

Residency Review Committee for Anesthesiology Responsibilities of the Residency and Fellowship Program Directors

In order to provide guidance, and in an effort to assist departments and programs in understanding the range of responsibilities assigned to the Program Director, the ACGME Anesthesiology Residency Review Committee has developed this guidance document.

Anesthesiology residency and fellowship programs are conducted within Departments of Anesthesiology. Additionally, they exist within the environment and oversight of ACGME-accredited Sponsoring Institutions, in which the Graduate Medical Education (GME) Committee and Designated Institutional Official (DIO) play important roles. Each Program Director bears responsibility not only to the Department Chair, but also to the Sponsoring Institution's GME Committee, the DIO, and the Anesthesiology RRC, for the organization and implementation of the program. Specific tasks may be delegated, but the Program Director is responsible for the program as a whole, and for the timely and accurate completion of all required elements.

Specific expectations of the Program Director are detailed in the *ACGME Institutional Requirements* as well as in the *RRC Program Requirements*. Responsibilities of the Program Director include the following:

1. ACGME accreditation (RRC) matters

- a. Maintain current knowledge of and compliance with the appropriate program requirements (ACGME RRC PROGRAM REQUIREMENTS for GRADUATE MEDICAL EDUCATION in ANESTHESIOLOGY for Program Directors of core Anesthesiology programs, and all corresponding program requirements for fellowships for Program Directors of fellowship programs), ACGME Manual of Policies and Procedures, and ACGME INSTITUTIONAL REQUIREMENTS.
- b. Maintain accurate and complete program and trainee files, in compliance with ACGME requirements.
- c. Maintain accurate and complete electronic program and trainee records through the ACGME Accreditation Data System (ADS).
- d. Respond promptly to requests for information and updates from the RRC and from ADS.
- e. Prepare accurate and complete Program Information Form (PIF) prior to accreditation site visits and submit the PIF in a timely fashion.
- f. Ensure that the DIO reviews and cosigns all PIFs and any correspondence or document submitted to the ACGME.
- g. Comply with all necessary aspects of participation, preparation, and execution of the accreditation site visit, as directed by the site visitor and ACGME requirements.

- h. Prepare Internal Review materials and reports as required by the GME Committee written protocol, and in compliance with the scheduling guidelines of the institution and ACGME.
 - i. Develop action plans for correction of areas of noncompliance as identified by the Internal Review, RRC site visit, and/or other mechanisms
 - j. Prepare program letters of agreement (LOA) with all clinical sites outside of the primary teaching facilities which address educational objectives, site director and faculty, duration of rotation, evaluation mechanisms, and policies governing the educational experience. Review and revise these agreements at least every 5 years.
 - k. Facilitate the process whereby Business Associate Agreement forms (template on the ACGME site) are prepared for every clinical training site in which the program's trainees have access to protected health and/or patient demographic information.
 - l. Develop and implement written policies ensuring equitable allocation of clinical experiences, as required in the program requirements.
 - m. Assist and collaborate with the program director(s) of other department-sponsored programs. The department and its programs are best served when the residency program director and any fellowship program directors work with the department chair to develop and maintain educational and administrative aspects of the programs.
- 2. Educational Aspects of the Program**
- a. Develop an educational curriculum (including goals, objectives, didactic and clinical experiences, and evaluation methods) as defined in the RRC Program Requirements. Share the curriculum with the trainees and teaching faculty at least annually.
 - b. Ensure that the program provides effective educational experiences for trainees that lead to measurable achievement of educational outcomes in the ACGME competencies (patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice) as outlined in the Common and specialty/subspecialty-specific Program Requirements.
 - c. Ensure that trainees' required clinical experiences are consistent with program requirements, and that appropriate faculty members are selected to teach residents.
 - d. Ensure trainees' participation in educational and scholarly activities required by the program and the institution, including physician impairment, substance abuse, and fatigue/sleep deprivation.
 - e. Assist residents and fellows in obtaining appointment to appropriate institutional and departmental committees and councils and providing them time to participate in such activities.
 - f. Ensure that residents achieve competence in teaching and supervising other residents and students.

- g. Ensure that each trainee develop a personal program of learning to foster continued professional growth.
 - h. Procure confidential written evaluations of the faculty and of the educational experiences by the residents, at least annually.
 - i. Implement a process that links educational outcomes with program improvement
 - j. Ensure at least annual review of the educational effectiveness of a program via a formal documented meeting for which written minutes are kept.
- 3. Administrative and Oversight Aspects of the Program**
- a. Oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate trainee supervision at all participating institutions.
 - b. Create, implement, and review periodically program-specific policies consistent with institutional policies for trainee selection, evaluation, promotion, dismissal, duty hours, moonlighting policy (and ensure written documentation for any trainee participating in moonlighting), monitor duty hours and report findings to the DIO
 - c. Facilitate institutional monitoring of resident and fellow duty hours
 - d. Ensure that only eligible individuals are enrolled in the program
 - e. Ensure that all interviewed 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 training agreement may be found
 - f. Ensure that written notice of intent not to renew a training agreement is provided no later than four (4) months prior to the end of the current agreement, unless there are extenuating circumstances.
 - g. Ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - h. Provide appropriate supervision of trainees (via the program faculty) so as to allow progressively increasing responsibility, according to his/her level of education, ability, and experience
 - i. Manage clinical scheduling of residents and fellows including, but not limited to
 - 1) Creating clinical rotation and on-call schedules
 - 2) Structuring on-call schedules to provide readily available supervision to trainees on duty, and that appropriate backup support is available when patient care responsibilities are especially difficult or prolonged
 - 3) 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 RRC

- j. Prepare and maintain written documentation stating that program graduates who successfully complete the program are competent to practice independently in Anesthesiology.
- 4. **Participation in the Institutional governance of GME programs**
 - a. Maintain current knowledge of and compliance with sponsoring institution's GME Policies.
 - b. Maintain current knowledge of and compliance with ACGME Institutional and Program Requirements (www.acgme.org).
 - c. Participate in GME Committee and Internal Review panels.
 - d. Cooperate promptly with requests by the GME Committee for information and documentation.
 - e. Maintain accurate and complete program files in compliance with institutional records retention policies.
 - f. Ensure that residents comply with periodic ACGME survey ("ACGME Resident Survey")

Finally, in addition to the responsibilities listed above, there are a variety of other responsibilities not addressed in this document, including but not limited to those required by the National Resident Matching Program, state medical boards, requirements of the participating institutions (teaching hospitals) regarding appointment and privileging, Liaison Committee on Medical Education, Joint Commission on Healthcare Accreditation, and others.