

Graduate Medical Education Policy	Substantial Disruptions in Patient Care or Education
Facility/Sponsor	CMC/GMEC
Policy Origin Date	2007
Revision Date	May 2025

PURPOSE

To define the processes and procedures for the provision of support to GME programs and residents in the event of a disaster or interruption in patient care or education.

SCOPE

This policy applies to all Accreditation Council for Graduate Medical Education (ACGME), Council on Podiatric Medical Education (CPME), and Commission on Dental Accreditation (CODA) accredited graduate medical education programs sponsored by Carilion Medical Center (CMC).

DEFINITIONS

1. **Disaster** is defined as an event or set of events causing significant alteration to the residency experience in one or more CMC residency programs. A disaster may or may not result in disruption of the provision of patient care or education within a residency program or throughout multiple residency programs and hospital departments.
2. **Designated Institutional Official (DIO)** is the individual who has authority and responsibility for oversight and administration of the Carilion Clinic's accredited Graduate Medical Education programs.
3. **ACGME** is the Accreditation Council for Graduate Medical Education. It is responsible for the accreditation of Graduate Medical Education (GME) programs.
4. **Graduate Medical Education Committee (GMEC)** is chaired by the (DIO) or their designee and is composed of GME administrators, program directors and other faculty, residents, and fellows.
5. **Institutional Review Committee** is the committee of the ACGME that has oversight responsibility for institutional accreditation.
6. **Review Committee Executive Director** is the chair of the residency-specific Residency Review Committee (RRC) of the ACGME. Each RRC sets standards for residency training in its specialty and inspects residency program compliance with their standards.
7. **Temporary Transfer** of a resident is defined as a time-limited placement of a Carilion resident into another program/institution until such time as the Carilion program is able to return to the provision of an adequate educational experience for its residents.
8. **Permanent Transfer** of a resident is defined as the transfer and enrollment of a resident into another program/institution where they can complete their education.
9. **Resident and Faculty Contact List** is defined as a list of all residents and key faculty enrolled in each program to include contact phone numbers (pagers, cell phones, home phones), home address, e-mail address (home and work), and designated emergency contact names (including phone numbers, e-mail, and home addresses). The contact list will also contain names, numbers, and e-mail addresses for key ACGME staff.

10. **Resident** refers to all interns, residents, and fellows participating in CMC accredited post-graduate medical education programs.
11. **Central Contact System/Clearinghouse** is defined as the Carilion data repository and contact point for all faculty and residents to access and post disaster related information.

PROCEDURE

1. Declaration of a Disaster:
 - a. In the circumstance of the occurrence of events impacting the ability of the institution to continue adequate residency education, the DIO in collaboration with the affected program director(s), department chair(s) and administration will determine if a disaster has occurred.
2. Communication process during a declared disaster:
 - a. The DIO will:
 - i. Call an emergency session of the GMEC to discuss the nature of the disaster and the impact on residency education. The location and timing of the meeting will be communicated directly to each program director.
 - ii. Notify each Department Chair, the Chief Medical Officer, the Vice President of Medical Affairs, and the Chief Executive Officer of the disaster.
 - iii. Contact the ACGME (Institutional Review Committee Executive Director) within ten days of the declared disaster. The ACGME will establish due dates for the institution and affected program(s) to:
 1. Submit program reconfigurations to the ACGME
 2. Inform each affected program's residents of transfer decisions
 - iv. Due dates for submission are usually no later than thirty days unless other due dates are approved by the ACGME.
 - v. Maintain appropriate and frequent contact with the ACGME allowing the ACGME to maintain updated and accurate information related to the disaster on the ACGME website.
3. The Program Director(s) will:
 - a. Contact the Review Committee Executive Director for their program within 2 days after the DIO has contacted the ACGME (see above) to provide disaster related information to the RRC and to respond to RRC requests for information.
 - b. Contact all key faculty and residents in the program as soon as possible after the declaration of a disaster and no later than two days after the time of contact with the Review Committee Executive Director.
 - c. Contact, as soon as possible, emergency contacts of injured residents or residents who become "missing in action" during a disaster.
4. Residents in affected programs should:
 - a. Sign on to the ACGME website to review instructions on changing their e-mail address in the ACGME Web Accreditation Data System (Web ADS), if needed.
 - b. Review the ACGME website as needed to obtain updates on disaster related information.
5. Transfer of Residents:
 - a. Decisions to transfer residents will be made by the DIO in collaboration with the Program Director. Transfer decisions will be based on careful review of the impact of the disaster on program education and structure, the ability of the institution to remedy the impact of the disaster, and the projected time frame to remedy. Impact projected to last greater than 30 days will require resident transfer. Transfer decisions will be presented to the GMEC for discussion and approval.

