

GRADUATE MEDICAL EDUCATION INSTITUTIONAL DISASTER POLICY**Purpose**

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

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), as well as an 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 Chairs, Program Directors, ACGME, RRC's, and CMS.
2. The Department Chairs and Program Directors shall maintain operational awareness of the locations of Residents 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 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. For any reduction/closure of any program thought to be long term or permanent, the UT College of Medicine Chattanooga GME Programs will make every effort to assist the trainees in identifying a program in which they can continue their education, including training opportunities available at other UT Statewide GME Programs in Memphis, Knoxville,

Nashville, and Jackson. If more than one program/institution is available for temporary or permanent transfer of a particular Resident, the transferee preferences of each Resident must be considered by the transferring program/institution. The UT College of Medicine Chattanooga GME Programs will make the keep/transfer decision expeditiously to maximize the likelihood that each Resident will timely complete the Resident year. This shall be accomplished through contacting:

ACGME/RRC Suite 2000, 515 North State Street, Chicago, IL 60610-4322
Fax 312-755-7498
www.acgme.org

A list of all approved programs can be found on the ACGME website, which will serve as a resource to identify programs in non-disaster affected areas which may be able to accept temporary or permanent transfers.

4. Within ten days after the declaration of a disaster, the Designated Institutional Official (DIO), Director of GME, or a designee, will contact the ACGME to discuss due dates that the ACGME will establish for the programs (a) to submit program reconfigurations to ACGME and (b) to inform each program's residents of Resident transfer decisions. The due dates for submission are no later than 30 days after the disaster unless other dates are approved by ACGME.

The DIO will call or email the Institutional Review Committee Executive Director with information and/or requests for information.

Program Directors will call or email the appropriate RRC Executive Director with information and/or requests for information.

Residents will call or email the appropriate RRC Executive Director with information and/or requests for information. On its website, ACGME will provide institutions for changing Resident email information in the ACGME Web Accreditation Data System.

5. Residents will continue to receive salary and benefits from UT during temporary relocations (through continued funding/reimbursement from the funding hospitals). 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.

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 the ACGME resources, responsibility for identifying a program will be shared by the Resident, Department Chair, Program Director, and DIO.

- Transfer letters will be completed by the Program Directors.
- The receiving hospital will be responsible for requesting Resident complement increases from the ACGME.
- The DIO and Director of GME will work with their counterparts at a receiving institution to ensure that the process of transferring “capped” positions is implemented and GME funding is transferred.

*The term “Resident” refers to both Resident and Fellow trainees.

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