Roles and Responsibilities:
Designated Institutional Official, GMEC, and Program Director

October 7, 2022
Office of Mississippi Physician Workforce Development

Pam Royston, PhD
Former DIO and Current
ACGME Accreditation Field Representative

Disclosures

› The information presented today are my personal opinions and experiences.

› The information and opinions do not represent those of the ACGME.

Objectives

› Recognize the roles, responsibilities and activities associated with institutional leadership and program leadership

› Recall when and how to document

› Recognize best practices

DOCUMENTATION

Similar to a
medical record,
if responsibilities
or actions are
not documented,
it didn't happen!!
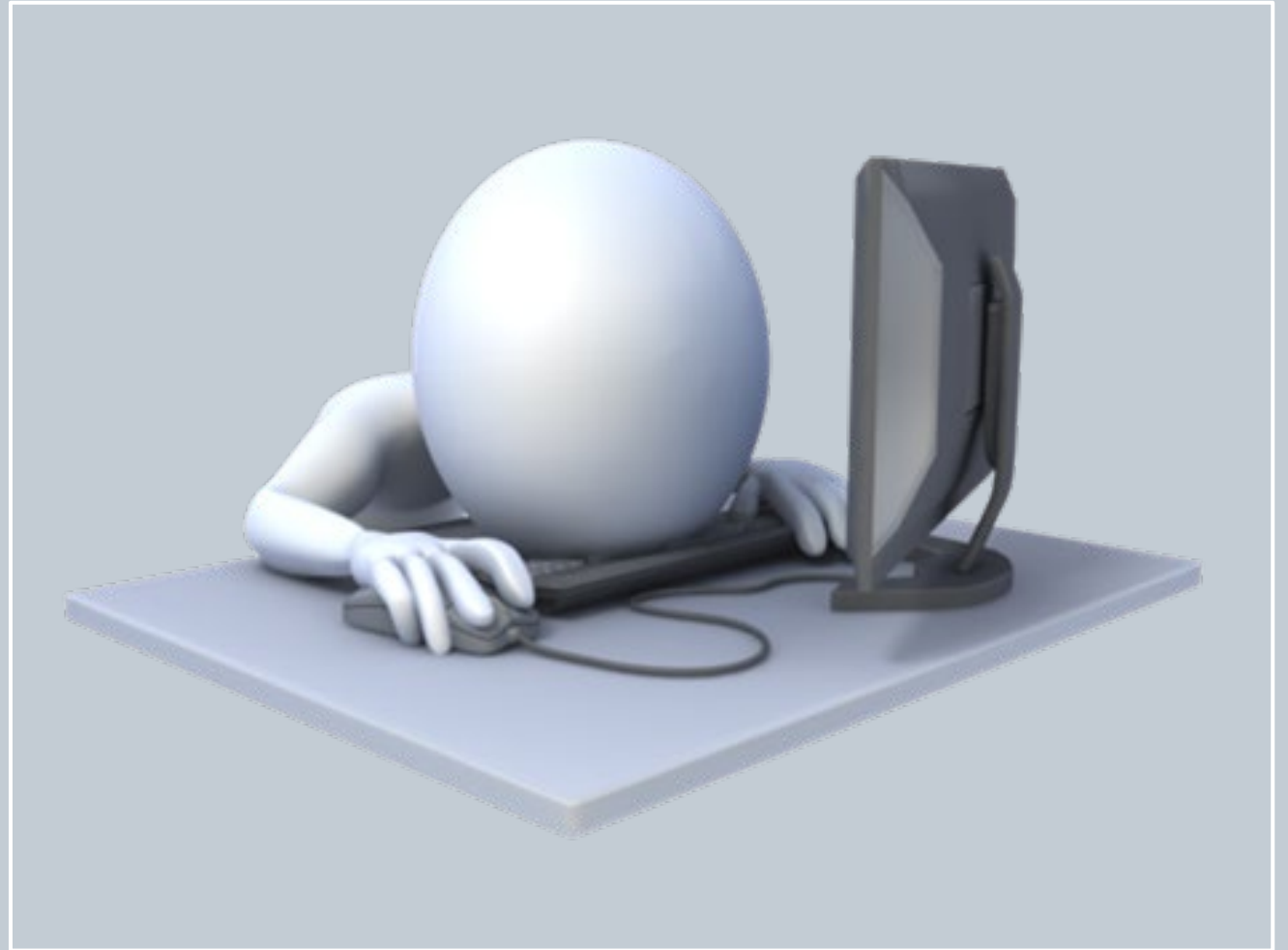
Similarities

