PURPOSE
All graduate medical education (GME) programs must have a single Program Director with authority and accountability for the operation of the program. The Program Director has broad responsibilities that encompass every aspect of postgraduate medical education training. These include, but are not limited to, (1) oversight of the learning environment, (2) curriculum and evaluation, (3) faculty as teachers, coaches, mentors, advisors and role models, (4) supervision of residents and fellows, including duty hours, and (5) program management (e.g., program evaluation and improvement, communications, ACGME accreditation, program resources, etc.), although specific responsibilities may be delegated by the Program Director. In this role the Program Director is responsible to the Graduate Medical Education Committee (GMEC), the Designated Institutional Official (DIO), and, in the case of ACGME-accredited programs, to the appropriate ACGME Residency Review Committee for the timely and accurate completion of all tasks.

DEFINITIONS
Program Director - The one physician designated with authority and accountability for the operation of the residency/fellowship program.

PROCEDURE
1. Each graduate medical education training program must have a single Program Director.
2. The attached position description outlines the specific duties, responsibilities, and training requirements for all University of Texas Southwestern Medical Center (UTSW) GME Program Directors. Adherence to this document (as amended) is expected.
3. Minimum qualifications for the GME Program Director position include: requisite expertise in the medical specialty; documented educational and administrative experience; current certification in the specialty by the appropriate American Board of Medical Specialties member board or equivalent specialty qualifications; current medical licensure; and appropriate medical staff appointment. Additional qualifications may be specified and required by accreditation/approval bodies and/or the GMEC.
4. The appointment process for new Program Directors is as follows:
   a. The Department Chair of the clinical department in which the GME program is housed submits a written nomination (including the nominee’s current CV) to the GME Office.
   b. The candidate meets with the DIO. During this meeting, the candidate’s interest and qualifications will be confirmed, and the candidate will submit a signed position description acknowledging the responsibilities of the position.
   c. The DIO presents the candidate’s nomination and signed acknowledgement to the GMEC for consideration.
   d. The GMEC votes to confirm or not to confirm the nomination.
      i. If the nomination is confirmed for the position of Program Director of an ACGME-accredited program, the GME Office will initiate a ‘New Program Director’ change request. The appointment of the new Program Director will be effective upon approval by the Residency Review Committee.
      ii. If the nomination is confirmed for the position of Program Director of a program not accredited by the ACGME, the appointment of the new Program Director will be effective (a) immediately or (b) upon approval of any relevant approval body as may be applicable.
iii. If the nomination is not confirmed, the Department Chair will be notified and asked to submit an alternate nomination.

5. Interim appointments of Program Directors should be avoided. Interim Program Directors will be appointed only in the following circumstances:
   a. the sudden and unexpected resignation or termination of a current Program Director from their faculty position;
   b. the temporary absence of a current Program Director who intends to return to the position (e.g., medical leave, military deployment, etc.); or
   c. other documented circumstances determined by the GMEC to be emergent.

6. Because continuity of program leadership and transition planning are important to the success and ongoing administrative stability of the program, current Program Directors will retain the role of Program Director until the appointment of a successor has been confirmed and approved as described above. Thus, the transition to a new Program Director should be a deliberative process with early notification of the GME Office whenever possible.

7. Program Directors may be removed from the position by:
   a. voluntary resignation;
   b. the Department Chair; or
   c. The DIO upon confirmation by the GMEC that the Program Director has failed to substantially fulfill the duties, responsibilities, and/or training requirements of the position.
Graduate Medical Education Program Director Position Description

Overview
This position description outlines the specific duties of a University of Texas Southwestern Medical Center (UTSW) residency or fellowship program director. This description is designed to meet, but is not limited to, the requirements of the ACGME Next Accreditation System (NAS).

In UTSW-sponsored GME programs, the program director has authority and accountability for the operation of the training program. Specific responsibilities may be delegated by the program director, but he/she is responsible to the GME Committee, the Designated Institutional Official (DIO), and, in the case of ACGME-accredited programs, to the appropriate ACGME Residency Review Committee for the timely and accurate completion of all tasks. Thorough knowledge of and consistent adherence to institutional GME policies and procedures is expected.

