

INTITUTIONAL GME GUIDELINES
Starting or Expanding Residency / Fellowship Programs

Replaces 5/24/13 and 6/26/13 guidelines, effective and approved by the GMEC on 4/9/21

The Sponsoring Institution, the University of Hawai‘i, John A. Burns School of Medicine (UH JABSOM), supports innovation and the development and expansion of training programs that complements its mission to advance the health and well-being of the people of Hawaii. The decision to start a new program or expand a program must be carefully considered from multiple perspectives given potential impact to the clinical department within which the program will reside, impact to currently established training programs and clinical sites, and wider impact on healthcare in the state. Decision making processes will consider the potential impact on the viability of current GME programs who are suffering from (threat of) program reductions or closure. Preliminary discussion with the Office of the DIO is encouraged to identify opportunities and obstacles in the larger healthcare context.

STARTING A NEW PROGRAM

The prospective Program Director is responsible for developing a proposal to start a new training program. This should be done in collaboration and with the approval of the Department Chair and the Core Residency Program Director (for fellowships).

The proposal should contain information in the following format:

1. Name of program
2. Proposed Program Director
3. Proposed Program Administrator (if known)
4. Rationale, to include assessment of need (see Appendix)
5. Address how this supports “mission critical” health system initiatives
6. Timeline for inception and to attain full complement of trainees
7. Participating sites and impact upon existing program(s) at those sites
8. Core faculty: New recruit(s) and/or impact upon existing faculty workload
9. Funding sources
10. Estimated multi-year budget to include trainees, faculty, support staff, facilities, liability insurance
11. Mission and educational goals
12. Curriculum (block diagram)
13. Letters of support from funders, participating sites

EXPANDING / CHANGES TO A PROGRAM

The proposal should contain information in the following format:

1. Program
2. Program Director
3. Program Administrator
4. Proposed change
5. Rationale, to include assessment of need and/or educational rationale
6. Address how this supports “mission critical” health system initiatives
7. Timeline
8. Participating sites and impact upon existing program(s) at those sites
9. Faculty: New recruit(s) and/or impact upon existing faculty workload
10. Funding sources
11. For expansion: Estimated multi-year budget to include trainees, faculty, support staff, facilities,

liability insurance

12. Curriculum (block diagram)

13. For expansion: Letters of support from funders, participating sites

The completed proposal should be sent to the DIO who will then:

1. Review the proposal with members of the ODIO and the submitting department, core program and lead faculty member
2. Discuss with the Dean of UH JABSOM
3. For new or expanded programs: Discuss with the GME Advisory Council
4. Put on the agenda for GMEC consideration

After approval of the proposal by GMEC, the DIO will initiate an application in ACGME Accreditation Data System (ADS). The Program Director is responsible for reviewing the program requirements for the specialty, completing the application, verifying accuracy of the information, and reviewing with the DIO.

APPENDIX

NEEDS-BASED ASSESSMENT FOR GME PROGRAM EXPANSION

Guiding Philosophy

GME resources are limited and under increasing pressure. Programs need support in a variety of ways: Salary and benefits for trainees, clinical learning environments, faculty, educational resources including technology, research infrastructure, and travel. These come from a variety of sources including federal and state funds, healthcare institutions, grants, sponsoring institution, faculty practice revenue. Many of these resources are shared among departments and with other trainees. Additions or changes to a GME program in this complex system will have collateral effects on other programs. A wide and thorough analysis of the imperatives for and liabilities of program expansion should inform our actions.

Points to consider:

1. What mission critical need is being addressed?
2. Impact on healthcare delivery and quality
 - a. Will this increase access to care for an underserved population? This may be viewed in the context of essential or primary care, or access to specialty services previously unavailable in the area. Will it improve the patient outcomes of existing clinical services?
3. Impact on program quality and innovation
 - a. Will this enhance the quality of an existing program by providing training in a unique skill or with a unique patient demographic that will make the trainee more qualified for a fellowship or job? Conversely, will it impinge upon the opportunity for existing residents / fellows to train in those skills or with those patients?
4. Impact on recruitment and retention
 - a. Will expansion enhance the ability to recruit and retain the most qualified and diverse residents / fellows and faculty?
5. Impact on research and/or scholarship
 - a. Will it facilitate and support new research, or increase synergy with other research efforts?
6. Financial sustainability and resource impacts
 - a. Faculty
 - b. Residents/fellows (including any impacts to current or new CMS GME positions)
 - c. Staff
 - d. Space
 - e. Potential others
 - f. Benefit / return on investment for funding entities.
 - i. The “return” may include clinical revenue from increased patient volume or services, heightened prestige, workforce recruitment and retention. Are there metrics established by the funder that must be met to sustain the investment? Might there be a reactive decrease in market share / revenue for another institution that provides GME funding?

References:

UH JABSOM HRP Task Force: “A report and proposal to assess and respond to the changing healthcare environment affecting graduate medical education.” 2009