DESIGNATED INSTITUTIONAL OFFICIAL (DIO)

› There must be an identifiable person who in collaboration with the Graduate Medical Education Committee (GMEC) has authority, oversight, and administration of ACGME programs.

(Institutional Requirement I.A.5.)

› Best practice – Single Sponsors should be someone else other than the Program Director (PD)

PROGRAM DIRECTOR (PD)

› One faculty member must be appointed as program director with authority and responsibility for the program and program requirements.

(Common Program Requirements II.A.1.)
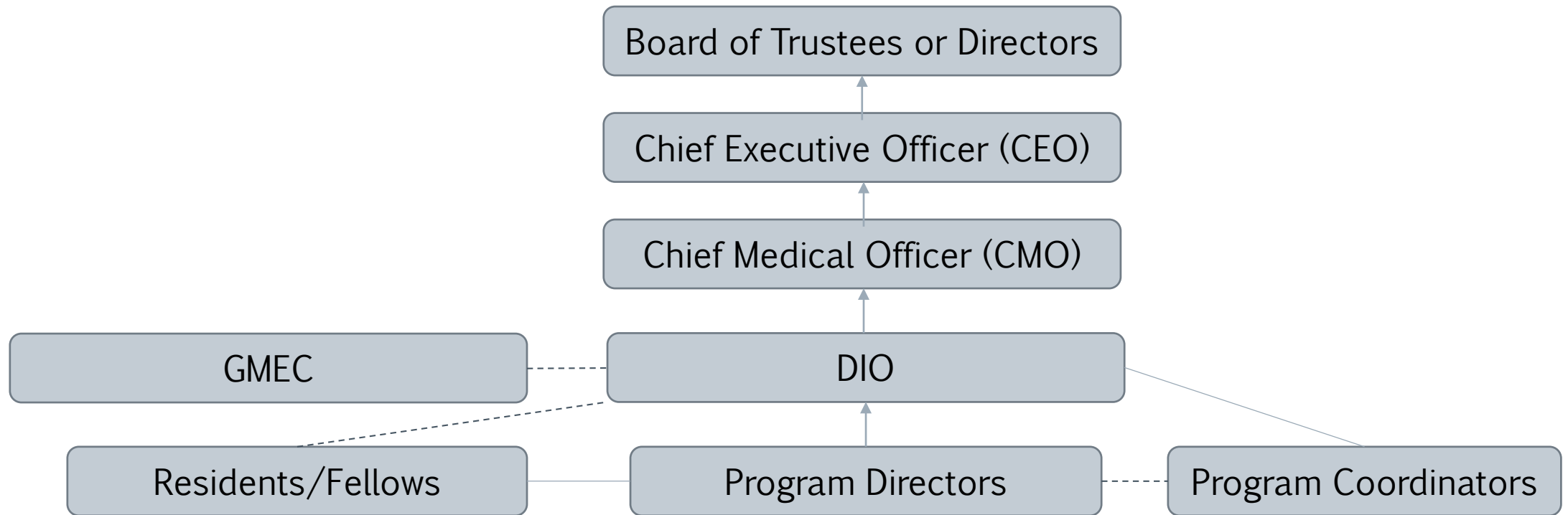
WHO'S ON YOUR TEAM?