In addition to UTSW and the ACGME, a number of other regulatory and healthcare bodies impose requirements on our GME programs. These agencies include (but are not limited to) the University of Texas System, Texas Department of Health, Texas Medical Board, the Joint Commission, the University Hospitals, Parkland Health & Hospital System, Children’s Health, and the North Texas Veterans Health Care System. Compliance with these requirements is the responsibility of the program directors, working in concert with the institution.

The program director has broad responsibilities that encompass every aspect of postgraduate medical education training. These include, but are not limited to, oversight of:
- The learning environment
- Curriculum and evaluation
- Faculty as teachers, coaches, mentors, advisors and role models
- Supervision of residents and fellows, including duty hours, and
- Program management (e.g., program evaluation and improvement, communications, ACGME accreditation, program resources).

In some cases, a program director of a smaller program may have more comprehensive responsibilities encompassing all or the majority of these responsibilities, while a program director of a larger program may delegate some duties to other program faculty. In addition, the program director, with the institution’s support, must ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program. All program directors are strongly encouraged to develop a positive working relationship with their program coordinator(s) and utilize the program coordinator’s expertise for the benefit of the program and the institution.

The program director must appoint and work in collaboration with the Program Evaluation Committee (PEC) and the Clinical Competency Committee (CCC) to achieve excellence in the training program. The program director must have sufficient protected time and financial support for her/his educational and administrative responsibilities to the program, and is expected to continue in her/his position for a length of time adequate to maintain continuity of leadership and program stability.
Program directors rarely begin their position with the full knowledge required to ensure success. Thus, UTSW is committed to providing appropriate training and guidance to ensure that all GME personnel are continually developing their own abilities and promoting program improvement. All program directors are expected to engage in professional development activities applicable to their responsibilities as educational leaders. Program directors should participate in the following:

- A New Program Director workshop sponsored by the GME Office (or, alternately, by the ACGME) within the first year of appointment (held semiannually);
- At least one ACGME Annual Educational Conference during the first 3 years of appointment, and at least one ACGME Annual Educational Conference during each subsequent five-year period of appointment; and
- At least one GME Retreat sponsored by the GME Office (held semiannually) each year.

Additionally, Program Directors should participate in at least seven hours of professional development applicable to his or her responsibilities as an educational leader annually. This professional development may include attendance/participation in institutional offerings such as Program Director Advisory Council Meetings (held quarterly), the Program Director and Core Faculty Development Series sessions (held approximately monthly), and the Effective Teacher Series (held approximately once to twice a month during the Spring and Summer semesters). Appropriate offerings outside UTSW may also fulfill this requirement as may service on the Graduate Medical Education Committee (GMEC) and/or its subcommittees or review panels.

The program director must ensure continuing accreditation of the program by being familiar with and complying with all accreditation and regulatory requirements including, as may be applicable, the ACGME Institutional Requirements, Common Program Requirements, and Specialty-Specific Program Requirements, as well as ACGME Policies and Procedures and all UTSW GME policies. The program director should monitor his/her specialty/subspecialty Review Committee and appropriate professional association activities.

**The Learning Environment**

The clinical setting in which residents and fellows learn directly impacts the quality of their training and is an important predictor of the quality of care provided long after the completion of training. Thus, the program director must administer and maintain an educational environment conducive to educating trainees in each of the ACGME core competency areas.

The program director has responsibility to:

- Be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment;
- Ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs;
- In collaboration with the sponsoring institution, ensure a culture of professionalism that supports patient safety and personal responsibility;
- Design clinical assignments to minimize the number of transitions in patient care;
- In collaboration with the sponsoring institution, ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety;
- Ensure that trainees are competent in communicating with team members in the hand-over process;
- Develop a process to ensure continuity of patient care in the event that a trainee may be unable to perform his/her patient care duties; and
• Adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules.

Curriculum and Evaluation
The program director must ensure that the program adopts program aims to provide direction and form a basis for evaluation of the program. The program director is encouraged to incorporate basics of adult learning theory into the curriculum and apply these theories when developing trainee learning experiences. In addition, the program director, in collaboration with key faculty, should provide training to residents and fellows in how to teach medical students and peers, consistent with their specialty specific Milestones.

