1.0 Purpose

According to the Institutional Requirements of the Accreditation Council for Graduate Medical Education (ACGME), "The purpose of Graduate Medical Education (GME) is to provide an organized educational program with guidance and supervision of the resident [or fellow], facilitating the resident's [or fellow's] ethical, professional, and personal development while ensuring safe and appropriate care for patients." The GME Program Director is responsible for the organization and implementation of these objectives for their program. Specific responsibilities may be delegated by the Program Director as allowed by ACGME requirements, but they are ultimately responsible to MCG's GME Committee (GMEC), the Designated Institutional Official (DIO), the Academic Department Head(s), and to the ACGME and its associated Review and Recognition Committees (RRC) for the timely and accurate completion of all tasks.

Per ACGME, "There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. The program must demonstrate retention of the program director for a length of time adequate to maintain continuity of leadership and program stability. The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; resident recruitment and selection, evaluation, and promotion of residents/fellows, and disciplinary action; supervision of residents; and resident/fellow education in the context of patient care." Other requirements can be found in the ACGME Common Program Requirements, Institutional Requirements, and Specialty-specific Requirements.

In addition to the ACGME, a number of other regulatory requirements apply to our GME programs. These include affiliated hospitals, the Georgia Composite State Medical Board, and the Joint Commission among a number of other regulatory bodies. Compliance with all requirements is the responsibility of the Program Directors, working in concert with the institutions, GME and DIO, and GMEC.

GME programs must be characterized as:

ACGME accredited – for which there are specific ACGME program requirements.

Non-ACGME accredited- for which there are no specific ACGME program-specific requirements but GME and ACGME NST (non-standard training) recognition requirements still apply.

The Program Directors of non-AGME programs are exempted from several responsibilities specific only to ACGME. These are outlined in 2.2.

2.0 Procedure

Responsibilities of the GME Program Director include all the following:

2.1 Participation in the Institutional governance of GME programs

2.1.1 Maintain current knowledge of and compliance with MCG GME policies;

2.1.2 Participate in GMEC, GMEC subcommittees, *ad hoc* committees, and internal review panels as requested;

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

2.1.4 Maintain accurate and complete program files in compliance with ACGME records retention policies regardless of ACGME accreditation status;

2.1.5 Advise GMEC and/or the DIO when proposed institutional changes may affect the quality or jeopardize the accreditation of the program;

2.1.6 Contact the GME Office and/or the DIO for approval prior to any significant changes to the training program such as change in leadership to include program directors, associate program directors, and program coordinators, addition or reduction in participating sites, modifications to block diagrams, complement change requests, modification of fund sources to support trainee salaries, etc.

2.1.7 Ensure Program-specific policies are in place, that House Staff have access to these policies, and that they are reviewed with House Staff at least annually regarding criteria for eligibility, promotion, and renewal; conflict/grievance resolution; supervision; faculty and House Staff wellness to include patient coverage for trainee emergencies, significant events, or fatigue; Transition of Care; Clinical and Educational Work Hours (including moonlighting); leave; and evaluation including Program evaluation and House Staff evaluation.

2.2 ACGME Accreditation

2.2.1 Maintain current knowledge of and compliance with ACGME Institutional, Common Program, and Specialty/Sub-specialty-specific Requirements (www.acgme.org);

2.2.2 Respond promptly to RRC requests for information and ensure copies of any such requests are sent to the GME Office and the DIO prior to response;

2.2.3 Ensure that the DIO reviews and co-signs all program information forms and any correspondence or documents submitted to the ACGME by the Program Director that either addresses program citations or request changes in the programs that would have significant impact, including financial, on the program or institution;

2.2.4 Develop timely action plans for correction of citations and/or areas for improvement as identified by the RRC;

2.2.5 Update accurately program, resident/fellow, and faculty records through the ACGME Accreditation Data System (ADS) in a timely fashion to allow DIO review;

2.2.6 Prepare Program Letters of Agreement (PLA) for all clinical sites outside of the primary teaching facilities (i.e., Wellstar MCG Health/CHOG and those sites under their governance) for required rotations of 4 weeks or more, and review as well as update these PLAs at least every five years or more frequently as required by ACGME;

2.2.7 Ensure that residents/fellows and faculty comply with annual ACGME survey requirements;

2.2.8. Ensure evaluations of House Staff (including ACGME Milestones), Faculty, and Program are completed in a fashion to at least meet ACGME requirements to include requirements on Clinical Competency Committees and Program Evaluation Committees with corresponding submission of Annual Program Evaluation to the GME office in a timely fashion.

