

Requests for Changes in Complement Review Committee for Thoracic Surgery

The Review Committee approves:

- Temporary and permanent increases in complement
- Permanent decreases in complement
- Complement by year and total

To initiate a request for a change in complement, the program director must log into the Accreditation Data System (ADS) and select “Requests,” then “Complement Change,” from the menu under the **Program** tab. The request will be electronically sent to the designated institutional official (DIO) for approval, as outlined in the ACGME Institutional Requirements. The DIO may approve the request, reject and delete the request, or reject and return the request to the program for modifications. If the DIO approves the request, the information is submitted to Review Committee staff members and then forwarded to the Review Committee for consideration. A member of the Review Committee staff will notify the program of the Committee’s decision.

Temporary Increase in Complement for Up to 90 Days

A temporary increase in resident or fellow complement for up to 90 days does not require approval by the Review Committee and should not be submitted in ADS.

Temporary Increase in Complement for More Than 90 Days

A temporary increase in resident or fellow complement for more than 90 days must first be approved by the DIO, after which approval must be requested from the Review Committee through ADS and will be reviewed on an ad hoc basis.

An educational rationale for the increase and proposed block diagram(s) must be submitted with the request via ADS. The educational rationale should describe the specific circumstances for the temporary increase, including the provisions that will be taken to ensure adequacy of support (funding) and educational resources for the duration of education and training, as well as the name of the resident or fellow (if applicable). It is important that the proposed block diagram clearly demonstrate how the requested increase will impact the curriculum. If the program’s block diagram *will not* change with the increase, submit the current block diagram and include an explanation in the educational rationale.

The following program information in ADS will be reviewed and should be updated as needed prior to submission: response(s) to citation(s); major changes and other updates; current block diagram; faculty-to-resident/fellow ratio (ensure Faculty and Resident/Fellow Rosters are accurate); and Graduate Minimums Reports (these reports cannot be updated, but provide an explanation in the educational rationale if minimums were not met in the previous year’s report).

Permanent Increase in Complement

A permanent increase in resident or fellow complement must first be approved by the Sponsoring Institution’s Graduate Medical Education Committee (GMEC), after which approval

must be requested from the Review Committee through ADS. Requests for permanent increases in complement are considered only at Review Committee meetings, which occur two times per year. Programs should monitor meeting agenda closing dates on the [Thoracic Surgery section](#) of the ACGME website and plan accordingly to ensure timely review and meet recruitment needs.

Programs must hold a status of Continued Accreditation or Continued Accreditation without Outcomes to be considered for a permanent increase. In some instances, a site visit may be required depending on the information provided and the nature of the request. Programs with statuses of Continued Accreditation with Warning, Initial Accreditation, Initial Accreditation with Warning, or Probation are not eligible for a permanent increase but may apply for a temporary increase.

An educational rationale for the permanent increase and proposed block diagram(s) must be submitted with the request via ADS. The educational rationale should include a description of how a permanent complement increase will enhance resident/fellow education. It is important that the proposed block diagram clearly demonstrate how the requested increase will impact the curriculum. If the program's block diagram *will not* change with the increase, submit the current block diagram and include an explanation in the educational rationale.

The following program information in ADS will be reviewed and should be updated as needed prior to submission: response(s) to citation(s); major changes and other updates; current block diagram; faculty-to-resident/fellow ratio (ensure Faculty and Resident/Fellow Rosters are accurate); and Graduate Minimums Reports (these reports cannot be updated, but provide an explanation in the educational rationale if minimums were not met in the previous year's report).

Permanent Decrease in Complement

A voluntary permanent decrease in resident or fellow complement must first be approved by the Sponsoring Institution's GMCC, after which approval must be requested from the Review Committee through ADS. The request in ADS should be made *after* the effective date of the decrease has passed. Requests for permanent decreases in complement are considered on an ad hoc basis.

An educational rationale for the decrease and proposed block diagram must be submitted with the request via ADS. The proposed block diagram should include all years of the program. If the program's block diagram will not change with the decrease, submit the current block diagram and include an explanation in the educational rationale.

The following program information in ADS will be reviewed and should be updated prior to submission as needed: response(s) to citation(s); major changes and other updates; current block diagram; faculty-to-resident/fellow ratio (ensure Faculty and Resident/Fellow Rosters are accurate); and Graduate Minimums Reports.

Permanent decreases in complement will be processed at the end of the current academic year, even if approved by the Review Committee at an earlier date.

Direct questions to Review Committee staff members (contact information is listed on the Overview page of the [Thoracic Surgery section](#) of the ACGME website).