

Title: Program Director Responsibilities and Qualifications Policy**References:** ACGME Common Program Requirements–Residency; ACGME Common Program Requirements–Fellowship

I. Purpose

All graduate medical education (GME) programs must have a single Program Director with authority and accountability for the operation of the program. The Program Director has broad responsibilities that encompass every aspect of graduate medical education and training. These include, but are not limited to:

- 1) Oversight of the Learning Environment: Ensuring a safe, supportive, and educational environment that fosters professional growth, patient safety, and high-quality care.
- 2) Curriculum Development and Evaluation: Designing, implementing, and continuously evaluating a competency-based curriculum that meets ACGME standards and prepares residents/fellows for independent practice.
- 3) Faculty Development: Promoting faculty engagement in teaching, coaching, mentorship, and role modeling, with ongoing faculty development to enhance educational effectiveness.
- 4) Supervision of Residents/ Fellows: Ensuring appropriate supervision, monitoring clinical and educational work hours, and maintaining compliance with duty hour regulations.
- 5) Program management and administration, monitoring program evaluation and seeking continuous improvement of the program, ensuring all program accreditation requirements are met, resource allocation, and effective communications with institutional leadership. Specific responsibilities may be delegated by the Program Director as deemed appropriate.

In this role, the Program Director is responsible to the Graduate Medical Education Committee (GMEC), the Designated Institutional Official (DIO), and to the appropriate accrediting body committee for the timely and accurate completion of all tasks.

II. Definitions

Program Director: The one physician designated with authority and accountability for the operation of the residency/fellowship program.

Administrative Time: Non-clinical time spent meeting the administrative responsibilities of the Program Director.

III. Procedure

1. Program Director Appointment:

- 1.1. Each GME program must have a single Program Director (PD).

- 1.2. The Department Chair submits a formal nomination with the candidate's CV, letter of support and commitment to providing the appropriate administrative time for the PD using our standardized Program Director Request template to the GME Office.
- 1.3. The GMEC Exec and full GMEC review and vote on the nomination. Upon GMEC approval, it is submitted in Accreditation Data System (ADS) and reviewed and approved by DIO. Final approval resides with the Review Committee [CPR 2.2.a].
2. **Minimum Qualifications:**
 - 2.1. Documented specialty expertise, educational and/or administrative experience of at least three years [CPR 2.5]
 - 2.2. Current board certification in the specialty for which they are the PD by an ABMS or AOA member board (or equivalent qualifications) [CPR 2.5.a].
 - 2.3. Active medical licensure and ongoing clinical practice [CPR 2.5.b].
 - 2.4. Medical staff appointment as appropriate.
3. **Support for Program Directors:**
 - 3.1. Institutions must provide adequate administrative support, including protected time and resources, to meet program needs and accreditation requirements [CPR 2.4].
4. **Interim Program Director Appointments:**
 - 4.1. May occur due to unexpected resignation, temporary absence (e.g., medical leave), new program development, or other urgent circumstances.
 - 4.2. Appointment requires GMEC approval following nomination by the Department Chair and review by the DIO. In urgent circumstances, an *ad-hoc* GMEC Exec shall be convened.
5. **Transition Planning:**
 - 5.1. Retention of the Program Director for a length of time is adequate to maintain continuity of leadership and program stability enhances the success of the program. Programs are encouraged to undertake succession planning when there is necessary turnover [CPR 2.3].
 - 5.2. Advance notice of anticipated transitions should be provided to the GME Office to ensure leadership continuity.
6. **Program Director Removal:**
 - 6.1. May occur through voluntary resignation, Department Chair decision, or DIO recommendation with GMEC confirmation for failure to meet responsibilities.
7. **Associate Program Directors:**
 - 7.1. Appointed based on program complexity and with GMEC oversight.
 - 7.1.1. Documented specialty expertise, educational and/or administrative experience of at least one year.
 - 7.1.2. Current board certification in the specialty for which they are the APD by an ABMS or AOA member board (or equivalent qualifications).
 - 7.1.3. Active medical licensure and ongoing clinical practice
 - 7.2. Must receive appropriate administrative support, at a minimum per ACGME specialty requirements.
 - 7.3. The Program Director retains ultimate responsibility for the program.

IV. Compliance and Duties

All Program Directors must adhere to this policy and additionally maintain compliance with ACGME Specialty Specific Program Director requirements and institutional standards. Regular review and updates of this policy will be conducted by the GMEC to ensure continued alignment with accreditation requirements.