2.2.9. Although Program Directors of non-AGME programs are exempted from several responsibilities, they must meet ACGME NST Recognition requirements.

2.3 Educational Aspects of the Program

2.3.1 Develop an educational curriculum as defined in the ACGME Program Requirements for the specialty or, if a non-ACGME accredited program, allow for periodic review/revision of the educational curriculum incorporating House Staff and Faculty feedback;

2.3.2 Provide instruction and experience with quality improvement and patient safety including root cause analysis;

2.3.3 Develop and use dependable measures to assess House Staff's competence in the "General Competencies" of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-bases practice;

2.3.4 Implement a process that links educational outcomes with program improvement;

2.3.5 Ensure that each trainee develops a personal program of learning to foster continued professional growth;

2.3.6 Facilitate House Staff's participation in the educational and scholarly activities of the program and ensure that they assume responsibility for teaching and supervising other residents/fellows and students;

2.3.7 Assist House Staff in obtaining appointment to appropriate institutional and departmental committees and councils whose actions affect their education and/or patient care.

2.4 Administrative and Oversight Aspects of the Program

2.4.1 Provide oversight and liaison with appropriate personnel of other institutions participating in the GME training;

2.4.2 Ensure that each House Staff maintains current licensure under the State of Georgia with either a residency training permit or an unrestricted license to practice medicine;

2.4.3 Monitor House Staff's Clinical and Educational Work hours and report findings to GME office, notifying the DIO if any issue/violation is identified;

2.4.4 Ensure that non-eligible House Staff are not enrolled in the program and all interviewing applicants are provided with required information (see GME HS policy 14.0);

2.4.5 Ensure that written notice of intent not to renew a House Staff's contract is provided no later than four months prior to the end of the current contract, unless there are extenuating circumstances that occur within the last four months of training (see GME HS policy 3.0);

2.4.6 Ensure policies regarding promotion, remediation, probation, suspension, dismissal, and due process are strictly adhered to (see GME HS policies HS17.0, HS13.0, and HS18.0);

2.4.7 Provide appropriate supervision of House Staff (via faculty, etc.) so as to allow progressively increasing responsibility by the House Staff, according to their level of education, ability, and experience (see GME HS policy 9.0);

2.4.8 Assist in managing clinical scheduling of House Staff including, but not limited to:

- Creating clinical rotation and on-call schedules;
- Entering these schedules into institutional electronic tracking software and revising schedules at each cycle completion (e.g., monthly);
- Structuring on-call schedules to provide readily available supervision to House Staff on duty and appropriate backup support when patient care responsibilities are difficult or prolonged;
- Structuring duty hours and on-call time periods so as to focus on the needs of patients, continuity of care, and the educational needs of the House Staff, as well as to comply with requirements as set by the institution and the ACGME.

2.5 Evaluation of Program Director

2.5.1 The Program Director shall be entrusted to fulfill the obligations outlined in section 2.1 through 2.4. Oversight of Program Director compliance/competence shall be provided by the Department Chair and Division Chief in concert with input and guidance from the DIO and GMEC.

2.5.2 Should it be determined that the Program Director has inadequately met the obligations and/or the Program Director cannot meet these requirements based on feedback from Faculty, House Staff, etc., the Program Director may be asked to step down by the Departmental Chair.

2.5.3 Should there be disagreement requiring arbitration that exceeds the purview of the Chair, GMEC, and DIO, the decision may require arbitration by the Dean of the Medical College of Georgia.

2.5.4 Ultimately changes in Program Director must be approved by applicable ACGME Review Committee; they must be notified in a timely fashion after GMEC approval.

3/27/2026
David Hess, M.D. Date
Dean, Medical College of Georgia

3/27/2026
Natasha M. Savage, M.D. Date
Senior Associate Dean, Graduate Medical Education and DIO