UVAHealth

GRADUATE MEDICAL EDUCATION COMMITTEE POLICY No. 38

A. SUBJECT: Appointment and Removal of GME Program Directors
B. EFFECTIVE DATE: August 21, 2024

C. POLICY:

In compliance with institutional policies and accreditation requirements, the University of Virginia Medical Center ("Sponsoring Institution") establishes this policy to govern the appointment and removal of program directors ("PDs") for its graduate medical education ("GME") programs.

The ACGME requires that appointments of new PDs in ACGME-accredited and Non-Standard Training (NST) programs be submitted to the Graduate Medical Education Committee ("GMEC") for review and approval prior to submission to the accrediting body. The GMEC is responsible for evaluating qualified PDs who will be provided sufficient time, resources, and support to serve effectively in their new position.

1. New Program Director Appointments

A. Identification of appropriate candidates for the program director position
  1) When a program director change is warranted, the Chair and/or the Division Chief ("Chief") shall meet with the current program director ("PD") and associate program director ("APD"), when applicable, to discuss potential nominations.
  2) The Chair and/or the Division Chief must ensure that the identified candidate is qualified per the accreditation requirements or other relevant policies and able to perform the responsibilities outlined in the Program Director Job Description (see the Appendix).
  3) The Chair and/or the Division Chief is encouraged to talk with the Designated Institutional Official ("DIO") and/or Associate DIO about any questions related to the qualification of potential individuals for the program director position.

B. Nomination Letter Submission
  The Chair/Chief must submit the chosen candidate's CV and a letter of support to the GME office to be added to the next GMEC meeting agenda. The letter must indicate:
  1) Rationale for the change;
  2) Effective date for the change;
  3) Whether or not the proposed PD meets the program's accreditation requirements for the position. If the proposed new PD does not meet the qualification requirements, provide justification for special consideration;
  4) An understanding of the FTE requirements by the accrediting body for the PD with assurance that the FTE requirements will be met; and,
  5) If applicable, an understanding of the specialty/subspecialty program requirements for retention of the program director for the length of time adequate to maintain continuity of leadership and program stability.

C. GMEC Review and Approval

GMEC voting members will review and vote on all PD appointments. If approved by GMEC, the request is sent to the accrediting body for their review and final approval if applicable.

2. **Removal of the Program Director**

A. Program directors may be removed from the position in the following ways:

1) Voluntary resignation.

2) At the discretion of the department chair; the removal of the program director shall occur in consultation with the DIO/Associate Dean of GME to allow for an informed discussion of the impact of the removal of the program director on resident education, including a review of the program-specific requirements for length of service.

3) By the DIO/Associate Dean of GME upon the recommendation of the GMEC if a special review has demonstrated that the program director has failed to fulfill the duties and responsibilities of the position.

4) Reports of concerns for unprofessional behavior regarding the program directors may be referred for confidential reporting to the relevant parties (e.g., HR, CSEC, EOCR, or Title IX) within the sponsoring institution and follow the processes outlined in the Medical Center policy 0262: Standards for Professional Behavior for Practitioners.

5) Following loss of clinical privileges.

B. Program director removal requires a supermajority vote (greater than 60% approval votes) through confidential written votes by GMEC voting members. If approved by GMEC, the appointment of a new program director shall follow the process outlined in the New Program Director Appointment section above.

C. Removal of a program director does not constitute an adverse action and shall not entitle the removed program director to any hearing or right to appeal the removal.

D. Per ACGME requirements, APDs and core faculty are appointed by the program director. Therefore, this policy does not apply to them. However, they must abide by the Medical Center policy, Medical Center policy 0262: Standards for Professional Behavior for Practitioners.

GMEC Policy Subcommittee Reviewed: July 9 & August 13, 2024
GMEC Reviewed: July 17 & August 21, 2024

Appendix: Program Director Job Description
(description with asterisk applies to ACGME-accredited programs only)

Program Director Responsibilities
The program director must have the responsibility, authority, and accountability for administration and operations, trainee appointments, trainee education and scholarship, evaluation, and the learning and working environment outlined below.

