Policy: APPOINTMENT AND RESPONSIBILITIES OF TRAINING PROGRAM DIRECTORS

Effective: 10/01/93

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In this policy, the term “resident” refers to all interns, residents, and fellows in Graduate Medical Education programs.

Procedure:

The following procedure is intended to describe the general process to be followed in the appointment of new residency training program directors in the various clinical departments at The Ohio State University Medical Center. This information is consistent with the guidelines published by the Accreditation Council for Graduate Medical Education (ACGME), and has been approved by the Graduate Medical Education Committee (GMEC) and Medical Director.

Appointment of Program Directors:

1. The sponsoring institution and the program must ensure that the program director has sufficient protected time and financial support for his or her educational and administrative responsibilities to the program.

2. The nomination of a training program director will be made by the appropriate department chair in consultation with the core program director (when applicable) and the Chair of the Graduate Medical Education Committee/Designated Institutional Official (DIO).

3. The Graduate Medical Education Committee will consider and have final approval of the appointment.

4. A single program director will be designated for each training program with authority and accountability for the operation of the program as defined in the ACGME Common and Specialty Program Requirements. Additional Assistant/Associate Program Directors may be appointed by the GME Committee upon nomination by the Chair and the Program Director.
5. When a new program director has been approved by the GME committee, the program must submit the change to the ACGME via ADS.

6. It is generally expected that the Program Director will continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability. At a minimum, this should be considered to be the duration of the program plus one year. However, the appointment does not have a specific end date and reappointment is not necessary. At any time, the GME Committee may review the performance of a program director, but specifically, this is done during each internal review of the program.

### Qualification of the Program Director:

1. In general, the nominated individual should have been a faculty member in a residency program for at least five years prior to appointment as program director, but this five year requirement may be waived for individuals with specialty experience and educational and administrative experience acceptable to the GME Committee and the respective RRC.

2. Current certification/recertification in the specialty by the appropriate ABMS specialty board.

3. Current Ohio medical license and medical staff privileges within the OSU Health System.

4. Any other qualifications as specified in the specialty-specific program requirements by the applicable RRC or accrediting body.

### Responsibilities of the Program Director:

Program directors in both accredited and non-accredited (when applicable) programs must follow any program specific accreditation requirements:

1. administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas

2. develop and implement an evaluation system that verifies that the resident has demonstrated sufficient competence to practice independently and without direct supervision

3. oversee and ensure the quality of didactic and clinical education in all institutions/sites that participate in the program

4. approve a local “affiliate director” at each participating institution/site who is directly accountable for overseeing the day-to-day resident education and supervision at that institution/site
5. approve the selection of program faculty, as appropriate, in consultation with the department chair

6. evaluate program faculty and approve the continued participation of program faculty based on teaching evaluations and other information available to the program

7. monitor faculty supervision of residents at all participating institutions/sites

8. prepare and submit all information required and requested by the ACGME or another applicable accrediting body, including but not limited to the program information forms, progress reports and annual program updates

9. provide each resident with in-person, documented semiannual (at least twice per academic year) evaluation of performance with feedback

10. ensure compliance with disciplinary, grievance and due process procedures as set forth in GME Committee institutional policies

11. provide verification of residency education to outside entities for all residents, including those who leave the program prior to completion

12. implement policies and procedures consistent with the institutional and program requirements for resident duty hours, work environment and moonlighting

13. monitor the need for back up support mechanisms to ensure safe and quality patient care when clinical responsibilities are exceedingly complex or prolonged and to notify the Division Director, Department Chair and/or the DIO/GME office when these situations occur

14. comply with the sponsoring institution’s written policies and procedures for selection, evaluation and promotion of residents, and supervision of residents

15. be familiar with and comply with all applicable ACGME and RRC policies

16. obtain review and approval of the sponsoring institution’s DIO and GMEC before submitting to the ACGME the following:
   a. all applications for ACGME accreditation of new programs
   b. changes in resident complement
   c. major changes in program structure or length of training
   d. progress reports requested by the Review Committee
   e. responses to all proposed adverse actions
   f. requests for increases or any change to resident duty hours
   g. voluntary withdrawals of ACGME – accredited programs
   h. requests for appeal of an adverse action
   i. appeal presentations to a Board of Appeal or the ACGME
j. proposals to ACGME for approval of innovative educational approaches

17. obtain DIO review and co-signature on all program information forms, as well as any correspondence or document submitted to the ACGME that address:
   a. program citations
   b. request for changes in the program structure or function that would have significant impact on the program or institution.