Program Director Appointment, Job Description and Responsibilities

GMEC Approved: July 2013
GMEC revised and approved: March 2015
GMEC reviewed and approved: April 2017

Purpose

For each residency and fellowship program accredited by the Accreditation Council for Graduate Medical Education (ACGME), there must be a single program director with authority and accountability for the operation of the program as outlined in the ACGME Common Program Requirements (CPR) (CPR II.A.1.). Program directors are expected to continue in their positions for a length of time adequate to maintain continuity of leadership and program stability (CPR II.A.2.). It is the responsibility of Wayne State University School of Medicine (WSUSOM), as the sponsoring institution, to ensure that program directors of Wayne State University (WSU) programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) have sufficient protected time and financial support for their educational and administrative responsibilities to the program (CPR I.A.). It is also the responsibility of the Designated Institutional Official (DIO) and the GME Committee (GMEC) to ensure that any new program director meets the required qualifications for this role. To ensure successful transitions in program directors, a collaborative process is thus required between department chairs, the Designated Institutional Official (DIO) and the GMEC.

Policy

The purpose of Graduate Medical Education (GME) is to provide an organized educational program with guidance and supervision of the resident/fellow, facilitating the resident’s/fellow’s ethical, professional and personal development while ensuring safe and appropriate care for patients. The program director has the authority and accountability for the organization and implementation of these objectives for his/her program. The program director is responsible to the Chair of the Department, the Designated Institutional Official, and the GMEC for the overall conduct of the program in accordance with the program requirements of its ACGME Specialty Specific Residency Review Committee (RRC).

In order to assure the maintenance of the quality of each ACGME accredited residency program the WSU GMEC must approve the appointment of program directors. To appoint a new program director to an existing program, or to appoint a program director to a program applying for ACGME accreditation, the Department Chair proposes the change or appointment. This proposal is brought to the WSU GMEC for review and must be approved prior to submission of request to the ACGME. Support for the appointment by faculty and trainees should be obtained prior to submission to the WSU GMEC.

Qualifications of the Program Director

The minimum qualifications a program director must possess are:

a) Requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee;

b) Current certification by one’s American Board of Medical Specialty, or specialty qualifications that are acceptable to the Review Committee;
c) Current medical licensure and appropriate medical staff appointment;

d) A demonstration of active involvement in clinical practice, continuing medical education, and local, regional and national professional organizations and scientific societies; and commitment to self-assessment and improvement in areas of scholarship, administration, and education.

e) An establishment and maintenance of environment of inquiry and scholarship for self, faculty and residents (including the scholarship of discovery, integration, application, and education); promoting education of residents as teachers and life-long learners.

f) A commitment to developing a clinical learning environment with focus on quality improvement and safety, interdisciplinary teamwork, transitions of care and supervision, clinical work and education hours and fatigue management, and professionalism.

Duties and Responsibilities for Program Administration and Accreditation

The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas. The program director must:

a) be familiar and comply with the ACGME’s institutional, common and program-specific requirements as outlined at: www.acgme.org;

b) oversee and ensure the quality of didactic and clinical education in all sites that participate in the program;

c) approve a local director at each participating site who is accountable for resident education;

d) approve the selection of program faculty as appropriate;

e) evaluate program faculty and identify faculty development needs;

f) approve the continued participation of program faculty based on evaluation;

g) monitor resident supervision at all participating sites; ensure the supervision of residents through explicit written guidelines of supervisory lines of responsibility for the care of patients;

h) prepare and submit all information required and requested by the ACGME. This includes but is not limited to the program application forms and annual program updates to the ADS, and ensure that the information submitted is accurate and complete.

i) ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution;

j) provide verification of residency education for all residents, including those who leave the program prior to completion; provide a final evaluation for each resident who completes the program, including a review of the resident’s performance during the final period of education and verifying that the resident has demonstrated sufficient professional ability to practice competently and independently;

k) implement policies and procedures consistent with the institutional and program requirements for resident clinical work and education hours and the working environment, including moonlighting, and, to that end, must:

   a. distribute these policies and procedures to the residents and faculty;

   b. monitor resident clinical work and education hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements;

   c. adjust schedules as necessary to mitigate excessive service demands and/or fatigue; and,

   d. if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue.

l) monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged;
m) comply with the sponsoring institution’s written policies and procedures, including those specified in the
Institutional Requirements, for selection, evaluation and promotion of residents, disciplinary action, and
supervision of residents;

n) be familiar with and comply with ACGME and Review Committee policies and procedures as outlined in
the ACGME Manual of Policies and Procedures;

o) obtain review and approval of the sponsoring institution’s GMEC/DIO before submitting information or
requests to the ACGME, including:
   a. all applications for ACGME accreditation of new programs;
   b. changes in resident complement;
   c. major changes in program structure or length of training;
   d. progress reports requested by the Review Committee;
   e. responses to all proposed adverse actions;
   f. requests for increases or any change to resident clinical work and education hours;
   g. voluntary withdrawals of ACGME-accredited programs;
   h. requests for appeal of an adverse action;
   i. appeal presentations to a Board of Appeal or the ACGME; and,
   j. proposals to ACGME for approval of innovative educational approaches.