A. Administration and Operation of the Program
In conducting the program in a fashion consistent with the needs of the community, the mission(s) of the program, and the Sponsoring Institution, the program director must:
1. Be a role model of professionalism;
2. Ensure the availability of adequate clinical and educational resources for trainee education as stipulated by the accrediting body or certifying board requirements;
3. Ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process;
4. Ensure the program's compliance with the Sponsoring Institution's policies and procedures for due process when action is taken to suspend or dismiss, not to promote, or not to renew the appointment of a trainee;
5. Ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination;
6. Complete all GMEO requirements to maintain current and continuous contracting, credentialing, and appointment of trainees in training programs.
7. Document verification of program completion for all graduating residents within 30 days;
8. Provide verification of an individual resident's completion upon the trainee's request within 30 days;
9. Submit accurate and complete information required and requested by the Designated Institutional Official (DIO), GMEC, and their accrediting body when applicable (e.g., ACGME Annual Update); and,
10. Obtain review and approval of the DIO before submitting information or requests to the accrediting body.

B. Trainee Appointments
In recruiting and retaining GME trainees, the program director must:
1. Adhere to the GME trainee eligibility requirements set forth by the relevant specific program requirements and GMEC policies;
2. Seek GMEC approval for trainee eligibility exceptions before submitting an offer through an organized matching system or directly to the trainee;
3. Provide applicants who are offered an interview with information related to the applicant's eligibility for the relevant specialty board examination(s);
4. Participate in an organized matching program if available and adhere to their policies;
5. Lead mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of trainees;
6. Obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the trainees; and,

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7. Not appoint more residents than approved by the GMEC and/or the accrediting body's Review Committee.

C. Trainee Education
1. Training Curriculum
   a) Develop a set of the program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates;
   b) Establish competency-based goals and objectives for each educational experience designed to promote trainees' progress on a trajectory to autonomous practice;
   c) Delineate trainee responsibilities for patient care, progressive responsibility for patient management, and graded supervision;
   d) Develop a broad range of structured didactic activities;
   e) Develop educational activities to advance trainees' knowledge of ethical principles foundational to medical professionalism;
   f) Ensure trainees have access to adequate resources to facilitate their involvement in scholarly activities; and,
   g) Provide educational opportunities to further trainees' knowledge of the basic principles of scientific inquiry, including how research is designed, conducted, evaluated, explained to patients, and applied to patient care.

2. Program Faculty
The program director has the responsibility to ensure that all who educate trainees engage in effective teaching and professional role modeling. To that end, the program director must:
   a) Develop and oversee a process to evaluate candidates prior to approval as program faculty members for participation in the trainee education and at least annually thereafter;
   b) Have the authority to approve program faculty members for participation in the trainee education at all sites;
   c) Designate core faculty members who have a significant role in the education and supervision of the program trainees;
   d) Have the authority to remove program faculty members from participation in the trainee education at all sites; and,
   e) Have the authority to remove trainees from supervising interactions and/or learning environments that do not meet the standards of the program.

D. Evaluation
1. Trainee Evaluation
The program director or their designee, with input from the Clinical Competency Committee, must:
   a) Appoint a Clinical Competency Committee;
   b) Meet with and review with each trainee their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones;
   c) Assist trainees in developing individualized learning plans to capitalize on their strengths and identify areas for growth;

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d) Develop plans for trainees failing to progress, following institutional policies and procedures;
e) Document a summative evaluation of each trainee and their readiness to graduate or progress to the next year of the program;
f) Provide a final evaluation for each trainee upon completion of the program;

2. Faculty Evaluation
   a) Establish a process to evaluate each faculty member's performance as it relates to the educational program at least annually;
   b) Provide feedback to the faculty members on their evaluations at least annually; and,
   c) Incorporate the faculty educational evaluations into program-wide faculty development plans.

