

III. Policy On Closure, Reduction Or Expansion Of Programs Or The Sponsoring Institution

Revised 12/15/2021

I. References

In accordance with Section IV.O of the ACGME Institutional Requirements, 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: (i) 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 (ii) 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.

II. Policy

A. Program Reduction

1. In the event that the School of Medicine decides that it is necessary to reduce the size of a residency program, including if a participating site reduces the funding for a program's residency positions, the GMEC, DIO and affected residents will be notified as soon as possible and the GMEC will provide oversight of all processes related to the reduction.
2. If reasonably possible, the School of Medicine, in collaboration with the affected residency program(s), will allow current residents in affected program(s) to complete their residency at the School of Medicine. The School of Medicine will work to replace resident training at another institution affiliated with the School of Medicine that can meet the educational requirements for the residents in the residency program.
3. If it is not possible for affected residents to complete their residency at the School of Medicine, the DIO, GMEC and affected Program Director(s) must assist the residents in enrolling in another ACGME-accredited program(s), in which the residents can continue their education.
4. If educational opportunities are sufficient for a reduced complement of residents, the affected program(s) will work with the GMEC and DIO to decrease the incoming class for the residency program.

B. Program and Institutional Closure

1. In the event that the School of Medicine decides to close or if the School of Medicine determines to close a residency program, the GMEC, DIO and affected residents will

be notified as soon as possible, and the GMEC will provide oversight of all processes related to the closure.

2. If reasonably possible, residents in the affected programs will be allowed to complete their education at the School of Medicine as long as educational opportunities consistent with accreditation continue to exist.
3. If it is not possible for affected residents to complete their residency at the School of Medicine, the DIO, GMEC and affected Program Director(s) must assist the residents in enrolling in another ACGME-accredited program(s) in which the residents can continue their education.
4. Closure policies and procedures in response to a disaster, including policies on the temporary and/or permanent transfer of residents due to a disaster, are addressed in the *Policy on Disaster/Interruption of Resident Training*.

C. Program Expansion

1. Expansion of a residency program's permanent or temporary resident complement must be approved by the GMEC and all complement increases (temporary and permanent) must be approved by the program's ACGME Review Committee, which may specify minimum or maximum complement numbers.
2. GMEC review and approval will be based on the educational opportunities the program is able to afford residents along with financial resources available for an increase in resident complement, as verified by the Program Director to the DIO and the Office of Graduate Medical Education. Program Directors must not appoint more residents to their residency program than approved by the residency program's ACGME Review Committee and educational resources for each residency program must be adequate to support the number of residents in the program.
3. To initiate an increase in resident complement, the following documents and information are required to be completed and submitted to the GME Office, for review and consideration by the DIO and GMEC:
 - a. A written request addressed to the DIO and GMEC that includes:
 - i. The current resident complement in the residency program, the ACGME complement cap for the residency program, the requested number of expansion positions and a prospectus of the residency program's size for each of the future "x" number of years. "X" is defined as the duration of the residency program; and
 - ii. A clear educational rationale for an increase in the complement, which shall include:

1. the educational opportunities (i.e., patient volume) that currently exists that did not previously exist (or may not have existed) for the residents in the program;
 2. the faculty supervision that currently exists that did not previously exist for the residents in the residency program, and a current list of the faculty in the residency program;
 3. the impact expansion/an increase in residency size (or failure to expand) will have on the education of the residents already in the residency program. This should include commentary on how the expansion/increase in residency size will or will not dilute the educational experience of the residents currently in the program and how the expansion may impact the work hours of residents; and
 4. a current rotation schedule for the residents in the residency program and how this rotation schedule may change if additional residents are added to the residency program.
- b. If the residency program is required by its Review Committee and/or the ACGME to submit case logs for board certification, it should also include in the information submitted to the GME Office:
- i. case logs for residents currently in the residency program;
 - ii. case logs for the resident class that most recently graduated from the residency program;
 - iii. institutional data for faculty procedures from Tulane Medical Center and participating sites; and
 - iv. an explanation on how case logs will be maintained for all residents in the residency program if the complement increase is approved;
- c. The residency program's most recent ACGME accreditation letter, including if applicable, all citations and program responses to these citations, and how an increase in the resident complement may affect these citations;
- d. The most recent ACGME resident survey;
- e. A prospectus on how the additional resident(s) will be funded; and
- f. Any additional materials required by the Review Committee for the residency program's specialty.

4. Following the DIO's review of the residency program's materials and making a recommendation as to whether the residency program's complement should be increased, completed applications to increase the resident complement will be brought before the GMEC. The GMEC will then vote as to whether it approves that a request be submitted to the ACGME Review Committee for the residency program complement to be increased.
5. If the application is approved by both the DIO and the GMEC, the DIO will endorse the residency program's complement change request.

III. References/Associated Policies

- Tulane University School of Medicine, Graduate Medical Education *IV. Policy on Disaster/Interruption of Resident Training*