



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

School of Medicine

Operating Policy and Procedure

SOM OP: 50.23, **Program Director Selection & Responsibility**

PURPOSE: The purpose of this School of Medicine (SOM) policy and procedure is to establish a policy regarding the qualification, selection, approval and responsibilities of TTUHSC GME Program Directors.

REVIEW: This SOM Policy and Procedure shall be reviewed within each year by the TTUHSC Graduate Medical Education Coordinating Council. Revisions will be forwarded to each campus GMEC for comment and the Office of the Dean for approval and publication.

POLICY/PROCEDURE:

1. **Rationale.** The Accreditation Council for Graduate Medical Education (ACGME) common program requirements (reference C.P.R II.A) prescribes that each GME program must have a single faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. This policy outlines the specific duties, responsibilities, and training requirements for all TTUHSC GME Program Directors.
2. **Policy.**
 - a. Each GME program, whether accredited by ACGME or other accrediting body, must have a single Program Director.
 - b. Minimum qualification for the GME Program Director position include:
 - 1) requisite specialty expertise;
 - 2) documented educational and/or administrative experience, or qualifications acceptable to the GMEC
 - 3) current certification in the specialty for which they are the program director by the American Board of Medical Specialties or by the American Osteopathic Association Board; or equivalent specialty qualifications, when acceptable to GMEC (such as completion of non-ACGME accredited fellowship training or non-ABMS board certification).
 - 4) current medical licensure in Texas
 - 5) ongoing clinical activity and medical staff appointment
 - 6) additional qualification specified and required by accrediting/approval bodies and/or GMEC
 - c. The Program Director and, as applicable, the program's leadership team, must be provided with support (including salary support and/or protected time) adequate for administration of the program, as defined by the accrediting/approval body.
 - d. The selection/appointment process for new Program Directors is as follows:
 - 1) The Department Chair of the clinical department in which the GME program is

housed reviews recommendation with the SOM Dean, or appropriate Regional Dean.

- 2) The Department Chair of the clinical department in which the GME program is housed submits a written nomination (including the nominee's current CV) to the GME Office.
 - 3) The candidate meets with the DIO or designee. During this meeting, the candidate's interest and qualifications will be confirmed, and the candidate will submit a signed acknowledgment confirming review of the responsibilities of the position and associated specialty-specific program requirements from the accrediting/approval body.
 - 4) The DIO presents the candidate's nomination and signed acknowledgement to the GMEC for consideration.
 - 5) The GMEC votes to confirm or not to confirm the nomination.
 - The appointment of the new Program Director will be effective upon approval by the GMEC.
 - If the nomination is confirmed, the GME office will initiate an ACGME New Program Director change request, or notify the appropriate accrediting/ approval body of the change. If the nomination is not confirmed, the Department Chair will be notified and asked to submit an alternate nomination.
- e. Appointment of Interim Program Directors will be considered in the following circumstances:
- 1) the sudden and unexpected resignation or termination of a current Program Director from their faculty position;
 - 2) the temporary absence of a current Program Director who intends to return to the position (e.g., medical leave, military deployment, etc.);
 - 3) development of new programs where the initial Program Director may not serve in this position permanently; or
 - 4) other documented circumstances determined by the GMEC to be urgent/emergent
- f. Because continuity of program leadership and transition planning are important to the success and ongoing administrative stability of the program, current Program Directors will retain the role of Program Director until the appointment of a successor has been confirmed and approved as described above. Thus, the transition to a new Program Director should be a deliberative process in collaboration between Department Chair and the DIO, whenever possible.
- 1) Program Directors should only be removed from the position by:
 - voluntary resignation;
 - recommendation by the Department Chair with review by the DIO; or
 - the GMEC, upon recommendation by the DIO due to failure to substantially fulfill the duties, responsibilities, and/or training requirements of the position.
- g. Associate Program Directors may be appointed to assist with the operation of the program, with the Program Director maintaining authority and accountability. Program Directors may appoint an Associate Program Director(s) under the following circumstances:
- 1) obligated by the accrediting/approval body requirements based upon program size

and configuration

- Associate Program Director(s) must be provided with the administrative time and support as specified by the accrediting/approval body
- 2) with approval of the Department Chair
 - 3) when recommended by GMEC through program improvement processes (APE, special review, ect)
- h. The Program Director and, as applicable, the program's leadership team, must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; resident recruitment and selection, evaluation, and promotion of residents, and disciplinary action; supervision of residents; and resident education in the context of patient care. The specific responsibilities include:
- 1) be a role model of professionalism;
 - 2) design and conduct the program in a fashion consistent with the needs of the community, the mission of the Sponsoring Institution, and the mission of the program;
 - 3) administer and maintain a learning environment conducive to educating the residents towards competency, as defined by the accrediting/approval body;
 - 4) approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members;
 - 5) remove residents from supervising interactions and/or learning environments that do not meet the standards of the program;
 - 6) submit accurate and complete information required and requested by the DIO, GME Office, GMEC, and accrediting/approval body;
 - 7) in collaboration with the institution, provide a learning and working environment in which residents have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation;
 - 8) ensure the program's compliance with TTUHSC House Staff policies and procedures, with specific attention related to grievances and due process, including when action is taken to suspend or dismiss, not to promote or renew the appointment, or place a resident/fellow on probation or remediation;
 - 9) document verification of education for all residents within 30 days of completion of or departure from the program, in alignment with GME Office processes; and,
 - 10) provide verification of an individual resident's education upon the resident's, or other GME program, request, within 30 days