

# University of Colorado School of Medicine

## Graduate Medical Education

Policy: <b>Program Size, Closure, and Change in FTEs at a Hospital Affiliate</b>		
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**In this document, “Resident” refers to both specialty Residents and subspecialty Fellows.**

**In this document, “Hospital Affiliate” or “Hospital” refers to any clinical training site.**

### **Training Programs Closure or Reduction in Size**

The Graduate Medical Education, Designated Institutional Official (DIO) is committed to supporting Residents in the completion of their training. However, occasionally circumstances arise which may require a program to close. If reduction in size of the program or program closure is being considered, Program Directors shall inform the Dean, DIO, GMEC, Department Chair, Division Chief, and Service Chief of the Department or Section of the affected program. Residents will be notified as early as possible of plans involving closure or reduction of size of a training program. If a training program is to close either voluntarily or involuntarily, whenever possible, Residents in the program will be allowed to complete their training at the Sponsoring Institution, but no new Residents will be admitted. If the program will not continue long enough for currently enrolled Residents to complete training, the DIO will assist displaced Residents with finding a position in a different ACGME-accredited training program. While the DIO will make every effort to assist displaced Residents, it is not guaranteed that the Residents will find a position in a different training program.

### **Hospital Closure Policy**

In the event an affiliated hospital terminates or suspends operations for whatever reason, efforts to find alternate locations which will provide the necessary clinical and educational resources for Residents to complete their training at the Sponsoring Institution shall be made by the program(s) involved. Should it not be possible to relocate the affected Residents, the DIO will assist displaced Residents to find a position in a different ACGME-accredited training program. While the DIO will make every effort to assist displaced Residents, it is not guaranteed that the Residents will find a position in a different training program.

### **Program Change in Complement**

All program increases or decreases in complement must follow this procedure:

1. Requests must be made to the GME Accreditation and Compliance Program Director and include if the request is temporary or permanent, justification for the change in complement, funding support for additional time and/or Resident, and effective time period for the increase.
2. Requests for permanent increases or decreases must be approved by GMEC.
3. All change of complement requests (temporary and permanent) for ACGME accredited programs must be entered in ADS, subject to the specialty Residency Review Committee (RRC) guidelines.

### **Program Change in FTEs at a Hospital Affiliate**

1. The Program Director is ultimately responsible for program accreditation and for the participation of the training program at a GMEC-approved hospital.
2. Prior to removing or reducing FTEs, such that the clinical service will not be fully covered at a hospital, the Program Director must follow this process:
  - a. Program Directors must notify the DIO immediately of circumstances or issues that impact program requirements that are identified at the hospital. (e.g. lack of education/supervision)
  - b. The DIO will communicate issues with the hospital’s GME Liaison, Program Director, Site Director, Department Chair, Sr. Associate Dean for Education, and Sr. Associate Dean for Clinical Affairs, and seek a resolution.

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- c. If issues are not resolved, the DIO, Program Director, and Department Chair may determine to remove or reduce FTEs at that hospital.
- d. The DIO will notify GMEC of the issues and measures taken toward resolution, and obtain approval to remove or reduce FTEs from that hospital.
- e. Upon GMEC approval, Program Directors must provide written notification (in consultation with CU Legal Counsel) to the hospital indicating a breach in the contract due to the hospital's failure to meet the contract requirements (e.g. ACGME/RRC requirements).