

# PROCEDURE GME21

**Subject:** APPROVAL OF NEW PROGRAMS

**Effective Date:** APRIL 2005

**Applies to:** HOUSTON METHODIST HOSPITAL  
SYSTEM - GME PROGRAMS

**Date Revised:**  
OCTOBER 2024

**Originating Area:** GRADUATE MEDICAL  
EDUCATION COMMITTEE

**Target Review Date:**  
OCTOBER 2027

---

## **I. GENERAL STATEMENT**

Houston Methodist Hospital, as a Sponsoring Institution for ACGME-accredited, Non-Standard Training Programs (NST), TMB-approved, and other non-ACGME accredited Programs, has a fiduciary interest in ensuring that sponsored programs provide quality teaching and patient care and have appropriate resources. To establish a new program of GME at Houston Methodist, prospective leadership of that program must prepare a proposal and subject the proposal to the GME Office for an internal review and review/approval of the GME Committee (GMEC). This procedure describes the process for approval of applications for new Programs of GME.

## **II. PROCESS FOR SUBMISSION OF NEW PROGRAMS**

### **A. Guidelines for Establishing a New Program**

1. One Faculty member will serve as the Program Director for the proposed program. The Program Director must have sufficient dedicated time to discharge the responsibilities of a Program Director (see Procedure GME18—Responsibilities of Program Directors).
2. There must be an apparent need and rationale for establishing a new Program, a well-defined administrative structure, and a written Program curriculum.
3. If ACGME accreditation is available, the Program must apply for accreditation by the ACGME. The ACGME accreditation process includes submission of a program application to the appropriate RRC for review. Review of new programs occurs at regularly scheduled meetings of each RRC. These meetings are listed on the ACGME website ([www.acgme.org](http://www.acgme.org)). The Program Director should anticipate the dates for RRC review and plan on submitting the completed application to the GME Office at least 6 months in advance of the RRC agenda deadline in order for the GMEC to complete its review of the proposed program prior to RRC submission.
4. If ACGME accreditation is not available, the Program must determine if a council or other association has established criteria for establishment of specialty-specific Programs of GME including program guidelines, supervision and accreditation or approval of programs, and implementation of an equitable matching process. Examples of specialty-specific councils include but are not limited to: the Fellowship Council, an association of MIS and Surgical Gastrointestinal Endoscopy training programs; the American Association of Gynecologic Laparoscopists, and the Society for Urodynamics and Female Urology (SUFU). If council or association accreditation is not

available, a Program may seek approval for a Texas Medical Board-approved fellowship by using the forms provided on the Texas Medical Board website. In situations where a fellowship candidate will require a Physician-in-Training (PIT) Permit, a Texas Medical Board-approved fellowship must be applied for and received prior to recruiting any candidates. All non-ACGME applications are due to the GME Office at least 6 months in advance of the society or council's agenda deadline in order for the GMEC to complete its review of the proposed program prior to submission.

5. All non-ACGME Programs that subsequently become eligible for accreditation by the ACGME must apply for ACGME accreditation within a year of eligibility. The GMEC will not approve non-ACGME Programs that are eligible for ACGME accreditation.
6. The Program Director will complete the Request to Establish a New Program Form for all new GME programs as well as the appropriate program application. For non-ACGME accredited programs, the Program Director will meet with the DIO to determine the correct application form to complete (e.g., the Request to Establish a New Program or the appropriate subspecialty council application).
7. The Program must provide documentation of funding for all training and accreditation costs (including application fees) for a minimum of five (5) years from the projected starting date.

#### B. Process for Obtaining GMEC Approval

1. The Program Director will inform the DIO of the intent to establish a new Program of GME. The DIO will discuss the plans with the Program Director and his/her Department Chair and provided a date that the application will be due to the GME Office.
2. For ACGME-accredited programs, the Program Director will complete the Request for New Program Form and the appropriate ACGME common and specialty-specific application form and will submit these documents to the DIO by the deadline agreed upon by the Program Director and the DIO.
3. For non-ACGME-accredited programs, the Program Director will complete the Request for New Program Form, the Houston Methodist Program Application and, when applicable, any specialty-specific application and program requirements from the appropriate society or council. The Program Director will submit these documents to the DIO by the deadline agreed upon by the Program Director and the DIO.
4. The GME Office will review the documents and schedule a date for an Internal Review of the proposed Program to be conducted according to written institutional protocol (see Procedure GME 20—Internal Reviews).
5. A report of the internal review will be presented to the GMEC Executive subcommittee for review and endorsement prior to GMEC approval. Upon GMEC approval, the Program may submit the program application through the ACGME ADS or to the appropriate specialty society or council.

