

# VCU Health System

## Graduate Medical Education Policy

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### Program Director Job Description

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#### General Statement:

Virginia Commonwealth University Health System is committed to meeting the highest standards of excellence in Graduate Medical Education. This is evidenced by the quality of its program directors. It is further exemplified by commitment to the principle that the purpose of graduate medical education (GME) is to provide an organized educational program, to facilitate the resident's ethical, professional and personal development through education, evaluation, and to provide resident supervision that supports safe and appropriate patient care.(ACGME Institutional requirements, July 1, 2007). The Residency Program Director is responsible to the Chair of the Department and the Associate Dean of Graduate Medical Education for the overall conduct of the Residency Program.

The responsibilities of the program director include, but are not limited to:

1. Development of a clear program plan, including objectives relating to knowledge, skills, and attitudes and based upon the general objectives of training in the specialty as published in the Specialty Training Requirements of the Accreditation Council for Graduate Medical Education (ACGME) or the American Dental Association (ADA). The plan should also indicate the methods by which the objectives are to be achieved and the role played by each participating institution.
2. Conduct of the program, including the rotation of residents to ensure that each resident is advancing and gaining in experience and responsibility in accordance with the educational plan.
3. Regular review of the program to assess the quality of the educational experience and to review the resources available in order to ensure that maximal benefit is being derived from the integration of the components of the program. This review will include the assessment of each clinical teaching unit to be sure that there is an appropriate number of teaching staff and Housestaff, that there is an adequate number of appropriate patients and professional services, and that it is functioning in accordance with the plan agreed upon. Resources appropriate to education in the specialty should be carefully reviewed to ensure that, for example, ambulatory care, emergency care, intensive care, and radiological, laboratory, operative, and other facilities are utilized with optimal

effectiveness. The opinions of residents must be among the factors considered in this review.

4. Establishment of mechanisms to provide career planning and counseling for residents and to deal with problems such as those related to psychological stress.
5. Selection of candidates for admission to the program, in accordance with policies determined by the Graduate Medical Education Committee.
6. Assessment of performance of each resident through a well organized program of in training evaluation. This will include the final evaluation at the end of the program as required by the ACGME/ADA. This form attests that the resident has attained the necessary skills, knowledge, attitude, and judgment necessary for independent and competent practice without direct supervision.
7. Maintenance of an appeal mechanism. The Residency Program Committee should receive and review appeals from residents following the appropriate promotion, dismissal and grievance policy.
8. Supervision and evaluation of faculty and staff members at our primary teaching institutions as well as additional institutions that may participate in the residency program. In this endeavor, the program director is supported by the Chair but retains the ultimate responsibility and authority to ensure appropriate education both professionally and academically of our Housestaff.
9. Gathering and reporting complete and accurate information as requested by the accrediting, licensure, certification and funding agencies. The Program Director is responsible for providing regular reports of progress to the resident as well as to the teaching staff.
10. Assuring compliance with institutional and accrediting agency requirements and appropriate notification of major programmatic changes and obtaining approval prior to their implementation.
11. Developing and implementing program policies program policies that are compatible with accreditation and institutional requirements and policies including policies pertaining to duty hours, supervision, moonlighting, leave, selection, grievance, and promotion and dismissal
12. Newly appointed Program Directors are required to attend the Education, Administration, Scholarship Evaluation (EASE) lecture series provided by the Department of Graduate Medical Education.
13. The Program Director is a member of the Graduate Medical Education Committee (GMEC) and is expected to participate in committee activities. These activities include, but are not limited to, on-going subcommittee participation and periodically chairing Internal Review Committees. Attendance at 75% of the quarterly GMEC meetings annually is required. The Program Director may appoint a surrogate to attend in their absence if needed.
14. The Program Director must participate in scholarship as defined by the ACGME Common Requirements:
  1. **Scholarship** includes contributions of faculty to new knowledge, encouraging and supporting resident scholarship, and contributing to a culture of scholarly inquiry by active participation in organized clinical discussions, rounds, journal clubs and conferences. An expanded definition of scholarship recognizes not only the traditional scholarship of discovery (research as evidenced by grants and publications), but also the scholarship of integration (translational or cross-

disciplinary initiatives that typically involve more risk and fewer recognized rewards), the scholarship of application (patient-oriented research that might include the systematic assessment of the effectiveness of different clinical techniques), and the scholarship of education (includes not only educational research but also creative teaching and teaching materials).

The responsibilities of program directors have become progressively more complex. Some factors which have contributed to this include: the increased variety of training required by residents, the increased flexibility in rotating residents according to their educational needs, the increase in structured academic courses for residents, the increased need to provide more individual attention to the emotional and personal needs of the residents and the increased information on the residents required by various agencies, including CMS, ACGME, ADA, AAMC and various state, local and federal agencies.

To undertake these responsibilities the program directors must have sufficient time and support which includes attendance at educational meetings such as Society or ACGME/ADA meetings to stay current with the complexity/demands of the position as well as to foster innovation in teaching. Furthermore these contributions must be documented and used to support academic promotion. The latter might be assisted by the Faculty or external reviews of programs.

The time required by the program directors and the nature of administrative and secretarial support is dependent upon the number of residents in the program. Program Director and administrative stipends are allocated in the manner listed below.

	<b>Program Director Allocations</b>	<b>Secretarial Support</b>
	<b>1.0 FTE=\$125K</b>	<b>1.0 FTE=\$50K</b>
0 Residents	\$5000/year	
1-4 Residents	0.15 FTE	0.30 FTE
5-9 Residents	0.20 FTE	0.50 FTE
10-14 Residents	0.25 FTE	0.80 FTE
15-19 Residents	0.30 FTE	1.00 FTE
20-24 Residents	0.40 FTE	1.40 FTE
25-29 Residents	0.45 FTE	1.80 FTE
30-49 Residents	0.50 FTE	2.00 FTE
50-74 Residents	0.70 FTE	2.50 FTE
75-99 Residents	0.90	3.00 FTE
100-124 Residents	1.10 FTE	3.50 FTE

Presented to the GMEC from the Policy Committee and approved 6/9/09

Presented and Accepted by the Executive Committee of the Faculty 6/10/09