

YALE-NEW HAVEN MEDICAL CENTER (YNHMC)

POLICIES AND PROCEDURES

Subject: New Program Approval

Policy #: IIL.010

Effective Date: January 2009

Distribution: Accredited and GMEC Approved Programs

Page 1 of 2

Revision Date: July 1, 2013

Introduction:

YNHMC recognizes that as training and accreditation specifications increase, individual departments and/or sections may see a need to develop new training programs. The following policy will define the parameters that are to be used in obtaining approval by the Graduate Medical Education Committee (GMEC) for these programs.

Definitions:

New Program Approval, Accredited: A program which has not been in existence at YNHMC, but where there are requirements for accreditation either by the ACGME, CODA or a Board of the American Board of Medical Specialties.

New Program Approval, Non-Accredited: A program which has not been in existence at YNHMC, and where there are no published requirements for accreditation by any organization. The program is to be developed because of expertise in a department/section through which further training may be obtained.

Existing Program, Approval for Accreditation Application: A training program which has been in existence at YNHMC, but where there had not previously been published guidelines for accreditation. Program is now requesting GMEC support for application for accreditation.

Policy:

1. All programs, whether accredited by a national organization or not, must be approved by the GMEC.
2. Programs must submit a completed application for approval.
3. Programs must have sufficient financial support in order to submit an application.
Programs must be supported and approved by the respective section/department prior to submission to the GMEC.

Procedure:

1. Program Directors will submit a New Program Request Form (attached) to the Office of Graduate Medical Education.
2. Submission of the application with all required information will be followed by a meeting with the Director/Associate Dean for GME to discuss the proposal.
3. The Program Director will appear before the GMEC to present the proposal.
4. Pending approval by the GMEC, the proposal will be submitted in appropriate format to the appropriate accreditation body, if necessary.

Attachment: New Program Approval Form

Proposal for New Training Program

Request for Accreditation of an Existing Training Program

Date _____ Form Completed by _____ Tel. No. _____

(please check appropriate box) _____ This is a *NEW* Training Program Proposal (complete Sections I & III)

_____ This is a Request for ACGME Accreditation of an *existing* Training Program (complete Sections I, II and III)

SECTION I

Please complete the following information.

Name of Training Program _____ Length of Program _____ mos./yrs.

Program Director's Name _____ Telephone No. _____

Number of Trainees? _____

SECTION II

If this is a Request for Accreditation for an *existing* Training Program, complete the following:

- a. How long has the existing Training Program been established? _____
- b. Number of graduates since the inception of the Training Program? _____

SECTION III

All applicants must complete the following section. A separate sheet(s) may be attached to answer the following questions in detail. Please reference the appropriate letter for each question on your attachment(s).

- a. What is the name of the responsible department? _____
- b. Outline each of the following:
 1. Program Structure/Organization
 2. Program Educational Mission Statement
 3. General Educational Goals by Year of Training
 4. Major Rotations List
 5. Number of Required Lectures Per Week
 6. Research Involvement (if any)
 7. Evaluation Procedures for Program, Faculty and Residents
- c. Please complete Table 1 (attached) regarding Participating Institutions
- d. Prepare a *complete* Program Budget to include all salaries, educational expenses, supplies, etc.
- e. List all your Funding Source(s)

Send this form to Office of Graduate Medical Education, Tompkins 236
If you have questions regarding this application, call 688-1449

Table 1

Participating Institution	Address	Institution Contact And Telephone #	MAJOR* Participation	MINOR** Participation	Facilities Provided	# of Faculty Provided

* **Major** – Institutions to which residents rotate for a required experience or that in which provides at least 6 months of training.

** **Minor** – Institutions to which residents rotate for specific learning experiences (example: electives).