#### C. Benefits and Responsibilities of GMEC Approval

1. All Programs that have been approved by the GMEC will be eligible for the benefits and responsibilities of membership in the GMEC (see Procedure GME02—Composition and Responsibilities of Graduate Medical Education Committee and Resident Council).
2. Residents in all GMEC-approved Programs must comply with all GMEC policies and procedures governing resident behavior, including, but not limited to:

- Procedures GME 05 Resident Responsibilities, GME 13 –The Learning and Working Environment, and GME 14 – Moonlighting.
3. Program Directors of all GMEC-approved programs of GME must comply with all GMEC policies and procedures governing Program Directors responsibilities, including, but not limited to: Procedures GME 18—Responsibilities of Program Directors, GME 07—Paid Time Off and Other Leaves of Absence, and GME 08—Supervision of Residents. All Program Directors will be expected to comply with Procedure GME10--Adverse Academic Actions.
  4. All Residents of GMEC-approved non-ACGME-accredited Programs will be treated the same as Residents in ACGME-accredited programs. There will no discrimination in: salary, benefits, access to due process as guaranteed by Procedure GME 10--Adverse Academic Actions, and participation in GME-sponsored activities, including Annual Survey of Residents' Educational and Clinical Experiences, graduation, New Resident Orientation, and internal reviews.
  5. Program faculty will have the benefit of participating in faculty development activities provided through the Office of Academic Development.
  6. The GME Office will provide administrative support and management to all Residents and GMEC-approved Programs.
  7. All Residents of GMEC-approved Programs who complete their training satisfactorily will receive an official Methodist diploma or certificate of completion.

Approved by Graduate Medical Education Committee [10 March 2005] [8 January 2009] [12 November 2009] [10 November 2016] [12 December 2019] [09 October 2024]

Attachment 1: Checklist of required items

## Attachment 1

### Checklist of required items for ACGME Accredited Programs

- New ACGME Program Form. Please visit [our page](#) and scroll to Procedure 21 to find the latest version of the form
- Letter of Financial Support. Please visit [our page](#) and scroll to Procedure 21 to find the latest version of Letter of Financial Support
- Program Coordinator Contact Information
- Program Director CV
- ACGME ADS Application and Specialty Specific Application. The GME Office can open ADS once the above items have been provided

### Checklist for of required items NST Recognized and GMEC Recognized Programs

- Complete NST Application located under Procedure 21 in our [Public Site](#)
- If this program is accredited by another body, please include a copy of the requirements when a public link is not available
- Program Letter of Agreement Drafts for all participating sites, if applicable. Please reach out to Shelby Raven at [saraven@houstonmethodist.org](mailto:saraven@houstonmethodist.org) to begin this process
- Block diagram/rotation schedule. [Please refer to these templates for guidance](#)
- Competency-based rotation specific goals and objectives for each level of training. [Please use this template for guidance.](#)
- Eligibility and Selection Policy (program specific). Prior to writing your program specific policy, please review Procedure 3 [here](#) to ensure the program policy aligns with the institutional policy
- Transition of Care Policy (program specific). Prior to writing your program specific policy, please review Procedure 27 [here](#) to ensure the program policy aligns with the institutional policy
- Supervision Policy (program specific). Prior to writing your program specific policy, please review Procedure 8 [here](#) to ensure the program policy aligns with the institutional policy

- Clinical and Educational Work Hours Policy (Duty Hours) (program specific)
- Moonlighting Policy (program specific). Prior to writing your program specific policy, please review Procedure 13 [here](#) to ensure the program policy aligns with the institutional policy
- Evaluation policy (Must include requirement for Initial assessment to be completed no later than three months from the start date and that trainee will be directly supervised until the ACGME milestones have been achieved, Semi-Annual Evaluation, and Final Summative Evaluation) (program specific). Prior to writing your program specific policy, please review Procedure 12 [here](#) to ensure the program policy aligns with the institutional policy
- A blank copy of the forms that will be used to evaluate residents at the completion of each assignment (faculty evaluation of resident)
- Copies of tools the program will use to provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice
- A blank copy of the forms that will be used to document the Initial assessment against the milestones, semiannual, and final summative evaluations of the residents with feedback
- A blank copy of the form that residents will use to evaluate the faculty
- A blank copy of the form that residents will use to evaluate the program
- A blank copy of the form that non-faculty team members will use to evaluate the resident
- Letter of Financial Support. Please visit [our page](#) and scroll to Procedure 21 to find the latest version of Letter of Financial Support
- [TMB Application. The check will be requested after the program has been approved by the GMEC](#)
- Copy of the Scope of Practice (list of procedures and supervision level)