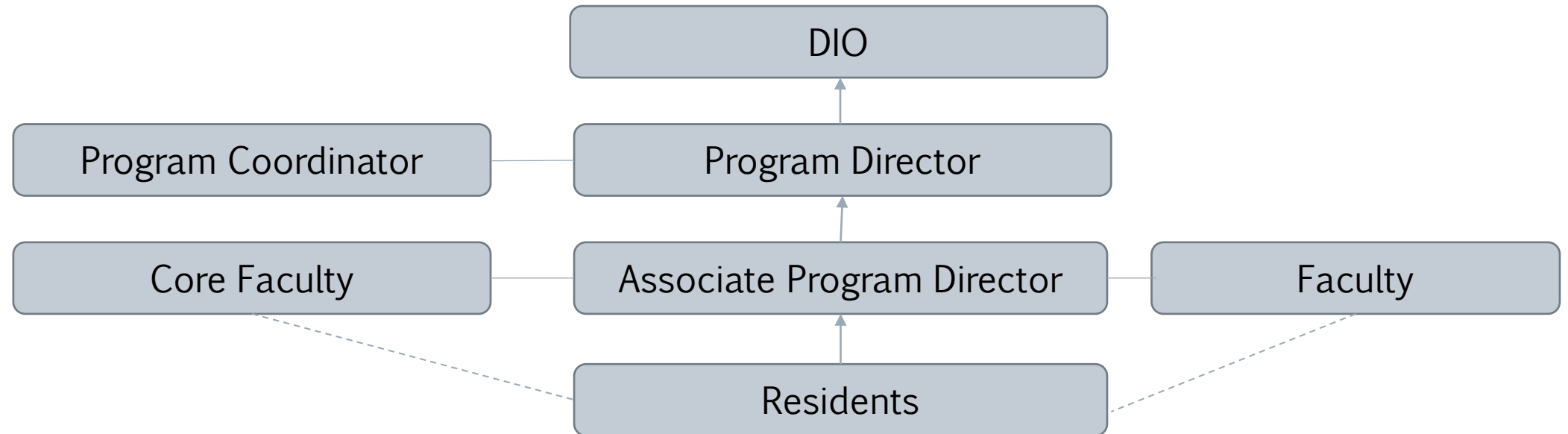| DIO	PD
➤ Graduate Medical Education Committee (GMEC)	➤ Faculty
✓ Program Director(s)	✓ Core Faculty
✓ Quality or Patient Safety	✓ Associate PD
✓ At least two peer selected residents	✓ Faculty

Document!
GMEC Membership in minutes

Faculty in faculty meeting minutes AND ADS
Make sure you have a complete CV!

Reporting Structure of DIO

Reporting Structure Program Director

Learning Environment

DIO/GMEC

› Quality of the learning and working environment of each ACGME accredited program
– Reporting Concerns
– Unprofessional Behavior

PD

› Participating sites
– Required rotation need Program Letter of Agreement
– Not needed for electives