The program director has the responsibility to:
• Develop and continuously improve a comprehensive curriculum that meets the requirements for training in the specialty, including the specialty-specific competencies and Milestones. The ACGME competencies must be integrated into the curriculum, and the curriculum must contain the following educational components:
  o Overall educational goals for the program, which must be available to trainees and faculty
  o Competency-based goals and objectives for each assignment at each educational level, which must be distributed to trainees and faculty at least annually;
    ▪ Learning objectives for trainees are to be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events.
    ▪ These learning objectives must not be compromised by excessive reliance on residents to fulfill non-physician service obligations. In addition, the program director must ensure that the clinical responsibilities of each trainee are based on appropriate PGY-level, patient safety, trainee education, severity and complexity of patient illness/condition and available support services.
  o Regularly scheduled didactic sessions;
  o Delineation of trainee responsibilities for patient care, progressive responsibility for patient management, and supervision of trainees over the continuum of the program; and
  o Components designed to advance trainees’ knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.

• Develop and continuously improve a competency-based evaluation system to monitor the progress of individual trainees throughout the program, document progressive performance improvement appropriate to the educational level, and provide documented semiannual evaluations of performance on the specialty-specific milestones, with data from the CCC;
  o Regularly evaluate each trainee’s abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria. Evaluations should be accurate and transparent, and should meaningfully inform trainees of their progress in achieving the objectives of the program and the specialty-specific Milestones. In order to do this effectively, the program director must.
  o Provide a summative evaluation for each trainee upon completion of the program based, at least in part, on the specialty-specific Milestones.
• Oversee and ensure the quality of didactic and clinical education in all sites that participate in the program.

Faculty Oversight
The program director must approve the selection of program faculty as appropriate, and ensure there are a sufficient number of faculty with documented qualifications to instruct and supervise all trainees at each training location. Faculty members must demonstrate an understanding and acceptance of their personal role in:

• Assurance of the safety and welfare of patients entrusted to their care;
• Provision of patient- and family-centered care;
• Assurance of their fitness for duty;
• Management of their time before, during, and after clinical assignments;
• Recognition of impairment, including illness and fatigue, in themselves and in their peers;
• Attention to lifelong learning;
• The monitoring of their patient care performance improvement indicators; and,
• Demonstration of responsiveness to patient needs that supersedes self-interest.

The program director also has the responsibility to:
• Approve a local director at each participating site who is accountable for trainee education;
• Educate all faculty members:
  o to recognize the signs of fatigue and sleep deprivation; and
  o in alertness management and fatigue mitigation processes;
• Ensure that faculty evaluate trainee performance in a timely manner during each rotation or similar educational assignment (at least quarterly), and document this evaluation at completion of the assignment;
• Provide educational instruction for faculty regarding their roles in the educational process (e.g., teaching and supervision, advising/mentoring, effective feedback and communication, Milestones evaluation); and
• At least annually, evaluate faculty performance as it relates to the educational program.

Supervision of residents and fellows, including duty hours
In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient’s care. The program director should ensure that this information is available to trainees, faculty members, and patients. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each trainee and delegate to him/her the appropriate level of patient care authority and responsibility. Each program is required to complete and submit a Supervision Grid (using the template available from the GME Office) annually and make the completed Grid available to the program’s trainees.

The program director has the responsibility to:
• Monitor trainee supervision at all participating sites;
• Demonstrate that the appropriate level of supervision is in place for all residents who care for patients;
• Assign, with faculty members, the privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each trainee;
• Set guidelines for circumstances and events in which trainees must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions;
• Implement policies and procedures consistent with the institutional and program requirements for resident duty hours and the working environment, including moonlighting;
• Monitor resident duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME and/or institutional requirements;
• Adjust schedules as necessary to mitigate excessive service demands and/or fatigue;
• If applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue;
• Monitor the need for and ensure the provision of back-up call support systems when patient care responsibilities are unusually difficult or prolonged; and
• Review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

Program Management
Program directors manage program evaluation and improvement, communications, accreditation, and program resources.

Program Evaluation and Improvement
The program director, through the Program Evaluation Committee (PEC), must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written and Annual Program Evaluation (APE).

The program director has the responsibility to:
• Appoint a PEC composed of at least two faculty members and one resident/fellow;
• Monitor and track the key performance indicators of the program in each of the following areas:
  o trainee performance;
  o faculty development;
  o graduate performance, including performance of program graduates on the certification examination; and
  o program quality
• Ensure that trainees and faculty have the opportunity to evaluate the program confidentially and in writing at least annually, specifically assessing the effectiveness of the program in meeting the overall goals of training in that specialty.

