POLICY: REQUIREMENTS AND RESPONSIBILITIES OF RESIDENCY PROGRAM DIRECTOR

I. PURPOSE

To ensure that program directors are qualified for and cognizant of their responsibilities as outlined by the ACGME in its Common Program Requirements, and as required NYU Winthrop Hospital’s GMEC, and to provide new program directors with a clear roadmap of their responsibilities in overseeing a GME program.

II. POLICY

Program Directors shall meet the following requirements and be held accountable for the following responsibilities.

III. REQUIREMENTS

The Program Director shall, at a minimum:
1. Hold Board certification or certificate of special competency in specialty;
2. Have requisite and documented clinical, educational, and administrative abilities and experience;
3. Be licensed to practice medicine in New York State;
4. Be a member in good standing of the Medical Staff of NYU Winthrop Hospital.

IV. RESPONSIBILITIES

The Program Director is responsible for the general administration of the program and for the establishment and maintenance of a stable, safe and supportive educational environment. Specific responsibilities include the following:

Institutional Governance of GME Programs
1. Maintain current knowledge of and compliance with the ACGME Institutional, Common and Program Requirements.
2. Maintain current knowledge of and compliance with NYU Winthrop Hospital Graduate Medical Education Committee (GMEC) policies.
3. Participate in Graduate Medical Education Committee, subcommittees and task forces as requested.
4. Cooperate promptly with requests by Academic Affairs and/or the GMEC for information, documentation, reports, etc.
5. Maintain accurate and complete program files in compliance with institutional records retention policies.
ACGME/RRC Accreditation Processes

1. Maintain current knowledge of and compliance with the ACGME Manual of Policies and Procedures for Graduate Medical Education Committees.
2. Maintain current knowledge of and compliance with the ACGME Program Requirements pertaining to his/her program.
3. Respond promptly to RRC requests for information, with copies of any such requests to Academic Affairs.
4. Maintain accurate and complete program files in compliance with ACGME requirements.
5. Prepare accurate and complete documents as required by the ACGME prior to RRC site visits.
6. Notify and obtain approval from the RRC for any changes in the program that may significantly alter the educational experience of the residents, including, for example: a) change of program.
7. Ensure that the GMEC reviews and that the Designated Institutional Official (DIO) cosigns all Program Information Forms and any correspondence or documents submitted to the ACGME that either address program citations or request changes that would have significant impact on the program.
8. Perform an ACGME Self-Study every 10 years or sooner, as scheduled/requested by the ACGME.
9. Develop action plans for correction of areas of noncompliance as identified by the Internal Review, RRC site visits, and/or other mechanisms and report such plans to the GMEC.
10. Ensure that the program completes an annual update of both program and resident records through the ACGME's Accreditation Data System (ADS).
11. Ensure that residents and faculty in the program complete the ADS Resident Survey as and when required.
12. Ensure that the program has current letters of agreement with its participating institutions in compliance with the specialty’s ACGME Program Requirements.
13. Ensure that the program submits milestone evaluations for each resident/fellow to the ACGME, semiannually in a timely manner

Educational Processes and Aspects of the Program

1. Develop an educational curriculum as defined in the specialty’s ACGME Program Requirements that meets educational goals and objectives with respect to knowledge, skills and other attributes of residents at each level of training and for each major rotation.
2. 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.
3. Use dependable measures to assess residents’ competence in other areas as defined in the ACGME Program Requirements for the specialty.
4. Implement a process that links educational outcomes with program improvement.
5. Ensure that each resident develops a personal program of learning to foster continued professional growth.
6. 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.
7. Provide instruction and experience with quality-assurance/performance improvement.
8. Assist residents in obtaining appointment to appropriate institutional and departmental committees and councils whose actions affect their education and/or patient care.
9. Conduct at least semiannual, documented milestone assessments of each resident with the program’s Clinical Competency Committee.

10. Obtain confidential written evaluations of the faculty and of the educational experiences by the residents, at least annually.

11. Ensure at least annual review of the educational effectiveness of the program via a formal documented Program Evaluation Committee meeting for which written minutes are kept.

12. Conduct at least semiannual evaluation meetings with each resident.

**Administrative and Oversight Aspects of the Program**

1. Provide oversight and liaison with appropriate personnel of other institutions participating in the residency training.

2. Create, implement, and review annually program-specific policies consistent with NYUWH GMEC policies for the following: Resident Selection, Evaluation, Promotion and Resident Dismissal.

3. Ensure the implementation of fair policies and procedures, as established by the GMEC, to address resident grievances and due process in compliance with the ACGME Institutional Requirements.

4. Monitor resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Provide for timely provision of confidential counseling and psychological support services to the residents.

5. Evaluate and modify situations that demand excessive service, or that consistently produce undesirable stress on residents.

6. Monitor residents' duty hours and facilitate institutional monitoring of resident duty hours.

7. Pre-approve and monitor any resident moonlighting activities, consistent with ACGME Institutional Requirements and NYUWH GMEC policy.

8. Ensure that all residents enrolled in the program are eligible, as defined by the ACGME Institutional Requirements, and New York State Section 405.

9. Ensure that all interviewed residency applicants are provided, at a minimum, with a written information sheet containing the URL at which the terms and conditions of employment and benefits, visa policies, and the resident contract may be found.

10. Ensure that written notice of intent not to renew a resident's contract is provided, whenever possible, no later than four (4) months prior to the end of the resident's current contract.

11. Provide appropriate supervision of residents (via the program faculty) so as to allow progressively increasing responsibility by the resident, according to his/her level of education, ability, and experience.

12. Manage clinical scheduling of residents including, but not limited to:
   - Creating and overseeing clinical rotation and on-call schedules;
   - Structuring on-call schedules to provide readily available supervision to residents on duty, and to ensure that appropriate backup support is available when patient care responsibilities are especially difficult or prolonged;
   - Structuring duty hours and on-call time periods so as to focus on the needs of the patient, continuity of care, and the educational needs of the resident, and to comply with requirements as set by the institution, ACGME, and the appropriate RRC.

13. Ensure that timely rotation information is reported to Academic Affairs to enable accurate IRIS reporting.

14. Be knowledgeable about resident funding and responsible for recruiting residents into the program only when there is a stable funding source.