

**MARSHALL UNIVERSITY
JOAN C. EDWARDS SCHOOL OF MEDICINE
GRADUATE MEDICAL EDUCATION**

**POLICY ON SPONSORING INSTITUTION OR PROGRAM CLOSURES,
REDUCTIONS AND CHANGE IN ACCREDITATION STATUS**

Effective Date: November 28, 2000

GMEC Policy Subcommittee Review: November 2, 2022

Review Date: November 2024

SECTION 1. STATEMENT AND SCOPE OF POLICY

It is the intention of the Sponsoring Institution to continue offering high quality Accreditation Council for Graduate Medical Education (ACGME) accredited residency and fellowship programs. However, at times it may be necessary to reduce the number of trainees, close a program or inform trainees of a change in accreditation status.

This policy sets forth the process for Sponsoring Institution and program closure. It also addresses program complement reduction and change in accreditation status. Those programs being closed due to the ACGME approval of a new combined specialty program should follow Section 4. Examples of those programs would include but not be limited to Hematology and Oncology or Pulmonary Medicine and Critical Care which replaced a single specialty program such as Oncology or Pulmonary.

SECTION 2. PROCESS FOR COMPLEMENT REDUCTION

2.1. In the event a decision is being considered to reduce a training program's complement, the following steps must occur:

- 2.1.1. The appropriate Department Chair, Program Director, or other official must inform the Designated Institutional Official (DIO) as soon as possible following the reduction decision.
- 2.1.2. The Designated Institutional Official (DIO) and the senior leadership of the Sponsoring Institution shall work in conjunction with the Medical School Dean, Academic Medical Center Committee, Department Chair Program Director and Graduate Medical Education Committee (GMEC) to determine if a complement reduction is necessary and appropriate.
- 2.1.3. Trainees in the affected program shall be told of the decision, in writing, to reduce its complement as soon as possible.
- 2.1.4. The GMEC must approve the complement reduction.

- 2.1.5. The first opportunity for reduction would be during the MATCH process, to reduce the number of PGY 1 positions offered each year to gradually reduce the overall number of trainees.
- 2.2. The DIO and GMEC will be responsible for monitoring the reduction process and preferentially structuring a reduction, when reasonable, that facilitates a gradual reduction to allow enrolled trainees to complete the program.
- 2.3. In the event a program's complement must be reduced before one or more of the trainees are able to complete their training, the Department Chair, Program Director and DIO must assist affected trainees in securing alternative training opportunities in ACGME-accredited program(s). This will include making calls to other programs or writing letters on the resident's behalf.

SECTION 3. PROCESS FOR CLOSURE OF PROGRAM

- 3.1. In the event residency or fellowship closure is necessary the Sponsoring Institution will follow the guidelines described below.
 - 3.1.1. The appropriate Department Chair, Program Director or other official must inform the Designated Institutional Official (DIO) as soon as possible following the closure decision. In the case of a Sponsoring Institution closing or initiating closure of one of its programs, the DIO shall inform the Program Director(s) and Department Chairs.
 - 3.1.2. The DIO and the senior leadership of the Sponsoring Institution shall work in conjunction with the Medical School Dean, Academic Medical Center Committee, Department Chair(s), Program Director(s) and Graduate Medical Education Committee (GMEC) to determine if closure is necessary and appropriate.
 - 3.1.3. Trainees in the affected program(s) shall be told of the decision, in writing, to close as soon as possible following the decision to move toward closure.
 - 3.1.4. The GMEC must approve the closure of the Sponsoring Institution or any program.
 - 3.1.5. The DIO and GMEC will be responsible for monitoring the closure process and preferentially structure a closure process, when reasonable, that allows enrolled trainees to complete the program.
- 3.2. Should the Sponsoring Institution or a program(s) be closed before one or more of the trainees are able to complete their training, the Department Chair(s),

Program Director(s) and DIO must assist trainees in enrolling in an ACGME-accredited program(s) in which training can continue. This will include faculty and administration making calls to other programs or writing letters on the trainee's behalf.

SECTION 4. SINGLE SPECIALTY APPLICATION CLOSURE DUE TO COMBINED PROGRAM APPROVAL

On occasion, an accredited program will initiate an ACGME application to replace a single specialty program with another, i.e., Hematology and Oncology replaced Oncology. During those situations, before obtaining GMEC approval to submit the ACGME specialty application, the Program Director shall:

- 4.1. Inform the current trainees, in writing, of the plan to seek accreditation for a combined program and, if ACGME approved, to close the original specialty.
- 4.2. Discuss the impact of the new specialty upon their training and explore options to continue in the new program or transfer.
- 4.3. Should the trainee opt not to continue in the new combined specialty, the Program Director shall assist trainees in seeking other training opportunities.
- 4.4. Program closure shall be initiated with the ACGME only when the ACGME approves the new specialty application.

SECTION 5. CHANGE IN ACCREDITATION STATUS

Should the accreditation status of any of the ACGME approved residency program change, the Program Director must inform all trainees in writing of any possible adverse effects that may have on the program.

SECTION 6. FINANCIAL OR CIVIL LIABILITY AND PLACEMENT LIMITATIONS

- 6.1. The Sponsoring Institution, administration and/or programs cannot guarantee all residents will be placed in training programs and can assume no financial or civil liability for the continued training of the affected trainees beyond the date of expiration of their program.
- 6.2. Every effort will be made to allow residents to complete their current year of training.