

## **Responsibilities of Program Director**

In order to provide guidance, and in an effort to assist in understanding the range of responsibilities assigned to a Program Director, the Graduate Medical and Dental Education (GMDEC) has developed this guidance document.

Graduate Medical Education residency and fellowship programs are conducted within their departments. As such, they exist within the environment and oversight of an accredited Sponsoring Institution, in which the Graduate Medical and Dental Education Committee (GMDEC) and Designated Institutional Official (DIO) play important roles. Each Program Director bears responsibility not only to the Department Chair, but also to the Sponsoring Institution's GMDEC, the DIO, and the associated Accreditation Council for Graduate Medical Education (ACGME) Review Committee (RC) or other applicable accrediting body, for the organization and implementation of the program. Specific tasks may be delegated, but the Program Director is responsible for the program as a whole, and for the timely and accurate completion of all required tasks.

**Definition:** Residents and fellows are defined as "residents" in this policy.

**Responsibilities of the program director include all of the following:**

### **Participation in the Institutional governance of GME programs**

- a. Maintain current knowledge of, and compliance with, sponsoring institution's GME Policies.
- b. Maintain current knowledge of, and compliance with, ACGME Institutional and Program Requirements ([www.acgme.org](http://www.acgme.org)) or equivalent accrediting guidelines.
- c. Participate in the GMDEC, including program representation at GMDEC Meetings and its subcommittees, as requested. Program Directors designated as voting members of the GMEC must attend at least 70% of the annual GMDEC meetings.
- d. Cooperate promptly with requests by the GME Office and/or GMDEC for information, documentation, etc.
- e. Maintain accurate and complete program files in compliance with institutional records retention policies.
- f. Ensure their residents complete periodic ACGME surveys ("ACGME Resident Survey") as applicable.

### **Accreditation matters**

- a. Maintain current knowledge of, and compliance with, the ACGME Manual of Policies and Procedures ([http://www.acgme.org/Portals/0/PDFs/ab\\_ACGMEPoliciesProcedures.pdf](http://www.acgme.org/Portals/0/PDFs/ab_ACGMEPoliciesProcedures.pdf)) or equivalent accrediting policies and procedures.
- b. Maintain current knowledge of, and compliance with, the ACGME Program Requirements or equivalent accrediting guidelines pertaining to the program, as well as any other program policies and procedures, subspecialty program requirements, etc.
- c. Maintain accurate and complete program and residents' files in compliance with

- ACGME or other applicable accrediting body requirements.
- d. Maintain accurate and complete electronic program and resident records through the ACGME Accreditation Data System (WebADS) including required annual updates.
  - e. Comply with all necessary aspects of participation, preparation, and execution of the accreditation site visit, as directed by the site visitor and accrediting requirements. For ACGME programs, an accurate and complete site visit review file must be submitted to the GME Office and DIO for review, at least three weeks before the site visitor needs them.
  - f. Respond promptly to any communication from the ACGME RC or equivalent accrediting body requests for information, working with the GME Office to ensure compliance with all stated deadlines, as well as timely review and co-signature by the DIO.
  - g. Obtain review and approval of the sponsoring institution's GMDEC/DIO before submitting to the ACGME information or requests for (1) all applications for ACGME accreditation of new programs;
  - h. (2) changes in resident complement; (3) major changes in program structure or length of training; (4) progress reports requested by the Review Committee; (5) responses to all proposed adverse actions; (6) requests for increases or any change to resident work hours limits; (7) voluntary withdrawals of ACGME-accredited programs; (8) requests for appeal of an adverse action; (9) appeal presentations to a Board of Appeal or the ACGME; and, (10) proposals to the ACGME for approval of innovative educational approaches.
  - i. Obtain DIO review and co-signature on all 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.
  - j. Prepare Program Letters of Agreement (PLA) with all training sites outside of the University of Tennessee Medical Center. Work with the GME Office to review and revise these agreements at least every 5 years.
  - k. Oversee and organize the activities of the educational program in all sites that participate in the program. This includes ensuring appropriate faculty and other program personnel are appointed at each site, appointing a local site director, monitoring that there is appropriate resident supervision, and monitoring to ensure that the rotation is providing the expected educational value.
  - l. Assist and collaborate with other program director(s) as needed to facilitate compliance with ACGME, RC, or equivalent accrediting requirements.
  - m. Appoint and participate in ensuring the function and outcome of the Clinical Competency Committee (CCC) and Program Evaluation Committee (PEC).