p) obtain DIO review and co-signature on all program application forms, as well as any correspondence or
document submitted to the ACGME that addresses program citations, and/or, request for changes in the
program that would have significant impact, including financial, on the program or institution;

q) prepare and submit all information and documentation required and requested by the GME Office and
or GMEC in an accurate, complete, and timely manner (e.g. Annual Program Evaluations, Responses to
citations and ACGME surveys with action plans, Semi-Annual Resident Reviews, CCC minutes);

r) ensure compliance with the ACGME annual surveys and the GME annual program survey by faculty and
residents;

s) maintain an accurate and current documentation of core faculty, residents, schedules, clinical work and
education hours, evaluations, etc. on the residency management system (i.e. New Innovations);

r) ensure compliance with the ACGME annual surveys and the GME annual program survey by faculty and
residents;

u) provide each resident with documented semiannual competency-based evaluation, according to
specialty-specific milestones, providing the evaluation in person, in the resident management system
and in ACGME’s ADS, as required;

v) ensure at least an annual review of the educational effectiveness of the program via a formal
documented meeting with development of an action plan through the Annual Program Evaluation;

w) maintain active relationships with other educational/professional/regulatory organizations, like the
NRMP, Specialty’s National Program Directors Organization, Specialty’s National Professional Society,
Specialty’s ABMS Board, AMA (including providing annual update to the AMA FREIDA on-line listing of
programs), AAMC (including providing annual update to its National Graduate Medical Education
Census), State Board of Medicine, and others.

Program Director Time Commitment

Per the ACGME Institutional Requirements, the Sponsoring Institution, in collaboration with each ACGME-
accredited program, must ensure that: (II.B.1) program directors have sufficient financial support and protected
time to effectively carry out their educational, administrative, and leadership responsibilities as described in the
Institutional, Common, and specialty/subspecialty-specific Program Requirements. The program director must
be provided the equivalent of at least one day a week protected time in order to fulfill the responsibilities inherent in meeting the educational goals of the program, or the amount of time required by the specialty’s respective RRC, whichever is greater. The time commitment shall be reported through the Faculty Activities Logging System (FALS).

Every program must have representation at 100% of the WSU GMEC meetings. Program directors represent their programs as voting members of the GMEC. The program director must personally attend at least 4 of the 6 annual GMEC meetings, he/she may delegate the remaining meetings to a voting designee (acceptable alternates are Associate Program Director or Chair), if needed. Program director needs to attend the majority of the GMEC Subcommittee for Compliance and Improvement meetings, and appoint program representation to the other GME task forces and subcommittees, as requested.

Procedure for Requesting a change in Program Director

To initiate a program director change or appointment request, the Chair submits to the GME Office the proposed program director’s CV with a letter of request verifying the following information:

1. The program director will administer and maintain an educational environment conducive to educating trainees in each of the ACGME competency areas (CPR II.A.4.). Further, the program director has been delegated responsibility for and agrees to carry out the program director responsibilities as described in the Common Program Requirements II.A.4.a) – II.A.4.o).(2)

2. The program director has been provided a written job description detailing the responsibilities of this position

3. The program director meets the following qualification requirements:
   a. Requisite specialty expertise and documented educational and administrative experience acceptable to the relevant Review Committee, (II.A.3.a)
   b. Current certification in the specialty by a primary medical specialty board or specialty qualifications that are acceptable to the relevant Review Committee, (II.A.3.b)
   c. Current medical licensure and appropriate medical staff appointment, II.A.3.c) and
   d. Other documented qualifications as required by the relevant Review Committee, if applicable (e.g., based at the primary training site).

4. The amount of protected time, defined by full time equivalent (FTE), that will be made available to the program director in order to support his/her educational and administrative responsibilities to the program. It is expected that this time will be partially utilized to participate in professional development activities including the New Program Director Orientation meeting with the DIO.

5. If approved by the GMEC, the GME Office will initiate a Program Director Change Request in the Accreditation Data System (ADS) no more than 60 days prior to appointment date. Once this change has been initiated, an email will be sent to the new program director identified on the change request form with instructions on how to complete the request. The email will include instructions to log into the ADS and will provide a username and password. The new program director will then be required to login and complete his/her professional information and an abbreviated CV, which will then be forwarded to the ACGME for approval. For some specialties, after this information is complete and submitted, the new program director will automatically be posted in ADS. For others, the request appears as “in progress”. Upon approval, the Review Committee will send a welcome letter to the program director. If the program director does not meet Review Committee requirements, the Review Committee will notify the program director and the DIO.
Monitoring

- Annual Program Evaluation
- Special Review of the Program
- ACGME Annual Resident Survey
- ACGME Annual Faculty Survey
- Annual GME resident evaluation of the program
- Annual GME faculty evaluation of the program