

Fellowship Council Membership Change Form

**Program Information**

***Please note the following:***

1. *This form constitutes official notification of a change in a program. Verbal or email communication is not considered official notification without an executed change form, signed by all parties.*
2. *The designated institutional official (DIO), Chair and either the Program Director (PD) or the Associate Program Director must sign off on all change forms and additional materials submitted with the change form. See Number 4 below.*
3. *A change form that is not signed by all parties is considered incomplete and will not be processed as official notification to the Fellowship Council (FC) of a change in a program.*
4. *In the circumstance where the PD is resigning or changing, the form may be signed by the Associate PD or interim PD.*
5. *There must be a PD, Associate or Interim PD assigned by the DIO or designee.*
6. *This change form will be presented to the FC Change Subcommittee, who will determine further actions based on whether the changes constitute major or minor changes to the program. The program’s current accreditation status will also be considered in these deliberations.*
7. *The matching process agreement is a legal binding document between the program and the fellow. Therefore, any major changes to a program may affect this agreement. A release from the matching process agreement requires a formal request from either the program or the fellow and must be resolved between both parties and the Fellowship Council Communications Committee and Board of Directors before dissolving this agreement.*

Program Name:

Program Director Name:

Program Director Phone:

Program Director Email:

Designated Institutional Official/Alternate Institutional Official Name:

Designated Institutional Official/Alternate Institutional Official Phone:

Designated Institutional Official/Alternate Institutional Official Email:

Your Name (if not the PD, DIO, or AIO):

Your Position/Title:

Your Phone:

Your Email:

Number of Fellows program is accredited for:

Duration of Fellowship Positions program is accredited for:

Current Accreditation Status:

\_\_ Pending

\_\_ Provisional

\_\_ Probation-1-year approval

\_\_ 2-year approval

\_\_ 3-year approval

\_\_ Not Accredited/Suspended

Current Program Accreditation Type: (select all that apply)

\_\_ Advanced Colorectal

\_\_ Advanced GI

\_\_ Advanced GI MIS

\_\_ Advanced Thoracic

\_\_ Bariatric

\_\_ Comprehensive Flexible Endoscopy

\_\_ Foregut

\_\_ Hepato-Pancreato-Biliary

***Please select (circle) all categories that apply. Please submit a letter, signed by the Program Director (PD), Chair and Designated Institutional Official (DIO), answering all questions noted within each selected category that you select and include any relevant supporting documentation.***

