

Operating Policy	
TITLE: Request for Temporary Increase in Complement	
ISSUING DEPARTMENT: Graduate Medical Education Office, Creighton University School of Medicine-Phoenix	ORIGINALLY ISSUED: 9/22/25
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PURPOSE

Provide all Creighton University School of Medicine-Phoenix (CUSOM-PHX) programs with valid and fair procedures for programs that desire to temporarily increase the number of residents/fellows.

SCOPE

The policy applies to all CUSOM-PHX sponsored training programs that are Accreditation Council for Graduate Medical Education (ACGME) accredited or meet the criteria in the Non-ACGME Accredited Programs Policy.

DEFINITIONS

Academic Chair: The administrative head of an academic department, appointed by the CUSOM-PHX Regional Dean, responsible in matters concerning the administration of the department.

Complement: The maximum number of residents and fellows a program can have, approved by an ACGME Review Committee, and based on available resources.

Designated institutional official (DIO): The individual in a Sponsoring Institution who has the authority and responsibility for all of that institution's ACGME-accredited programs.

Program Director: The physician designated with authority over and accountability for the operation of a residency or fellowship program.

PROCEDURE

- A. The Program Director requests a temporary increase to the number of residents/fellows in an established training program by completing and submitting a *Request for Temporary Increase in Complement* form to the DIO.
- B. The DIO, GME Office staff, and Executive Director of the Creighton Alliance will review the request for internal approval.
- C. The DIO, GME Office staff, and Executive Director of the Creighton Alliance may request a meeting with the Program Director and program leadership to address any information submitted in the request.
- D. Temporary complement increases in ACGME-accredited residency and fellowship programs, up to 90 days, do not require Review Committee approval.
- E. Temporary increases lasting longer than 90 days require approval from the Review Committee and must be requested through the Accreditation Data System (ADS).
- F. If the request for temporary complement increase of *less than* 90 days is approved by the GME Office, the program may proceed.
- G. Requests for temporary increases in the number of residents/fellows for *more than* 90 days is approved by the GME Office, the Program Director is permitted to apply to their respective specialty Review Committee via the ACGME Accreditation Data System (ADS) to increase the number of residents in the established training program. Once submitted, the DIO oversees the request by signing off in the ACGME ADS.

ADMINISTRATION AND INTERPRETATIONS

The Graduate Medical Education Office – Creighton University School of Medicine-Phoenix is responsible for the administration of this policy and may interpret its provisions as needed.

AMENDMENTS OR TERMINATION OF POLICY

This policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and this GME policy, this GME institutional policy shall govern. The University reserves the right to modify, amend or terminate this policy at any time.

Creighton University School of Medicine-Phoenix Request for TEMPORARY Increase In Complement

Program Name

Program Director Approval*

(Type name & date)

Phone

Email

Current # of residents/fellows

Requested # increase of residents/fellows

Period of time temporary complement increase will be needed

CUSOM Academic Dept Chair Approval*

(Type name & date)

DHMG Department Chair Approval*

(If applicable, type name & date)

DMG Chair Program Director Approval*

(If applicable, type name & date)

*Typing name indicates approval and support to proceed with request for permanent increase in complement

PLEASE NOTE

- No residents or fellows should be hired or promised positions until all approvals have been obtained.
- Requests to specific ACGME / RRC's (if needed) must not be made until after approval by the GME Office
- The attached questionnaire will facilitate the necessary approvals and final request to the ACGME. Please address all questions on the next pages and return to the DIO.
- Send the completed application request to dcastell@CREIGHTON.edu in the GME office.*

INSTRUCTIONS

Use this submission to highlight the importance and strategic fit of the proposal at this particular time. The questions or prompts in each section are intended to be a non-exhaustive guide for the type of content appropriate for each section.

Provide a description of the educational reasons for the resident/fellow complement change. The rationale must be educational and not based on service or specialty demands. Examples of educational rationales include increased time for didactics, enhancing the learning environment, improving the experience on certain rotations, new clinical experiences required by an accrediting agency, improved compliance with duty hour requirements and increased elective time.

RATIONALE, IMPACT, AND FINANCING FOR PERMANENT COMPLEMENT INCREASE

1. Reasons for request to increase complement.

2. What are your specialty's ACGME requirements regarding temporary complement changes? Examples include but not limited to, a need to submit a proposed block diagram demonstrating how the change will affect the program's training schedule; if the block diagram will not change with the increase, providing a detailed explanation; program must be in good standing; need to address any concerns from previous surveys or citations.

3. If your RRC or American Board have requirements for a certain number of rotations, clinical experience, number of cases, etc., will there be adequate experiences to meet RRC and Board requirements?

4. How will the increase in number of residents/fellows impact the educational quality of the program?
- Please include both the positive and negative effects on the educational program in comparison to the current program size.

5. Is there currently an adequate number of faculty for supervision of clinical activities to support the complement increase?
- Please provide a list of core faculty and proposed schedule for supervision of trainees. Include faculty to trainee ratios.

6. Does leadership and/or program manager time protection need to be adjusted to ensure compliance with ACGME requirements following the complement increase?

7. What are the anticipated effects of your proposed complement increase on other training programs at CUSOM-PHX?

8. Is there adequate space and resources (offices, desks, computers, labs, etc.) to accommodate the complement increase? If not, please provide a summary of necessary resources.

9. Are additional outside training sites needed to accommodate the complement increase to ensure the educational needs of the trainees are met? If so, please list the additional sites.

10. Additional Comments.

GME OFFICE USE ONLY

GME Approval Date