

**GRADUATE MEDICAL EDUCATION INSTITUTIONAL DISASTER AND  
SUBSTANTIAL DISRUPTIONS IN PATIENT CARE OR EDUCATION POLICY**

**Purpose**

To define the process and procedure for Graduate Medical Education (GME) ACGME accredited training programs in the event of disruption by emergencies, catastrophic events, or natural disasters.

**ACGME Institutional Requirements**

**IV.O. Closures and Reductions:** The Sponsoring Institution must maintain a policy that addresses GMEC oversight of reductions in size or closure of each of its ACGME-accredited programs, or closure of the Sponsoring Institution that includes the following:

**IV.O.1.** the Sponsoring Institution **must inform the GMEC, DIO, and affected residents/fellows as soon as possible when it intends to reduce the size of or close one or more ACGME-accredited programs**, or when the Sponsoring Institution intends to close; and,

**IV.O.2.** the Sponsoring Institution **must allow residents/fellows already in an affected ACGME-accredited program(s) to complete their education at the Sponsoring Institution or assist them in enrolling in (an) other ACGME-accredited program(s)** in which they can continue their education.

**Policy**

If the UT College of Medicine Chattanooga GME Program must reduce the size and/or close a residency program/s due to disruption by emergencies, catastrophic events, or natural disasters, the following policy and procedure will be implemented to address interim recommendations promulgated by the Accreditation Council for Graduate Medical Education (ACGME), specific Residency Review Committees (RRC's), and to comply with Section 1135 of the Social Security Act and applicable interim or final rules published by the Centers for Medicare and Medicaid Services (CMS). These guidelines will provide mechanisms for educational continuity for our Residents,\* as well as assist our participating hospitals to seek guidance relative to Medicare GME funding during this type of disruption.

1. Once conditions prohibit maintenance of applicable ACGME standards and guidelines for GME, the Designated Institutional Official (DIO) shall notify all Department leadership, Program Directors, ACGME, RRC's, and CMS.
2. The Department leadership and Program Directors shall maintain operational awareness of the locations of Residents and fellows within their programs as well as various points of contact for each individual within their program(s). This shall include email addresses and cell phone numbers (if available) for the trainees, as well as provisions for notification of next of kin. The Program Director/designee shall take an immediate accountability of the location and welfare of all involve in the event of a disaster. The Program Directors will contact the DIO to confirm the safety of all trainees. The Program

Director and/or Designated Site Directors at the participating hospitals will be responsible for determining the operational status of each participating hospital and any necessary relocation of patient care activities as a result of the disaster. The DIO and/or Director of Graduate and Medical Student Education (Director of GME) will maintain contact information and establish communication with Program Directors until a decision is made regarding the need to relocate trainees, either on a temporary or permanent basis. Once this decision is made, trainees will be notified in a timely fashion.

3. For program closure or reductions which are anticipated to be short term, the Department Chair and Program Director will assist the trainee to locate institutions (at other training sites in Tennessee, with priority given to UT training sites) which can provide temporary transfers so that the individual's training is not interrupted. Information regarding temporary transfers will be provided to the DIO and Director of GME.
4. Residents will continue to receive salary and benefits from UT during temporary relocations. For program closures/disruptions that are permanent, Residents will continue to receive salary and benefits until the trainee is placed and begins in another institution, or until the end of their contract. Only the DIO has the authority to negotiate financial arrangements for transfer of residents into another institution.

**Adherence to the following steps will expedite the process:**

- Initial identification and verification of personal information will be completed by the Program Directors and Program Coordinators. By July 15th of each year, the Program Directors and Coordinators will confirm the contact information for each Resident.
- Searching and finding an accepting program for transfer: Using all available resources (ACGME, Specialty Board), responsibility for identifying a program will be shared by the Resident, Department Chair, Program Director, and DIO.
- The receiving hospital will be responsible for requesting Resident complement increases from the ACGME.
- Transfer letters will be completed by the Program Directors.

\*The term "Resident" refers to both Resident and Fellow trainees.

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