› Primary Clinical Site

› Need a Site Director for each site

› MUST monitor the clinical and working environment at each site

SI Documentation of Resources

› Written commitment of the SI to "ensure the provision of the necessary, administrative, educational, human, and clinical resources."
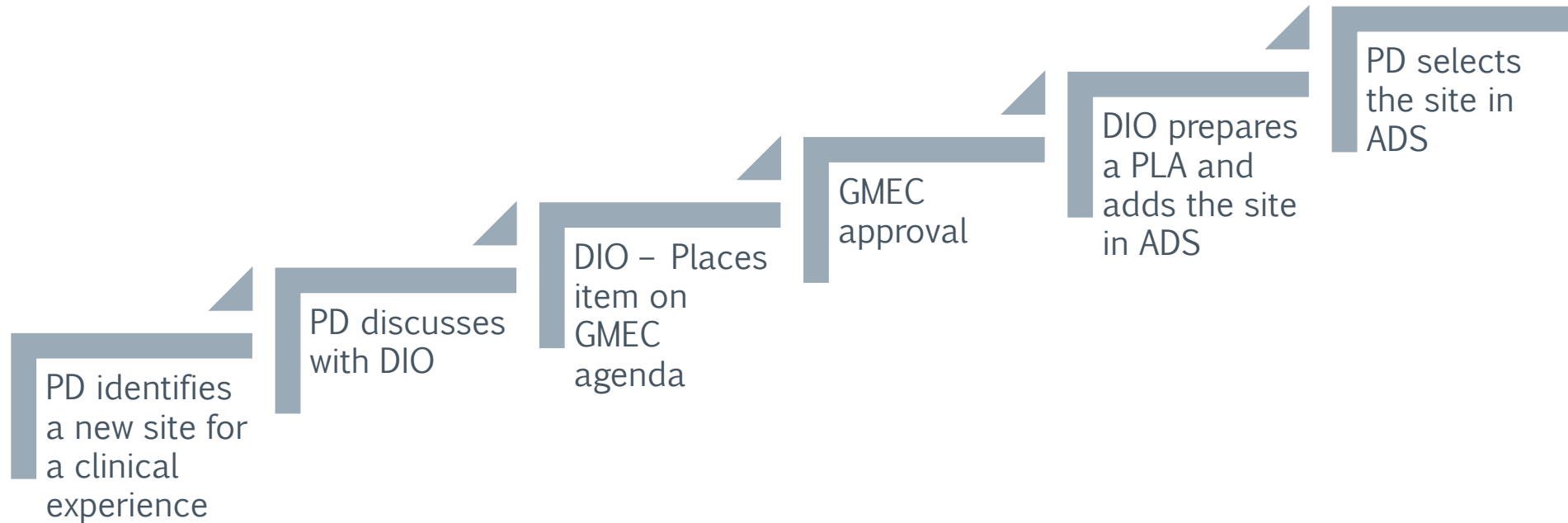
Best practice – update annually

IR I.A.7.

Program Required Resources

› Access to food

› Private sleep facilities – safe, quiet, and clean

› Lactation facilities with refrigeration

› Security and safety – a place for personal belonging, PPE

› Access to a reference material

› Educational and clinical resources to support the number of learners

CPR I.D.1. – I.D.4.

