

Summary of Questions
From February 2011 Conference Call with Prospective THCGME Applicants

1. A sponsoring institution wants to expand its underserved site as a THC. They are seeking to increase the resident complement in the existing program for THC positions with the clinics in town. What is the mechanism for funding and having residents coming from two different sources? How do you apply for a HRSA grant under the consortium model in this situation? We are seeking the HRSA grant without decreasing or stopping our current funding source.

There are two ways to apply for a HRSA grant: one is as a stand-alone community health center, and the other is as a center under a greater sponsoring institution, or the consortium model. From the ACGME perspective, you are seeking to increase the complement, and add a second continuity clinic, which should not be a problem. How to get this HRSA funded is a different story. It was suggested that the program contact one of the programs that received HRSA funding this year that was a consortium model.

2. We have already received the expansion approval and the HRSA grant. Should we create a THC track? Would we have to apply for a new program, and transfer residents onto the new track? We could also make the community health center a second site. We don't want to increase the complement in the current program we want a new cap for the THC.

If the program received HRSA funding, presumably it met HRSA's qualification criteria. If the program does not want an increase in complement, that is the program's decision. This is not an RC issue. Once a request for an increase in complement is made in ADS, then the RC will review and make a decision on the issue.

3. How rigid is the April 1st deadline for submitting a new application?

We can't guarantee that your application will be reviewed at the fall meeting if we do not receive the application by the April 1st deadline, as we are going to try to schedule site visits as early as mid-April. However, if you send in your application within the first couple of weeks in April, it will be reviewed, and we will try to process your application as quickly as possible to make the fall meeting.

4. Our Internal Medicine program wants to convert from a categorical program to a primary care program. Is this possible? And will we be eligible for the HRSA grant as a THC?

ACGME does not require the distinction between categorical versus primary care internal medicine programs; that change of program does not have to be reported to us. Regarding your HRSA eligibility, please see the HRSA requirements.

5. A psychiatry CHC wanted to discuss the merits of whether to applying for accreditation and seek HRSA funding for the new program or whether to pursue HRSA funding for the existing program.

This is a decision the CHC leadership needed to make. Staff provided timeline if there was interest in pursuing an application for a new program.

6. Can our psychiatry program receive the HRSA grant if our Family Medicine program has already received one?

This is a HRSA question, not an ACGME-RC question. However, it would be difficult for two programs to demonstrate that they were in compliance with the HRSA requirement that they CHC "owns and operates" the residency program. Staff asked the program personnel contact HRSA.

7. What is the deadline for next year's HRSA application?

That is HRSA's decision; we do not know at this time.

8. Our faculty members are dually employed by both the hospital and the community health center – is that a problem?

That is not a problem from ACGME's perspective.