

**SECTION:** Graduate Medical Education Policies  
2004

**ISSUED:** December 16,

**SUBJECT:** Program Director Responsibilities

**REVISED:**

**PURPOSE:** To establish consistent expectations for the position of Program Director at Rhode Island Hospital sponsored GME training programs, and to notify new program directors of their responsibilities.

## **I. Introduction**

According to the ACGME Institutional Requirements, "the purpose of graduate medical education (GME) is to provide an organized educational program with guidance and supervision of the resident, facilitating the resident's ethical, professional, and personal development while ensuring safe and appropriate care for patients." In Rhode Island Hospital (RIH) sponsored GME programs, the residency program director is responsible for the organization and implementation of these program-specific objectives. Specific responsibilities may be delegated by the program director, but he/she is responsible to the GME Committee and the Designated Institutional Official for the timely and accurate completion of all tasks.

In addition to the ACGME, a number of other regulatory bodies impose requirements on our GME programs. These agencies include (but are not limited to) the Rhode Island Board of Licensure and Discipline, the RI Department of Health, Joint Commission on Accreditation of Healthcare Organizations, and CMS. Compliance with these requirements is the responsibility of the program directors, working in concert with the institution.

Physicians-in-training include residents and fellows, who, for the purposes of this policy, will be referred to as "residents". GME programs may be characterized as:

ACGME accredited - for which there are specific ACGME program requirements

Non-ACGME-accredited - for which there are no specific ACGME program requirements

The program directors of non-ACGME programs are exempted from some responsibilities marked with an (\*).

## **II. Program Director Responsibilities**

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

Compliance with RIH GME Policies

Knowledge of and compliance with ACGME Institutional and Program Requirements

Participation in GME Committee, subcommittees and task forces, and Internal Review panels as requested.

Prompt cooperation with requests by the GME Office and/or GME Committee for information, documentation, etc.

ACGME accreditation (Residency Review Committee) matters.

Prompt response to RRC requests for information and maintenance of files\*

Preparation of the Program Information Form (PIF) prior to RRC site visits\*

Preparation of documentation of Internal Review materials and reports as required by the GME Committee protocol  
Development of action plans for correction of areas of noncompliance as identified by the Internal Review, RRC site visit, and/or other mechanisms

### **B. Educational Aspects of the Program**

Development and periodic review/revision of an educational curriculum as defined in the ACGME Program Requirements for the specialty or, if a non-ACGME accredited program, periodic review/revision of the educational curriculum  
Provision of instruction and experience with quality-assurance/performance improvement.  
Use of dependable measures to assess residents' competence in the "General Competencies" of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice  
Use of dependable measures to assess residents' competence in other areas as defined in the ACGME Program Requirements for the specialty  
Implementation of a process that links educational outcomes with program improvement  
Insurance that each resident develop a personal program of learning to foster continued professional growth  
Facilitation of residents' participation in the educational and scholarly activities of the program, and insurance that they assume responsibility for teaching and supervising other residents and students  
Assistance to residents in obtaining appointment to appropriate institutional and departmental committees and councils whose actions affect their education and/or patient care  
Procurement of confidential written evaluations of the faculty and of the educational experiences by the residents, at least annually  
Insurance of residents' attendance at educational offerings required by the institution and the agencies listed in the second paragraph.

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

Oversight and liaison with appropriate personnel of other institutions participating in the residency training)  
Creation, implementation, and periodic review of program-specific policies consistent with RIH GME policies for the following:  
Policy on Selection, Evaluation, Advancement, Supervision and Due Process for House Officers  
Resident duty hours and periodic survey of such  
Moonlighting policy and written documentation for any resident participating in moonlighting  
Insurance that non-eligible residents are not enrolled in the program  
Insurance that all applicants are informed in writing of the terms and conditions of employment and benefits including a copy of the resident contract

Insurance that written notice of intent not to renew a resident's contract is provided no later than four (4) months prior to the end of the resident's current contract, unless there are extenuating circumstances

Supervision of residents so as to allow progressively increasing responsibility by the resident, according to their level of education, ability, and experience

Manage clinical scheduling of residents including, but not limited to

Creating clinical rotation and on-call schedules

Structuring on-call schedules to provide readily available supervision to residents on duty, and that appropriate backup support is available when patient care responsibilities are especially difficult or prolonged

Structuring duty 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 resident, and to comply with limitations as set by the institution and the appropriate RRC

Revising schedules at each cycle completion (e.g., monthly) and communicating the revised schedule to the and GME Office on the Medicare Tracking sheets to enable accurate IRIS reporting

Preparing Memoranda of Understanding (MOU) with clinical sites outside of the primary teaching facilities and reviewing and revising these MOUs to maintain current documents.