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| --- | --- | --- |
| **Category** | **Type of change** | **Questions and details needed to be addressed (the program must submit a letter delineating each of these- SIGNED BY PD, Chair AND DIO).** |
| **I** | Change in Program Director | * Will this adversely affect the fellowship? * Who will be taking over as Program Director? Will this Program Director be permanent or interim? Does the new Program Director meet the FC requirements that they have been at the institution for at least one year and are at minimum 3 years out of fellowship training? * Who will be the Associate Program Director after the change happens? * Will the original Program Director be leaving the health system completely? If yes, please note what percent of the fellow case volume the PD was responsible for? * Will there be any additional changes in faculty? If yes, how does that impact the fellow case volume? * How will this impact the fellowship program in terms of case volume, rotations, curriculum, etc.? * Have the current, incoming, and matched fellows been notified? * *Please note that in cases where the PD is changing institutions, this form must be submitted. This change may result in membership closure of the previous fellowship program and a new member application to be completed for the new fellowship program. Fellowship programs cannot be transferred between institutions.* |
| **II** | Change in Faculty Complement | * Will this adversely affect the Fellowship? * List the pre-change Fellowship faculty and what percent of the fellow’s operative experience is provided by each faculty member. Please list the post-change Fellowship faculty and what percent of the fellow’s operative experience is provided by each faculty member. How will this impact the fellowship program in terms of case volume? * What is the post change rotation schedule? * Has the curriculum or non-operative aspects of the fellowship changed? * Explain how an adequate clinic and research experience will be maintained and assured? * What are the plans to hire faculty, if any? |
| **III** | Change in Number of Positions Available | * State the current and the desired number of fellow positions (i.e. reduction or increase) and duration (i.e. 1-year, 2-year). * State the reason for the requested increase/decrease in fellow complement. * How will this impact the affiliated residency program or other existing fellowships, if applicable? * If an increase is requested, the letter must be co-signed by the General Surgery Program Director (if residency program exists and shares patients with the fellow), the other Fellowship Program Director (if that fellowship program shares patients with your fellow), and the Chair of Surgery. * If an increase is requested: List any changes which will support an increase in position (e.g. new facilities, increase in faculty, and increase in case volume). * Submit a new rotation schedule that includes current and new fellows. |
| **IV** | Change in Program Designation | State the designation the program is applying for.  List any changes which will support the change in designation (e.g. increase in faculty, increase in case volume, change in rotation).  Explain how the current fellow will achieve the experience in the current designated fellowship type.  Are there any incoming/matched fellows that would be affected by this change? If so, have they been notified? |
| **V** | Withdrawal from the Fellowship Council | * State the reason you wish to withdraw from the Fellowship Council -please be specific regarding faulty, case volume, finances and institutional support. * Explain how the current fellow will be assured an adequate experience until they graduate. * Do you have incoming/matched fellows? If yes, how will you accommodate them, and have they been notified? |
| **VI** | Major Change in Rotation/Clinical Volume | * Explain what the change is that will affect the fellowship experience. * If a decrease in clinical volume, explain how the program intends to assure an adequate experience for the fellow. * Explain what circumstances led to the changes that have come about. |
| **VII** | Impact of Other Learners | * Explain how a change in other learners will affect the fellowship. For example, if a general surgery residency is starting at the institution that previously did not have one, how will the program accommodate these residents? * Explain how the program will manage any conflict or competition for cases between learners. * Provide the organizational structure by which the competing learners will report. Also include a mechanism for resolving conflict. |
| **VIII** | Change in Matched or Current Fellow | * Provide matched fellow name, email, and phone number. * Explain why the matched fellow is changing. Provide any documentation that might support the decision to terminate the matching process agreement * Was the fellow contract terminated or did the fellow resign? * If applicable, provide an explanation of how the program plans to change the issues that led to the fellow change. * Provide a plan for the program in light of the fellow change. * Do you think this should be a matching process violation by the matched fellow, with sanctions? * *Please note that the FC Communications Committee and Board of Directors will determine whether a violation has occurred and, if so, the appropriate action for the violation, but you can provide information to the Committee.* |
| **IX** | Fellow Time Extensions OR Changes to Fellowship Dates (decrease or increase) | * State the current dates for the fellow in question. * State why a change in the fellowship dates (the dates the fellow is in training) is requested. * If the fellow is required to leave the fellowship for a period of time, explain why. * If the fellow is required to leave the fellowship early and is not expected/does not want to complete the time of the fellowship, explain why the fellow is leaving early. * If time extension for fellowship is required, please note in detail the following: a) How long of an extension is needed b) What rotations would the fellow be in c) How will you avoid conflict with other learning (including incoming fellow(s) and residents). * Have you notified the fellow in practice and the incoming fellow(s) about this request? |

*\*\*Potential triggers for a site visit by the Accreditation Committee include but are not limited to: a change in Program Director, a change in the number of fellows, a significant change in the associate faculty, insufficient case logs, program complaints, failure to address previous citations, and conflicts with the residency program.*

I understand that the above information will be circulated to the Fellowship Council Membership, Communications, and Accreditation Committees for review and that all changes must be approved by the Fellowship Council.

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Date of Change Request

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Program Director (please print)

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Signature of Program Director

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Department Chair (please print)

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Signature of Department Chair

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Designated Institution Official /Alternate Institutional Official (please print)

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Signature of Designated Institutional Official / Alternate Institutional Official