A letter of recommendation from the Chair of the Department(s) for a new training program must be submitted, along with the Request for New Training Program, to the Program Quality and Compliance Committee, at least two weeks prior to the Q&C meeting date when you would like this item considered. New training programs should be considered one – two years before the anticipated start date.

The letter from the Chair is to make sure that funding requests are in-line and that Program Director, faculty and Program Coordinator support is assured. Those requirements for support can be found in the ACGME’s Specialty Specific Program Requirements, found [here](https://www.acgme.org/globalassets/pdfs/specialty-specific-requirement-topics/dio-pd_qualifications_102023.pdf).

The letter should include the following:

* + - 1. Prior to selecting a requesting a new program, a candidate for Program Directors should be identified. The Department Chair should review the [current RRC requirements](https://www.acgme.org/globalassets/pdfs/specialty-specific-requirement-topics/dio-pd_qualifications_102023.pdf) for appointment of a Program Director. If the candidate does not meet the RRC qualifications, the extenuating circumstances must be documented.

1. There must be a single Program Director with authority and accountability for the operation of the program, including compliance with all applicable program requirements and ability to complete the ACGME application.
2. Name, current position, qualifications, current board certification status of candidate. Qualifications should include requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee. Current medical licensure and applicable medical staff appointment should be noted.
3. Brief statement of rationale for appointment of the individual and indication of the intended duration of the appointment. The ACGME requires that the Program Director must continue in his or her position for a length of time adequate to maintain the program’s stability. The success of residency programs is generally enhanced by continuity in the program director position. The professional activities required of a program director are unique and complex and take time to master. All programs are encouraged to undertake succession planning to facilitate program stability when there is necessary turnover in the program director position.
4. Clear statement of the expected duties of the Program Director including responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; resident recruitment and selection, evaluation, and promotion of residents, and disciplinary action; supervision of residents; and resident education in the context of patient care. This should include the authority to approve or remove physicians and non-physicians as involved with the residency program at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval;
5. Clear statement of the sufficient dedicated professional time to perform the vital activities required to sustain an accredited program (time allotment and % of salary) that will be provided the Program Director. Program directors and, as applicable, members of the program leadership team, who are new to the role may need to devote additional time to program oversight and management initially as they learn and become proficient in administering the program. It is suggested that during this initial period the support described above be increased as needed.
6. Clear statement of the candidate’s need to maintain board certification should be included in the letter.
7. Clear statement that the Program Director will be expected to comply with the program requirements of the ACGME and those of the [specialty’s RRC](https://www.acgme.org/specialties/).
8. Sources of funding for the program. For those departments that are self-funding please share documentation of both the source and the duration of the funding agreement, i.e grant paperwork. For those programs requiring Hospital funding, applications will only be forwarded to the GME Strategic Manpower process should they be approved by the Q&C Committee.

**MEMORANDUM**

Date

**TO:** MUSC Program Quality and Compliance Committee

**FROM:** Departmental Chair

**RE:** Letter of Support for BLANK training program

The proposed training program, NAME HERE, has my full support for application to the GME Program Quality and Compliance Committee.

I have reviewed the Program Requirements for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_training program which are posted on the ACGME (or CODA) website, and can assure the Q&C Committee that this program can comply with all requirements in relation to program director, faculty, coordinator requirements. *(And if not, please state the extenuating circumstances that allow you to recommend this person.)* In addition, I have discussed required off service rotations with both the chair and PD of the involved departments. This *meets/exceeds* the ACGME (or CODA) requirements for this program.

I would like to nominate, **Candidate’s Name and Degrees**, for the position of Program Director for the *NAME* training program. Dr. *NAME* will have the responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; resident recruitment and selection, evaluation, and promotion of residents, and disciplinary action; supervision of residents; and resident education in the context of patient care. This will include the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members.

Dr. \_\_\_\_\_\_\_\_\_\_\_ is currently a/an \_\_\_\_\_\_\_ professor in the Dept. of \_\_\_\_\_\_\_\_\_. They have been board certified by *(insert board name here)* for \_\_\_\_\_ yearsand they hold a MUSC medical staff appointment*.* Dr. \_\_\_\_\_\_\_\_ began teaching in GME in *(list year)* and was first appointed as faculty in our department *in (list date).* Their South Carolina Medical License Number is \_\_\_\_\_\_\_\_\_\_. I acknowledge that Dr. \_\_\_\_ will need to maintain board certification for the duration of their appointment as Program Director. Enclosed is Dr. \_\_\_\_\_\_\_\_\_’s curriculum vitae. The Program Coordinator will be \_\_\_\_\_\_\_\_\_\_\_ and will have \_\_\_\_\_% FTE dedicated to this program.

We plan to use *departmental funds/ask GME SMP* for funding. We understand that funding does not guarantee approval by the Q&C Committee.

Sincerely,

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair, Department of \_\_\_\_\_\_\_\_\_\_\_\_\_

Cc: Proposed Program Director

Enclosure: CV