Communications
The program director has responsibility to:
• Arrange for regular resource updates (ACGME electronic newsletter, Journal of GME, Annual ACGME meeting) on the ACGME common program requirements and specialty requirements;
• Provide each trainee with access to program policies, which set expectations regarding, but not limited to the effect of leaves of absence, satisfying the criteria for completion of the residency program, and information relating to access to eligibility for certification by the relevant certifying board;
• Communicate with and distribute the departmental and programmatic policies and procedures to the faculty and trainees;
• Communicate with and involve the program coordinator in trainee activities and concerns, as appropriate;
• Organize regularly-scheduled meetings with the Division Chief, Department Chair, and/or core program director as may be appropriate to communicate important issues and gain necessary resources, including necessary support;
• Conduct regularly-scheduled meetings with the program coordinator to ensure proper communication and to develop and enhance a positive working relationship characterized by effective teamwork;
• Communicate frequently with chief residents and/or key residents and fellows, and include trainees in decision-making processes when appropriate.

Accreditation
The program director has the responsibility to:
• Participate in institutional GME Committee, subcommittees and task forces as requested;
• Cooperate promptly with requests by the GME Office and/or GME Committee for information, documentation, etc.;
• Maintain accurate and complete program files in compliance with institutional records retention policies;
• Ensure that residents and faculty comply with periodic survey by ACGME (ACGME Resident and/or Faculty Survey);
• Comply with the criteria for trainee eligibility and recruitment as specified in UTSW’s Resident Recruitment policy and the Institutional Requirements;
• Comply with UTSW’s written policies and procedures, and, as may be applicable, with requirements specified in the Institutional Requirements for selection, evaluation and promotion of trainees, disciplinary action, and supervision of trainees;
• Recognize trainees requiring remediation and develop improvement plans according to the terms of the Academic Improvement and Corrective Action Policy in collaboration with the GME Office;
• Discipline trainees, as necessary, in accordance with the Academic Improvement and Corrective Action Policy in collaboration with the GME Office;
• Ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by UTSW;
• Provide verification of residency/fellowship education and summative performance evaluations for all trainees, including those who leave the program prior to completion;
• Prepare and submit complete and accurate information required by the ACGME and/or other accreditation/regulatory bodies. This includes but is not limited to the program application forms and annual program updates to the Accreditation Data System (ADS).
• Obtain review and approval of the sponsoring institution’s GMEC/DIO before submitting information or requests to the ACGME and/or other accreditation/approval bodies, including:
  - all applications for new programs and/or accreditation of new programs;
  - changes in trainee complement;
  - major changes in program structure or length of training;
  - progress reports requested by a Review Committee;
  - responses to all proposed adverse actions;
  - requests for increases or any change to trainee duty hours;
  - voluntary withdrawals of ACGME-accredited or other programs;
  - requests for appeal of an adverse action;
- appeal presentations to a Board of Appeal, the ACGME or any other accreditation/approval body; and
- proposals to ACGME for approval of innovative educational approaches.

- Obtain DIO review and co-signature on all program application forms, as well as any correspondence or document submitted to the ACGME or any other accreditation/approval body that addresses:
  - program citations, and/or
  - request for changes in the program that would have significant impact, including financial, on the program or institution.

- Submit any additions or deletions of participating sites routinely providing an educational experience, required for all residents, of one month full time equivalent (FTE) or more for GMEC approval and then through the ACGME ADS as applicable;

- Not appoint more trainees than approved by the Review Committee and/or accreditation/approval body;

- Obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring trainee before accepting a trainee who is transferring from another program; and

- Report the presence of other learners (e.g., visiting trainees) to the DIO and GMEC in accordance with sponsoring institution guidelines.

**Program Resources**

The program director has the responsibility to:

- Ensure, with the institution’s support, the availability of adequate resources (e.g., funding, teaching and work space, faculty time), for trainee education as defined in the specialty program requirements;

- Understand funding for trainees’ stipends and benefits, including funding sources and mechanisms, and how funding requests are made to participating sites in accordance with institutional procedures;

- Allocate, with the institution’s support, adequate educational resources to facilitate trainee involvement in scholarly activities; and

- Anticipate potential threats to the program (both internal and external) through regular communication with the PEC, trainees, faculty and DIO.