHT-WEEKEND CALL** – Please include the following:
   a. Describe the usual daily schedule for the trainee.
   b. Describe call requirements.
   c. Indicate how the program will comply with ACGME requirements and NY State law as concerns duty hours.

X. **PREREQUISITE TRAINING/SELECTION CRITERIA** – Identify any prerequisite training requirements and other selection criteria used in appointing candidates.

XI. **TEACHING STAFF** – List core faculty members, are these faculty resources currently available at NYU Winthrop or will faculty have to be hired?

XII. **EVALUATION** – Indicate all methods of performance assessment and attach the form(s) to be utilized. Include the following:
   a. Rotation performance evaluations
   b. Clinic performance evaluation (if applicable)
   c. Multisource evaluations – self, peer, patient/family, other professional staff, etc.
   d. Evaluation of faculty
   e. Evaluation of program
   f. Semi-annual evaluation by the PD
   g. Summative evaluation by the PD
All evaluations should reside and be completed in New Innovations.

XIII. **IMPACT ON FACILITIES** - Discuss each of the following:
   a. Office space available or needed for the residents
   b. Clerical needs for the residents
   c. Computer needs
   d. On-Call room needs
   e. Other needs not addressed above

XIV. **IMPACT ON OTHER PROGRAMS** – Include any shared educational resources and supervisory responsibilities the trainee in this program will have for other trainees. If there will be any such overlap with other programs, the program director[s] of such program[s] must review this proposal and provide written assent to this proposal.
XV. **SCOPE OF PRACTICE** – Indicate procedures and other patient care activities in which the trainee will engage along with a corresponding level of supervision for each activity. Attach a separate document.

Click here to enter text.

Program Director Signature/Date
(Proposed Program)

Core Program Director Signature/Date
*If applicable*

Department Chair Signature/Date

Departmental Administrator/Date

XIV. **INSTITUTIONAL APPROVAL**

1. **DIO APPROVAL**

   Approved ☐  Denied ☐  Date: Click here to enter a date.

   DIO Signature: ________________________________

2. **GMEC RECOMMENDATION**

   Approved ☐  Denied ☐  Date: Click here to enter a date.

   DIO Signature: ________________________________

XV. **CHECKLIST**

☐ Application for New Residency/Fellowship Training Program
☐ Attachments
   ☐ Funding Source Confirmation
   ☐ Scope of Practice
   ☐ Goals and Objectives
   ☐ Block Schedule
   ☐ Evaluation Forms
   ☐ Supporting Documentation (from other NYU Winthrop programs if applicable)