

Augusta University
House Staff Policies and Procedures

Policy
HS 23.0 Responsibilities of the Residency Program Director

Source
Graduate Medical Education Office

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, facilitating the resident's ethical, professional, and personal development while ensuring safe and appropriate care for patients." 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 Augusta University GME Committee, the Designated Institutional Official (DIO), and the Academic Department Head(s) 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 requirements on our GME program. 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 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 requirements.

The Program Directors of non-AGME programs are exempted from some responsibilities.

2.0 Procedure

Responsibilities of the Residency Program Director include all of the following:

2.1 Participation in the Institutional governance of GME programs

- 2.1.1 Maintain current knowledge of and compliance with Augusta University and AU Health GME policies
- 2.1.2 Maintain current knowledge of and compliant with ACGME Institutional and Program Requirements (www.acgme.org).
- 2.1.3 Participate in GME Committee, subcommittees and task forces, and internal review panels as requested.
- 2.1.4 Cooperate promptly with requests by the GME Office and/or GME Committee for information, documentation, etc.
- 2.1.5 Maintain accurate and complete program files in compliance with institutional records retention policies.
- 2.1.6 Ensure that residents comply with periodic survey by ACGME (ACGME Resident survey).

The term House Officer is used as a generic term to include interns, residents and fellows in an approved ACGME Residency Training Program at

Augusta University

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- 2.2 ACGME Accreditation
- 2.2.1 Maintain current knowledge of and compliance with the ACGME Manual of Policies and Procedures for GME Review Committees (www.acgme.org).
 - 2.2.2 Maintain current knowledge of and compliance with the ACGME Program Requirements pertaining to his/her program.
 - 2.2.3 Respond promptly to Resident Review Committee (RRC) requests for information, and copies of any such requests to the GME Office.
 - 2.2.4 Maintain accurate and complete program files in compliance with ACGME requirements.
 - 2.2.5 Prepare accurate and complete Program Information Form (PIF) prior to RRC site visits.
 - 2.2.6 Ensure that the DIO reviews and co-signs all program information forms and any correspondence or document submitted to the ACGME by the Program Director that either address program citations or request changes in the programs that would have significant impact, including financial, on the program or institution.
 - 2.2.7 Prepare documentation of internal review materials and reports as required by the GME Committee protocol.
 - 2.2.8 Develop action plans for correction of areas on noncompliance as identified by the Internal Review, RRC site visit, and/or other mechanisms.
 - 2.2.9 Update annually both program and resident records through the ACGME Accreditation Data System (ADS).
 - 2.2.10 Prepare Program Letters of Agreement (PLA's) with all clinical sites outside of the primary teaching facilities for which rotations of greater than 30 days are provided, and review as well as revise these PLA's at least every 3 years.
- 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, periodic review/revision of the educational curriculum.
 - 2.3.2 Provide instruction and experience with quality-assurance/performance improvement.
 - 2.3.3 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.
 - 2.3.4 Use dependable measures to assess residents' competence in other areas as defined in the ACGME Program Requirements for the specialty.
 - 2.3.5 Implement a process that links educational outcomes with program improvement.
 - 2.3.6 Ensure that each resident develops a personal program of learning to foster continued professional growth.
 - 2.3.7 Facilitate residents' participation in the educational and scholarly activities of the program, and ensure that they assume responsibility for teaching and supervising other residents and students.

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- 2.3.8 Assist residents in obtaining appointment to appropriate institutional and departmental committees and councils whose actions affect their education and/or patient care.
- 2.3.9 Procure confidential written evaluations of the faculty and the educational experiences by the residents, at least manually.
- 2.3.10 Ensure residents' attendance at educational offerings required by the institution and the agencies listed in the second paragraph on page 1.
- 2.3.11 Ensure at least annual review of the educational effectiveness of a program (Common Program Requirements) via a formal documented meeting for which written minutes are kept.
- 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 residency training.
- The program director will communicate at least annually but as often as necessary to ensure excellent educational experience consistent with program goals and objectives with all faculty site directors at all participating sites for their program.
 - Evidence of these communications will be verified the annual program review with the DIO
 - Deficiencies will be reported to the GMEC. A response from the program director with a plan for correction will be required to be submitted for review by the GMEC.
- 2.4.2 Ensure that each resident maintains current and continuous licensure under the State of Georgia with either a residency training permit or an unrestricted license to practice medicine.
- 2.4.3 Create, implement, and review annually program-specific policies consistent with GME policies for the following:
- Resident selection.
 - Resident Evaluation.
 - Resident promotion.
 - Resident dismissal.
 - Resident duty hours.
 - Moonlighting and written documentation for any resident participating in moonlighting.
- 2.4.4 Monitor residents' duty hours and report findings to the DIO.
- 2.4.5 Facilitate institutional monitoring of resident duty hours.
- 2.4.6 Ensure that non-eligible residents are not enrolled in the program.
- 2.4.7 Ensure that all applicants invited for interview are provided, at a minimum, a URL where the terms and conditions of employment and benefits may be found including conditions and benefits of employments including financial support, vacations, prenatal, sick and other leave of absence, professional liability hospitalization, health disability, other insurance provided to the residents and their families and the conditions under which the sponsoring institution provides call-rooms, meals, laundry services or their equivalents.

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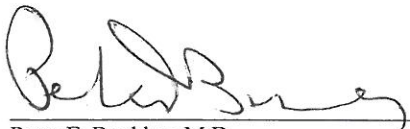
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- 2.4.8 Ensure that written notice of intent not to renew a residents' contract is provided no later than four (4) months prior to the end of the residents' current contract, unless there are extenuating circumstances which occur within the last four (4) months of training.
- 2.4.9 Provide appropriate supervision of residents (via the program faculty) so as to allow progressively increasing responsibility by the residents, according to their level of education, ability, and experience.
- 2.4.10 Manage clinical scheduling of residents 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 residents 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 residents, as well as to comply with requirements as set by the institution and the ACGME.



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2/17/16
Date



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