

### III. Resident Appointments

#### A. Eligibility

#### B. Number of Residents

#### C. Resident Transfers

#### D. Appointment of Fellows and Other Learners

### Common Program Requirement:

#### A. *Eligibility Criteria*

*The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.*

*[As further specified by the Review Committee]*

#### B. *Number of Residents*

*The program director may not appoint more residents than approved by the Review Committee, unless otherwise stated in the specialty-specific requirements. The program's educational resources must be adequate to support the number of residents appointed to the program.*

*[As further specified by the Review Committee]*

#### C. *Resident Transfers*

1. *Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident.*

2. *A program director must provide timely verification of residency education and summative performance evaluations for residents who leave the program prior to completion.*

#### D. *Appointment of Fellows and Other Learners*

*The presence of other learners (including, but not limited to, residents from other specialties, subspecialty fellows, PhD students, and nurse practitioners) in the program must not interfere with the appointed residents' education. The program director must report the presence of other learners to the DIO and GMEC in accordance with sponsoring institution guidelines.*

*[As further specified by the Review Committee]*

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- **Documentation for eligibility:** Site visitors will review the written policies for selection and promotion of residents/fellows.
- **Documentation for number of residents:** Information is documented in the PIF and verified by the site visitor. (See PIF questions below.)
- **Documentation for resident transfers:** For residents who have transferred into the program, written verification of prior educational experience and a summative competency-based performance evaluation should be available in the resident files for site visitors to review. Examples of verification of previous educational experiences could include a list of rotations completed, evaluations of various educational experiences, procedural/operative experience. Meeting the requirement for verification before accepting a transferring resident is complicated in the case of a resident who has been simultaneously accepted into the preliminary PGY1 program and the PGY2 program as part of the match. In this case, the “sending” program should provide the “receiving” program a statement regarding the resident’s current standing as of one-two months prior to anticipated transfer along with a statement indicating when the summative competency-based performance evaluation will be sent to the “receiving” program. An example of an acceptable verification statement is:

*“(Resident name) is currently a PGY (level) intern/resident in good standing in the (residency program) at (sponsoring institution). S/he has satisfactorily completed all rotations to date, and we anticipate s/he will satisfactorily complete her/his PGY() year on June 30, (year). A summary of her/his rotations and a summative competency-based performance evaluation will be sent to you by July 31, (year).”*

Aggregate data on residents/fellows completing or leaving the program in the last three years is documented in the PIF. Site visitors verify reasons for transfers and program responses during interviews as needed.

ADS (PIF) tables related to these requirements are on the following pages:

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**RESIDENT APPOINTMENTS**

**Number of Positions** (for the current academic year)

Positions	Total (Positions per year also requested if Review Committee approves the number per year)
Number of Requested Positions	
Number of Filled Positions*	

*If the number of filled positions exceeds the number of positions approved by the Review Committee, provide an explanation of this variance.*

*No increase in resident complement is requested ( ) YES ( ) NO*

\* Not applicable to new programs with no residents on duty. Count part time residents as 0.5 FTE.

**Actively Enrolled Residents** (if applicable)

List all residents actively enrolled in this program as of August 31 of current academic year. List names alphabetically within Year in Program. Place an (\*) asterisk next to the name of each resident accepted as a transfer.

Name	Program Start Date	Expected Completion Date	Year in Program	Type of Position	Years of Prior GME	Specialty of Most Recent Prior GME	Medical School	Year of Med School Graduation

*For the transfer residents noted above, did you obtain documentation of previous educational experience and competency-based performance evaluation? ( ) YES ( ) NO*

*Documentation of previous experience and competency-based performance evaluation for transfer residents should be available for review by the site visitor.*

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**Aggregate Data on Residents Completing or Leaving the Program for the Last Three (3) Years (if applicable)**

<b>Based in academic year ending:</b>	<b>June 30, 20__</b>	<b>June 30, 20__</b>	<b>June 30, 20__</b>
Number of Graduates in this Program*			
Number of Residents That Completed Preliminary Year(s)			
Number of Residents Who Withdrew from the Program			
Number of Residents Who Transferred Out of the Program			
Number of Residents on Leave of Absence from the Program			
Number of Residents Dismissed from the Program			

\*Excludes residents in preliminary complement year(s).

**Residents Completed Program in the Last Three Years (if applicable)**

List of residents who completed all training for this specialty based on the last academic year ending June 30, 20\_\_.

<b>Name</b>	<b>Start Date</b>	<b>Actual Date of Completion</b>

**Transferred, Withdrawn, and Dismissed Residents (if applicable)**

List residents who transferred, withdrew, or were dismissed from the program for the last three years and provide the reason.

<b>Name</b>	<b>Start Date</b>	<b>End Date</b>	<b>Transferred to Which Specialty/Site</b>	<b>Provided Resident Records to New Program Yes/No</b>

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Name	Start Date	End Date	Withdrawn or Dismissed	Reason

- **Documentation of Fellows and Other Learners:** Site visitors will verify the impact of the presence of fellows or other learners on the educational opportunities available for residents through review of the resident survey (see survey question below) and interviews during the site visit as deemed necessary.

Resident Survey Question:

*16. To what extent do trainees who are not part of your program (such as residents from other specialties, subspecialty fellows, PhD students and nurse practitioners) interfere, in a negative way, with your education?*