- b. Transfer decisions will be made expeditiously and will fall within the due dates set by the ACGME (see above).
 - c. After notification of the Review Committee Executive Director of the declaration of a disaster, Program Directors, in collaboration with their respective RRC, will begin contacting other programs and institutions to explore transfer opportunities. Program Directors will attempt to identify a range of accepting programs/institutions for affected residents to consider. Contact information of accepting programs and institutions will be maintained on the Carilion Central Contact System/Clearing house and will be provided to the ACGME by the DIO.
 - d. The DIO and affected Program Director(s) will work with accepting institutions and programs to facilitate requests to the ACGME by accepting institutions for increases in resident complement to accommodate the transfer of residents into the accepting institution's programs, as needed.
 - e. The DIO will work with accepting institutions to facilitate requests to CMS for an adjustment in the accepting institutions resident cap to accommodate resident transfer, as needed.
 - f. Decisions regarding the length of time and type of resident transfer (temporary or permanent) will be made by the DIO in collaboration with the Program Director and will be based on the projected time needed to remedy the disaster's impact on education. Residents in programs with projected impact of greater than 3 months will be offered the opportunity of a permanent transfer. Residents in programs with projected impact of greater than one month, but less than 3 months, will be accommodated by temporary transfer.
 - g. The DIO and Program Director will inform each resident of transfer decisions. The GMEC will be notified of all transfer decisions. When possible, residents will be provided with more than one program/Institution option. Resident preference will be given priority in all transfer decisions. Transfer decisions will be made expeditiously to maximize the likelihood of timely completion of the educational program. Residents accommodated by temporary transfer will be informed of the intended minimum duration of the transfer and the projected maximum length. The DIO and Program Director will inform each resident of the expected impact of the transfer on total length of training and will notify each resident if a temporary transfer will continue to and/or through the end of a residency year.
6. Financial Support for Resident Transfer:
- a. Residents in disaster impacted programs will continue to receive full salary and benefits, including Professional Liability coverage, during the process of restoring the educational program or while transfer decisions are being made.
 - b. Residents transferred into other institutions on a temporary or permanent basis will cease to receive Carilion pay and benefits once the new institution has established and assumed compensation for the transferred resident. Professional Liability coverage will remain in place until the transfer to a new institution is deemed permanent.
 - c. Carilion will provide transferred residents up to \$1,000.00 to offset the cost of a temporary transfer and up to \$2,000.00 to offset the cost of a permanent transfer.
7. Information Storage and Access:
- a. Resident and Faculty Contact List:
 - i. The Program Director and the DIO will create the Contact list and update the list at least twice yearly. An electronic and hard copy of the contact list will be maintained by each residency coordinator as well as by the Office of Medical Education. Residents and faculty will be sent a hard copy and electronic copy of the updated list for their program twice yearly.

- ii. Residents and faculty will contact their Program to provide any and all changes in their contact list information as soon as possible after changes have occurred. The Program Directors will notify the DIO of changes to their contact list as they make updates.
- 8. Other concerns:
 - a. In the event of a disaster declaration by the DIO, an invocation of the Extraordinary Circumstances policy by the ACGME should be anticipated. The timelines delineated above are superseded by amendments made to the Extraordinary Circumstances policy by the ACGME.

Designated Institutional Official	Reviewing Committee	Date Approved
Daniel Harrington, MD	GMEC	November 20, 2007
Daniel Harrington, MD	GMEC	January 1, 2011
Donald W. Kees, MD	GMEC	September 14, 2021
Arthur Ollendorff, MD	GMEC	May 20, 2025