

Responsibilities of the Residency Program Director

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 MUSC-sponsored GME programs, the residency program director is responsible for the organization and implementation of these objectives for his/her program. Specific responsibilities may be delegated by the program director, but he/she is responsible to the GME Committee (GMEC), the Designated Institutional Official (DIO), and to the ACGME Residency Review Committee 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 MUHA, South Carolina Department of Health and Environmental Control, South Carolina Board of Medical Examiners, Joint Commission on Accreditation of Healthcare Organizations, National Resident Matching Program (NRMP), etc.. 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. Such exemptions are designated with an asterisk () below*

At a minimum, the responsibilities of the residency program director include all of the following:

Participation in the Institutional governance of GME programs

- Maintain current knowledge of and compliance with MUSC GME Policies
- Maintain current knowledge of and compliance with the ACGME Program Requirements pertaining to his/her program, as well as any other program policies and procedures, and subspecialty program requirements (see specific RRC webpage for further information)*

- Participation in the GMEC*
 - Programs with more than 10 residents must participate in GMEC
 - Those that do not have 10 or more residents may ask for at-large memberships on the GMEC.
 - If a program is not represented on the GMEC, the specialty program director must convey all pertinent information to the sub-specialty directors.

- Participation in subcommittees and task forces and Internal Review panels as requested *

- Cooperate promptly with requests by the GME Office and/or GMEC for information, documentation, etc.

- Maintain accurate and complete program files in compliance with institutional records retention policies

- Ensure that residents comply with periodic survey by ACGME (ACGME Resident Survey)*

- Prepare Program letters of Agreement (Affiliation Agreements) with all clinical rotations outside of the primary teaching facilities. Review and revise these Affiliation Agreements to accommodate elements included in the GMEC template, at least every two years

- Oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.

- Ensure that residents are informed of and adhere to established educational and clinical practices, policies, and procedures in all sites to which residents are assigned.

- Respond promptly to RRC requests for information, working with the GME Office to ensure compliance with RRC-stated deadlines, as well as timely review and co-signature by the DIO*

- Ensure that the DIO reviews and cosigns any correspondence or document submitted to the ACGME that either addresses program citations or requests changes in the programs that would have significant impact, including financial, on the program or institution*

- Maintain accurate and complete program files in compliance with ACGME requirements*
- Prepare accurate and complete Program Information Form (PIF) prior to RRC site visits. A complete copy of the PIF should be delivered to the DIO for review, at least one month before the site visit*
- Ensure that the DIO reviews and cosigns any correspondence or document submitted to the ACGME by the program directors*
- Prepare documentation of Internal Review materials and reports as required by the GMEC protocol*
- Develop action plans for correction of areas of noncompliance as identified by the Internal Review, RRC site visit, and/or other mechanism*
- Update annually both program and resident records through the ACGME Accreditation Data System*.

Educational Administration and Oversight of the Program

- Develop 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
- Provide instruction and experience with quality-assurance/performance improvement
- Develop and use 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 dependable measures to assess residents' competence in other areas as defined in the ACGME Program Requirements for the specialty*
- Implement a process that links educational outcomes with program improvement
- Ensure that each resident develop a personal program of learning to foster continued professional growth
- Facilitate 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

- Assist residents in obtaining appointment to appropriate institutional and departmental committees and councils whose actions affect their education and/or patient care
- Procure confidential written evaluations of the faculty and of the educational experiences by the residents, at least annually (or more frequently if so required by the RRC program requirements)
- Ensure that at the end of each six month period of training, a performance review is completed on each resident. The resident's performance as indicated by the evaluations should be discussed, as well as the resident's strengths and areas for improvement; any corrective measures are also discussed. A written summary, signed by both the PD and the resident, of this meeting is placed in the resident's permanent file.
- Ensure at least annual review of the educational effectiveness of a program (Common Program Requirements VII.C.1) via the MUSC APR and Action Plan template
- Ensure that the program's policies regarding evaluation and performance feedback are followed for all residents within the program, and particularly for non-succeeding residents. When a resident is being considered for placement in a status other than in good standing, the DIO should be consulted prior to this status change, and the notification letter should include all elements addressed in the GME remediation plan template.
- Provide oversight and liaison with appropriate personnel of other institutions participating in the residency training
- Create, implement, and review annually program-specific policies consistent with MUSC GME policies for the following:
 - Resident selection
 - Resident evaluation
 - Resident promotion
 - Resident dismissal
 - Resident duty hours
- Approve moonlighting requests and written documentation for any resident participating in moonlighting

- Monitor residents' duty hours and report trends in violations to the DIO
- Facilitate institutional monitoring of resident duty hours through E-Value
- Ensure that non-eligible residents are not enrolled in the program (USMLE qualification, etc...)
- Ensure that all interviewed residency applicants are provided, at a minimum, a written information sheet containing the URL at which the terms and conditions of employment and benefits, visa policies, and the resident contract can be found
- File a complete Handbook Acknowledgement Form for each interviewee. Provide a complete Handbook Verification Form to the GME Office
- Ensure 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
- Update the Scope of Practice annually as required by the GME Office.
- Provide verification of residency education for residents who have completed the program > 10 years and for all residents who may leave the program prior to completion of their education.
- Determine the appropriate level of education for residents who are transferring from another residency program. The program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation (that the resident is in good standing) of the transferring resident prior to their acceptance into the program.
- Provide appropriate supervision of residents (via the program faculty) 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
 - Entering these schedules into E-Value and communicating the revised schedule to the University Hospital System Reimbursement Specialist (E*GME)
 - 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 requirements as set by the institution, ACGME, and the appropriate RRC
- Provide a final End of Program Competency form for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently.

Program Director Professionalism

- Maintain the highest standards of professional behavior, and serve as a role model to all residents within his or her program
- Communicate professionally and effectively with residents, Program Coordinators, DIO, GME staff, MUHA and other areas of the Medical University of South Carolina.
- Pursue appropriate development as a program director in his or her specialty or subspecialty by attending meetings directly relevant to the educational and administrative aspects of his or her program
- Work cooperatively with DIO and staff of GME Office
- Provide leadership and support to Program Coordinator(s) who are providing administrative support to his or her program
- Serve as a confidential advisor and advocate for each resident enrolled in his or her program
- Advocate for resident and program needs