3. Program Evaluation and Improvement
   a) Must appoint the Program Evaluation Committee (PEC) to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process*;
   b) Lead Annual Program Evaluation (APE) in collaboration with the program's PEC to assess the quality of the educational experience and review the clinical and educational resources for trainee education*;
   c) Submit an Annual Program Evaluation (APE) report to the GMEC through New Innovations annually. APEs must include required metrics, areas for improvement, and corrective action plans*;
   d) Submit accurate and complete information if requested by the GMEC Oversight Subcommittee for the Annual Program Review (APR)*; and,
   e) Complete a Self-Study.

E. Learning and Working Environment
The program director is accountable for maintaining a learning environment conducive to educating the trainees in each of the Competency domains set forth by the accrediting body or certifying board, as outlined below.

1. Quality of the Learning and Working Environment
   a) Monitor clinical learning and working environment at the primary and all participating sites;
   b) Submit any additions or deletions of participating sites routinely providing an educational experience that is required of all trainees*;
   c) Ensure healthy and safe learning and working environments that promote resident well-being;
   d) Ensure that the presence of other learners and other care providers, including, but not limited to, residents from other programs, subspecialty fellows, and advanced practice providers, must enrich the appointed trainees' education; and,
   e) Establish a learning and working environment in which trainees have the opportunity to raise concerns and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation.

2. Professionalism

a) Educate trainees and faculty members concerning their professional responsibilities, including their obligation to be appropriately rested and fit to provide the care required by their patients;

b) Establish a culture of professionalism that supports patient safety and personal responsibility;

c) Ensure responsiveness to patient needs that supersedes self-interest;

d) Ensure that the program has an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events without excessive reliance on trainees to fulfill patient care obligations;

e) Consult and collaborate with the Graduate Medical Education Office (or DIO), FEAP, and/or the Clinician Wellness Program when a trainee is exhibiting behaviors that suggest they may not be fit for duty following the Sponsoring Institution's policies;

f) Provide sufficient oversight to ensure trainees are accurately reporting clinical and educational work hours.

g) Provide required oversight to promote and ensure a professional, equitable, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff; and,

h) Establish a process for educating residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns.

3. Trainee Supervision

a) Keep track of each trainee's competency evaluation based on specific program criteria (e.g. Milestones or Board eligibility requirements) and ensure trainees are being given progressive responsibility and authority, conditional independence, and a supervisory role in patient care as appropriate;

b) Set guidelines (and, where appropriate, develop and communicate programmatic escalation guidelines) whereby trainees are required to communicate with the supervising faculty member; and

c) Ensure sufficient duration of faculty supervision assignments to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility.

4. Trainees' Clinical and Educational Work Hours

a) Design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being;

b) Monitor trainees' clinical and educational work hours in New Innovations weekly and take action if any trainee is at risk for committing an 80-hour violation*;

c) Engage in real-time problem-solving to address how/why a violation occurred and make the necessary changes to prevent future occurrences;

d) Report actions taken to address violations monthly using NI for the Trainee Work Hours Oversight subcommittee review;

e) Obtain approval from the GMEC and DIO for rotation-specific exceptions before seeking approval from the specialty Review Committee; and

    f) Closely monitor any trainee engaged in moonlighting to ensure any additional hours do not place them at risk for hour violations or compromise their required work; the Program Director must assess for stress and fatigue any trainee who moonlights.

5. Trainee Well-being
   a) Monitor schedules, work intensity, and work compression that impacts trainee well-being;
   b) Ensure trainees have the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours;
   c) Allow an appropriate length of absence for trainees unable to perform their patient care responsibilities and ensure adequate patient care coverage following the policies and procedures;
   d) Educate faculty members and residents in the identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions; and
   e) Provide the program faculty and trainees education on recognizing the signs of fatigue and sleep deprivation and resources for fatigue mitigation.