### **Educational Aspects of the Program**

- a. Develop overall educational goals for the program distributed to the residents and faculty annually.
- b. Develop an educational curriculum including regularly scheduled didactics and clinical components with appropriate evaluation methods as defined in the ACGME Program Requirements for the specialty or, if a non-ACGME accredited program, periodic review/revision of the educational curriculum.
- c. Provide competency-based goals and objectives for each assignment at each

educational level as defined in the ACGME Program Requirements or non-ACGME accredited program, for the specialty/subspecialty and distribute to the residents and faculty annually. Ensure these are reviewed by the resident at the start of each rotation.

- d. Ensure that the program provides effective educational experiences for residents that lead to measurable achievement of educational outcomes in the ACGME competencies (patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice) as outlined in the Common and specialty/subspecialty-specific program requirements.
- e. Ensure that each resident develops a personal program of learning to foster continued professional growth.
- f. Facilitate resident participation in the educational and scholarly activities of the program, and ensure that they assume responsibility for teaching and supervising other residents and students.
- g. Assist residents in obtaining appointment to appropriate institutional and departmental committees and councils whose actions affect their education and/or patient care.
- h. Ensure resident participation in educational offerings required by the institution.
- i. Ensure that the program's policies regarding evaluation and performance feedback are followed for all residents and faculty within the program.
- j. Perform and document a formal, systematic annual program evaluation of the educational curriculum that includes a review of the resident performance, faculty development, graduate performance, and program quality including a confidential, written evaluation of the program by residents and faculty.
- k. Implement a process that links educational outcomes with program improvement.
- n. Provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education relative to the competencies, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently.
- o. Provide a final evaluation for each resident who leaves the program, and a transfer letter if needed. This evaluation/letter must include a review of resident's performance relative to the competencies.

### **Administrative and Oversight Aspects of the Program**

- a. Administer and maintain an educational environment conducive to educating the resident in all competency areas.
- b. Oversee and ensure the quality of didactic and clinical education in all sites that participate in the program.
- c. Approve a local site director at each participating site who is accountable for resident education.
- d. Approve the selection of program faculty as appropriate. Participate in the evaluation of program faculty and approve the continued participation of program faculty based upon evaluation.
- e. Delineate resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of

- the program. Monitor supervision at all participating sites ensuring that it is appropriate and that it allows for progressively increasing responsibility, according to the resident's level of education, ability, and experience.
- f. Provide each resident with a documented semi-annual evaluation of performance with feedback. The program director (or designee) and resident should sign this document.
  - g. Comply with the sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements, for disciplinary action, grievance procedures, and due process.
  - h. Consult with the DIO when a resident is being considered for placement in a status other than in good standing, and the notification letter should include all competency-based elements that apply.
  - i. Ensure that written notice of intent not to renew a training agreement is provided no later than four (4) months prior to the end of the current agreement, unless there are extenuating circumstances.
  - j. Create, implement, and review periodically program-specific policies consistent with institutional policies for resident work hours and the working environment, including moonlighting (and ensure written documentation for any resident participating in moonlighting) and distribute these policies and procedures to the residents and faculty.
  - k. Monitor resident work hours, according to sponsoring institutional and program policies, with a frequency sufficient to ensure compliance with ACGME and program requirements.
  - l. Facilitate institutional monitoring of resident work hours.
  - m. Adjust resident schedules as necessary to mitigate excessive service demands and/or fatigue.
  - n. Monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue, if applicable.
  - o. Monitor the need for and ensure the provision of back-up support systems when patient care responsibilities are unusually difficult or prolonged.
  - p. Monitor resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Be sensitive to the need for timely provision of confidential counseling and psychological support services.
  - q. Comply with the program and sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of residents, and supervision of residents.
  - r. Coordinate and participate in the screening and interview process for program candidates. Ensure that all interviewed applicants are provided and sign the required interviewee acknowledgement form and release of information forms.
  - s. Obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of all transferring residents.
  - t. Report the presence of other learners who are interfering with the appointed residents' education to the DIO and GMEC.

- u. Manage clinical scheduling of residents including, but not limited to:
  - 1) Creating rotation and on-call schedules
  - 2) Structuring on-call schedules to provide readily available supervision to residents on duty, and ensuring that appropriate backup support is available when patient care responsibilities are especially difficult or prolonged.
  - 3) Structuring work hours and on-call time periods so as to focus on the needs of the patient, continuity of care, and the educational needs of the residents, and to comply with requirements as set by the institution, ACGME, and the RC or equivalent accrediting body.
- v. Provide oversight and liaison with appropriate personnel of other institutions participating in the training of the program's residents.
- w. Participate in academic societies and in educational programs designed to enhance their educational and administrative skills.
- x. Monitor resident and faculty well-being through formal assessment (e.g., ACGME Well-Being Survey) and periodic discussions. Establish processes leading to the support of resident and faculty well-being.

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