

## II. Program Personnel and Resources

### A. Program Director

#### Common Program Requirement:

1. *There must be a single program director with authority and accountability for the operation of the program. The sponsoring institution's GMEC must approve a change in program director. After approval, the program director must submit this change to the ACGME via the ADS.  
[As further specified by the Review Committee]*
2. *The program director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability.*
3. *Qualifications of the program director must include:*
  - a) *requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee;*
  - b) *current certification in the specialty by the American Board of \_\_\_\_\_, or specialty qualifications that are judged to be acceptable by the Review Committee; and,*
  - c) *current medical licensure and appropriate medical staff appointment.  
[As further specified by the Review Committee]*
4. *The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas. The program director must:*
  - a) *oversee and ensure the quality of didactic and clinical education in all institutions that participate in the program;*
  - b) *approve a local director at each participating institution who is accountable for resident education;*
  - c) *approve the selection of program faculty as appropriate;*
  - d) *evaluate program faculty and approve the continued participation of program faculty based on evaluation;*
  - e) *monitor resident supervision at all participating institutions;*
  - f) *prepare and submit all information required and requested by the ACGME, including but not limited to the program information forms and annual program resident updates to the ADS, and ensure that the information submitted is accurate and complete;*
  - g) *provide each resident with documented semiannual evaluation of performance with feedback;*
  - h) *ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution;*
  - i) *provide verification of residency education for all residents, including those who leave the program prior to completion;*
  - j) *implement policies and procedures consistent with the institutional and program requirements for resident duty hours and the working environment, including moonlighting, and, to that end, must:*
    - (1) *distribute these policies and procedures to the residents and faculty;*
    - (2) *monitor resident duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements*

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- (3) *adjust schedules as necessary to mitigate excessive service demands and/or fatigue; and,*
- (4) *if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue.*
- k) *monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged;*
- l) *comply with the sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of residents, disciplinary action, and supervision of residents.*
- m) *be familiar with and comply with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures;*
- n) *obtain review and approval of the sponsoring institution's GMCE/DIO before submitting to the ACGME information or requests for the following:*
  - (1) *all applications for ACGME accreditation of new programs;*
  - (2) *changes in resident complement;*
  - (3) *major changes in program structure or length of training;*
  - (4) *progress reports requested by the Review Committee;*
  - (5) *responses to all proposed adverse actions;*
  - (6) *requests for increases or any change to resident duty hours;*
  - (7) *voluntary withdrawals of ACGME-accredited programs;*
  - (8) *requests for appeal of an adverse action;*
  - (9) *appeal presentations to a Board of Appeal or the ACGME; and,*
  - (10) *proposals to ACGME for approval of innovative educational approaches.*
- o) *obtain DIO review and co-signature on all program information forms, as well as any correspondence or document submitted to the ACGME that addresses:*
  - (1) *program citations; and,*
  - (2) *request for changes in the program that would have significant impact, including financial, on the program or institution.*

*[As further specified by the Review Committee]*

#### Explanation:

The sponsoring institution's GMCE must approve a change in the program director, and then the program director must submit the change in the Accreditation Data System (ADS). Some specialties require RC approval before such changes are final. See specialty-specific program requirements.

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The requirements call for continuity of program director leadership. The average length in years between program director appointment dates in the core specialties is 7.06 years (range 4.62 – 11.36).<sup>1</sup> Programs that have a history of frequent changes may trigger additional inquiry into the cause(s) in order to determine if the learning environment has been adversely affected. A single person (program director) must have authority for the operation of the program. **Qualifications** for program directors include: specialty expertise, educational and administrative experience, current medical licensure, appropriate medical staff appointment, and current certification in the specialty by ABMS. Some Review Committees will consider alternative specialty qualifications but approval should be obtained in advance of appointing such a program director.

The CPR contain a list of **Program Director responsibilities** (II.A.4.). This extensive list is intended not only to communicate the specific responsibilities of the position so that the individual will be effective as a program director, but also to communicate to the sponsoring institution (e.g., DIO, GMEC, department chair) the role and responsibilities of this position and why the program director needs sufficient protected time and financial support (CPR I.A) to fulfill these responsibilities. By assuring that each of the listed duties occurs on a regular basis, the program director will facilitate an enhanced learning environment. For example, the program director “must approve the selection of program faculty as appropriate.” Typically, the department chair will make such assignments, but program directors must have input into these decisions so that faculty with both clinical and teaching expertise are given responsibilities in the program.

The program director is responsible for implementing and ensuring compliance with policies and procedures for grievance and due process, duty hours, selection, evaluation and promotion of residents, disciplinary action and supervision of residents. See IR II.A-D. for minimum institutional requirements. Institutions and/or programs may have more extensive policies and procedures. These policies and procedures should be given to all residents and faculty in print format or made available on a residency program website to assure they are knowledgeable about these important issues.

A program handbook is not required but it is a convenient approach to collecting and updating all the information that must be made available to residents and faculty (policies and procedures, schedules, educational program goals, goals and objectives for each major assignment, and information on all required sites). Such a handbook could be either paper or electronic (located on a website, CD or other digital medium).

In addition, program directors should be familiar with and comply with policies and procedures as outlined in the [ACGME Manual of Policies and Procedures](#), available on the ACGME website. (See Section II, Accreditation Policies and Procedures.) When preparing for a site visit, program directors are cautioned to prepare the PIF document carefully to avoid inaccuracies, discrepancies and/or inconsistencies.

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<sup>1</sup> Average Length in Years Between Program Director Appointment Dates (based on turnover since 2001), Department of Operations and Data Analysis, ACGME, 1/23/2007. This and a number of other reports can be accessed at the ACGME website under “[Search Programs/Sponsors](#).”