

**2.16.1. Request for Establishing a New GME Program**

Date of Submission: \_\_\_\_\_

**Part I: General Information**

Requesting Academic Department: \_\_\_\_\_ Division (If applicable): \_\_\_\_\_

Name of Program: \_\_\_\_\_

Duration of program: \_\_\_\_\_

Proposed # of trainees per year of training: \_\_\_\_\_

If applicable, current # of residents in the program per year of training: \_\_\_\_\_

PGY starting level:  PGY1  PGY2  PGY3  PGY4  PGY5  PGY6

Proposed Start Date: \_\_\_\_\_ (GME Alignment Committee approval needed at least 1 year out from proposed start date)

Indicate proposed funding source (Click as appropriate):

Hospital, Name: \_\_\_\_\_ (UHS, VA?)  Department: \_\_\_\_\_

Grant: PI's Name: \_\_\_\_\_  Other (describe) \_\_\_\_\_

Will resident salaries differ from those provided in the other programs for each PGY level? **For PD's – this information can be found in the Residents and Fellows portion of the GME website under Contracts, Benefits, Compensation.**

No  Yes

(If the answer is yes include an explanation as Item X in Part II)

Please attach copy of letter(s) or notice of awards that verify funding source and its duration.

Does this program have any graduates? Yes  No

Are there ACGME requirements for this program? Yes  No

If not an ACGME program, what is the accrediting body? (i.e, TMB, other) \_\_\_\_\_

Indicate the total number of faculty available for teaching

Submitted by:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Approved by:

Name of Department Chair: \_\_\_\_\_ Signature of Department Chair: \_\_\_\_\_

If fellowship: Name and signature of Division Chief: \_\_\_\_\_

Name of Program Director of core program: \_\_\_\_\_

Signature of Program Director of core program: \_\_\_\_\_

## Part II: Program Summary

Please answer the following questions on a separate sheet and submit with Part I.

I. Program Description - **Please describe the following:**

- Proposed program design
- Total duration and total number of trainees
- General training goals
- Pre-requisites for admission (Before entering the program what should the person have completed or know?)

II. Program Administration

Describe the administrative structure and support of the program including a list of names of the following:

- Program Director (Include FTEs to the Program)
- Section/Division Chief
- Key Faculty – identify site supervisors at each training site
- Program Coordinator (Include FTEs to support the Program)

III. Facilities, Resources and Finances

- a. Describe the facilities and resources available to residents including faculty to resident ratio, library facilities, on-call rooms, laboratories, offices, computers, deviation from current salary structure, etc. Will the cost of the salary and support be offset by services provided?

- b. Rotation Schedule: Complete a proposed block rotation diagram for the typical trainee's schedule per year of training. See Example Below.

Year-1	Month	3 months	3 months	3 months	3 months
	Name of Experience	<i>In-patient Service- Red Team</i>	<i>ER</i>	<i>Consults</i>	<i>Research</i>
		<i>½ day Continuity Clinic (VA)</i>			
	Name Institution	<i>UHS</i>	<i>DH</i>	<i>VA</i>	<i>UHS</i>

- IV. Describe the impact if any, this new program may have on other residency or fellowship training programs residents' experience (i.e. will this fellowship program enhance or take away from the education experience of the specialty program residents?)

### Part III: Program Justification

Please answer the following questions on a separate sheet and submit with Part I & II. Keep in mind while completing this section, our GME mission; “Improve healthcare by advancing the quality of resident physicians’ education.” Our program justifications should be viewed through the lens as means to achieve the triple aim (patience experience of care, improved health care and reduced per capita cost of health care).

I. What is **the justification for the proposed program?**

In your justification address the following areas:

a. Discuss and document the need for this program to meet our mission:

- Need for more of this specialty in Bexar County, South Texas, Texas and Nation
- Data to support need such as access challenges, changes in care delivery and patient demographics. The more granular the data the better.

b. Suitability of current patient population to meet training needs

- Exposure to the full depth and breadth of the specialty
- Expected age range, acuity, gender mix of patients
- Needed patient-volume

c. Availability/interest in training in this specialty

- Are there existing training taking place in other institutions in this region or Texas?
- What is the interest level in this training? (current NRMP fill rate in Texas, region, nation)

II. Describe the impact if this request is not approved.

Please submit your request to the DIO for review before the GME Alignment Committee. Request for funding external to University of Texas Departments need to be approved by GME Alignment Committee one year prior to anticipated program start date.