



Department of Defense INSTRUCTION

NUMBER 6015.24

January 5, 2001

ASD(HA)

SUBJECT: Sizing of Graduate Medical Education (GME) and Program Closure
Procedures

References: (a) Title 10, United States Code
(b) [DoD Directive 5136.1](#), "Assistant Secretary of Defense for Health
Affairs (ASD(HA))," May 27, 1994

1. PURPOSE

This Instruction implements policy, assigns responsibilities and prescribes procedures under references (a) and (b) to close a GME program when a determination is made by the Services that such a program is no longer needed.

2. APPLICABILITY

This Instruction applies to the Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities and all other organizational entities within the Department of Defense (hereafter referred to collectively as "the DoD Components").

3. DEFINITIONS

3.1. Graduate Medical Education (GME). Physician education beginning after graduation from medical school and providing clinical and instructional training in general and specialty practice. GME may have as its goal the accomplishment of board certification in a specialty (e.g., pediatrics or orthopedics) or proficiency in an area of operational expertise (e.g., aerospace medicine or tropical medicine).

3.2. Program Director (PD). The physician designated as the "PD." The PD has responsibility for all aspects of physician education in the confines of a specialty program.

3.3. Trainee. The physician participating as a student in the GME program, often referred to as an "intern," "resident," or "fellow," or defined by the year of participation in the program; e.g., "Postgraduate Year 1;" etc.

4. POLICY

It is DoD policy:

4.1. That the total proportion of active duty trainees to the total number of active duty physicians shall reflect requirements for training determined by the Services and validated by the Secretaries of the Military Services.

4.2. That when review of a medical department of a Military Service by the respective Surgeon General indicates that there may be excess physicians in training or excess training capacity, its GME training positions shall be adjusted, accordingly.

5. RESPONSIBILITIES

5.1. The Assistant Secretary of Defense for Health Affairs shall:

5.1.1. Monitor implementation of this Instruction and issue such additional direction and guidance as may be necessary.

5.1.2. Authorize exceptions if deemed necessary.

5.2. The Secretaries of the Military Departments shall implement the requirements of this Instruction through the Surgeons General of the Military Departments.

6. PROCEDURES

6.1. The following parameters shall be considered when deciding if a particular program or group of programs shall be maintained, changed, or closed:

6.1.1. The total number of physicians required by the Services in the specialty.

6.1.2. The accreditation status of the program. Strong consideration shall be given to maintaining a recent and fully accredited program over one on probation or facing reaccreditation.

6.1.3. Status of the military treatment facility (MTF) housing the program, such as whether it is scheduled for closing or redesignation as a community hospital or as an outpatient facility.

6.1.4. Relationship with other essential programs at the same facility, such as whether change or closure of the program will affect related or essential programs or whether changes in other programs affect the program. In cases (such as the National Capital Region and San Antonio) where GME programs are operated jointly by multiple facilities, consider also the relationship with programs at the affiliated facilities.

6.1.5. Participation in the program, including the extent to which the program has filled its residency positions every year for the past 4 years.

6.1.6. The cost of the program, including technology and equipment, special services, and ancillary requirements, and an assessment of the impact on the Defense Health Program budget.

6.1.7. Whether the training can be obtained more effectively through means other than the operation of a GME program at the facility.

6.1.8. Whether the MTF's beneficiary population provides the necessary clinical case mix to support the training program.

6.1.9. Impact on patient care at the MTF, including, where applicable, care under the "Specialized Treatment Services" or "Center of Excellence" programs.

6.1.10. Impact on readiness (both individual command and overall for the Service).

6.1.11. Impact on current trainees and provision for the completion of training for those trainees who shall be affected by a change in the program.

6.2. When an assessment using the parameters of section 6.1. indicates the appropriateness of closure of a GME program, the Military Department shall take the following steps:

6.2.1. The parent Service must coordinate with the Assistant Secretary of Defense for Health Affairs (ASD(HA)) and the TRICARE lead agent, including submission of a written summary of the assessment made.

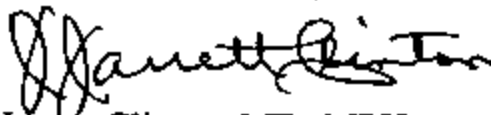
6.2.2. The parent Service shall undertake a dialogue with the local community, the line commanders, and local legislators to ensure that they are fully informed of the plans and understand the need and rationale for program closure.

6.2.3. The parent Service shall submit a plan for media management during and after announcement of program closure.

6.2.4. After coordination with the ASD(HA), the parent Service shall notify the Accreditation Council on GME, the PD, and the trainees of the action.

7. EFFECTIVE DATE

This Instruction is effective immediately.



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