

UTHSCSA Graduate Medical Education Policies

Section 4	Program Policies & Procedures	Effective:	December 2001
		Revised:	January 2005, May 2008
Policy 4.1.	Responsibilities of the Residency Program Director	Responsibility:	Associate Dean for Graduate Medical Education

Responsibilities of the Residency Program Director

Policy In UTHSCSA-sponsored GME programs, the residency program director is responsible for the organization and implementation of educational objectives for his/her program. Specific responsibilities may be delegated by the program director, but he/she is responsible to the GME Committee, the Designated Institutional Official (DIO), 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 bodies impose requirements on our GME programs. These agencies include (but are not limited to) the University of Texas System, Texas Department of Health, Texas Medical Board, Joint Commission, the University Health System, South Texas Veterans Health Care System, and Christus Santa Rosa Health Care System. Compliance with these requirements is the responsibility of the program directors, working in concert with the institution.

Physicians-in-training include residents and fellows, who, for the purposes of this policy, will be referred to as "residents" (see GME General Policies).

Responsibilities of the residency program director include all of the following:

Participation in the Institutional governance of GME programs

- Maintain current knowledge of and compliance with UTHSCSA GME Policies (www.uthscsa.edu/gme/policies)
- Maintain current knowledge of and compliance with ACGME Institutional and Program Requirements - www.acgme.org) Participate in GME Committee, subcommittees and task forces, and Internal Review panels as requested including program representation at all GMEC meetings
- Cooperate promptly with requests by the GME Office and/or GME Committee for information, documentation, etc.
- Maintain accurate and complete program files in compliance with institutional records retention policies
- Ensure that residents comply with periodic surveys by ACGME and by the GME Committee

ACGME accreditation (Residency Review Committee) matters

- Maintain qualifications consistent with ACGME requirements – board certification in the specialty, Texas medical licensure, medical staff appointment, and any other requirements as stipulated by the specific RRC
- Maintain current knowledge of and compliance with the ACGME Manual of Policies and Procedures for GME Review Committees (www.acgme.org)
- Maintain current knowledge of and compliance with the ACGME Program Requirements pertaining to his/her program
- Maintain accurate and complete program files in compliance with ACGME requirements
- Prepare accurate and complete Program Information Form (PIF) prior to RRC site visits
- Ensure that the DIO reviews and cosigns all program information forms and any correspondence or document submitted to the ACGME
- Prepare documentation of Internal Review materials and reports as required by the GME Committee protocol
- Develop action plans for correction of areas of noncompliance as identified by the Internal Review, RRC site visit, and/or other mechanisms
- Update annually both program and resident records through the ACGME's Accreditation Data System.
- Prepare Program letters of Agreement (Program Agreements) with all clinical sites outside of the primary teaching facilities, employing the current institutional template form, and reviewing and revising these Program Agreements at least every 3 years
- Ensure that Business Associate Agreement forms (template on the ACGME site) are prepared for any clinical training site in which residents have access to protected health and/or demographic information

Educational Aspects of the Program

- 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 Provide instruction and experience with quality-assurance/performance improvement, including the tracking of autopsy results for patients cared for by the program's residents 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
- Use dependable measures to assess residents' competence in other areas as defined in the ACGME Program Requirements for the specialty

- Employ a process that links educational outcomes with program improvement
- Ensure that each resident develops a personal program of learning to foster continued professional growth
- 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
- Assist residents in obtaining appointment to appropriate institutional and departmental committees and councils whose actions affect their education and/or patient care
- Procure confidential written evaluations of the faculty and of the educational experiences by the residents, at least annually
- Ensure residents' attendance at educational offerings required by the institution and the agencies listed in the second paragraph.
- Ensure at least annual review of the educational effectiveness of a program via a formal documented meeting for which written minutes are kept

Administrative and Oversight Aspects of the Program

- Maintain effective communication with appropriate personnel of other institutions participating in the residency training
- Oversee and ensure the quality of didactic and clinical education in all sites that participate in the program
- Approve a local director at each participating site who is accountable for resident education;
- Approve the selection of program faculty as appropriate;
- Evaluate program faculty and approve the continued participation of program faculty based on evaluation;
- Monitor resident supervision at all participating sites;
- Ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution
- Provide verification of residency education for all residents, including those who leave the program prior to completion
- Maintain current and continuous enrollment of all program residents with clinical responsibilities in the UT System Self Insurance Plan
- Ensure that each resident maintains current and continuous Physician in Training Permit status with Texas State Board of Medical Examiners, until/unless resident obtains a Texas Medical License
- Create, implement, review annually, and distribute to faculty and residents program-specific policies consistent with UTHSCSA GME policies for the following:
 1. Resident selection
 2. Resident evaluation
 3. Resident promotion

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4. Resident transfer
 5. Resident discipline
 6. Resident dismissal
 7. Resident duty hours
 8. Moonlighting policy and written documentation for any resident participating in moonlighting
- Monitor residents' duty hours and report findings to the DIO
Facilitate institutional monitoring of resident duty hours
 - Adjust schedules as necessary to mitigate excessive service demands and/or fatigue
 - Monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged
 - Ensure that non-eligible residents are not enrolled in the program
 - Ensure that all interviewed residency applicants are provided, at a minimum, 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
 - Ensure that written notice of intent not to renew a resident's contract is provided no later than four (4) months prior to the end of the resident's current contract, unless there are extenuating circumstances
 - Provide appropriate supervision of residents (via the program faculty) so as to allow progressively increasing responsibility by the resident, according to their level of education, ability, and experience
 - Manage clinical scheduling of residents including, but not limited to
 1. Creating clinical rotation and on-call schedules
 2. Entering these schedules into institutional electronic tracking software, and revising schedules at each cycle completion (e.g., monthly) and communicating the revised schedule to the University Hospital System Reimbursement Specialist and the GME Office to enable accurate IRIS reporting
 3. Structuring on-call schedules to provide readily available supervision to residents on duty, and that appropriate backup support is available when patient care responsibilities are especially difficult or prolonged
 4. 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