Participating Sites

PD identifies a new site for a clinical experience

PD discusses with DIO

DIO – Places item on GMEC agenda

GMEC approval

DIO prepares a PLA and adds the site in ADS

PD selects the site in ADS
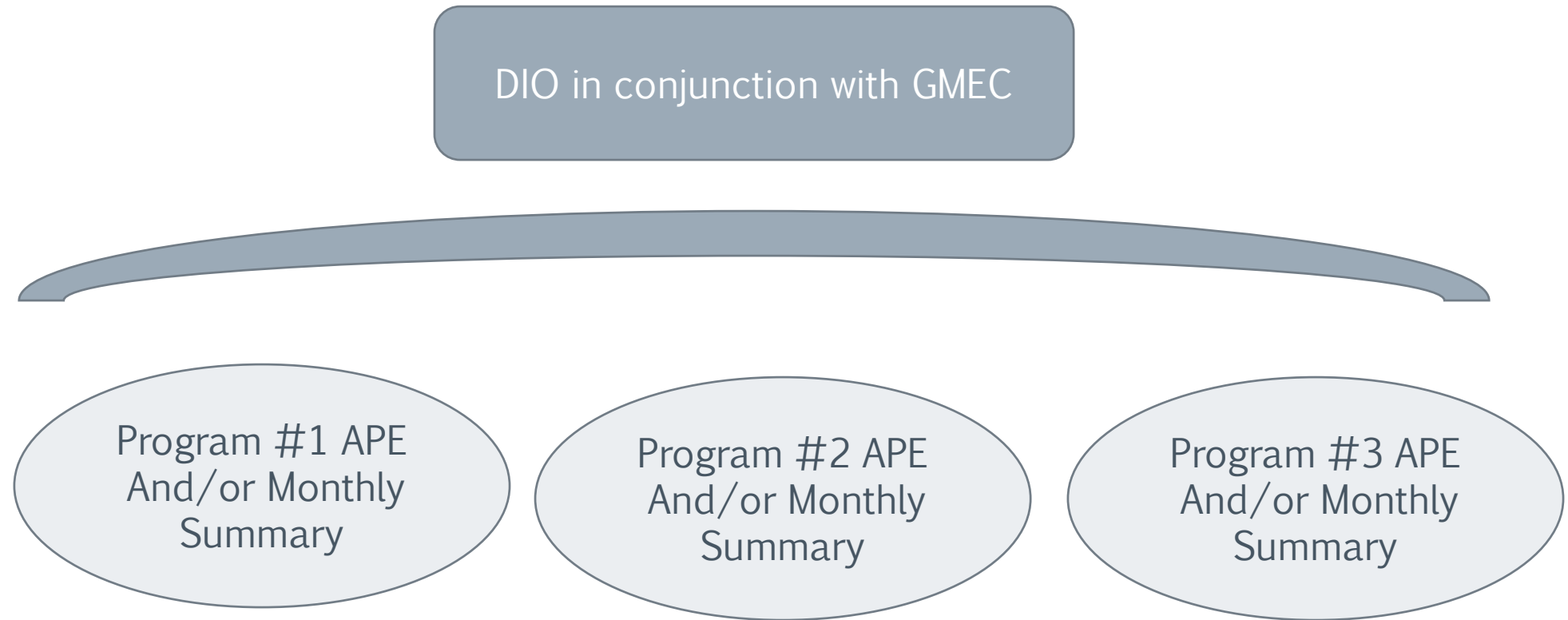
DOCUMENT!   GMEC minutes approving the site   Institutional Requirements I.B.4.b

Oversight of the Clinical and Working Environment

DIO in conjunction with GMEC

Program #1 APE And/or Monthly Summary

Program #2 APE And/or Monthly Summary

Program #3 APE And/or Monthly Summary

IR I.B.4.a).(2)   CPR I.B.3

Responsibilities

DIO

› Approve program letters of agreement (PLAs)

› Annual Program Updates

› Applications

› Requests for voluntary withdrawal

› Changes in compliments

PD

› Administration and operations of the program

› Teaching and scholarly activity

› Resident recruitment, selection, evaluation, and promotion

› Supervision of residents

› Resident education in conjunction with patient care

GMEC Responsibilities

› Accreditation status

› The quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME accredited programs, and its participating sites

› The quality of the educational experience in each program

› Programs APE's

› ACGME-accredited programs' implementation of institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually

› All processes related to reductions and closures

GMEC – Responsibilities Continued

Policies and procedures	I.B.4.a).(1)	New program directors	I.B.4.a).(8)
Subcommittees	I.B.4.a).(2)	Review Committee progress reports	I.B.4.a).(9)
Stipends and benefits	I.B.4.a).(3)	CLER responses	I.B.4.a).(10)
Program applications	I.B.4.a).(4)	Exceptions to clinical and educational work hours	I.B.4.a).(11)
Permanent change in resident compliment	I.B.4.a).(5)	Voluntary withdrawal of ACGME accreditation	I.B.4.a).(12)
Major program changes, duration, structure, primary clinical site	I.B.4.a).(6)	Request for appeal of an RC adverse action	I.B.4.a).(13)
Additions or deletions of clinical sites	I.B.4.a).(7)	Appeal presentation to an ACGME Appeals panel	I.B.4.a).(14)
Exceptionally qualified candidates that do not meet SI eligibility requirements or Common Program Requirements			I.B.4.a).(15)

Relationship
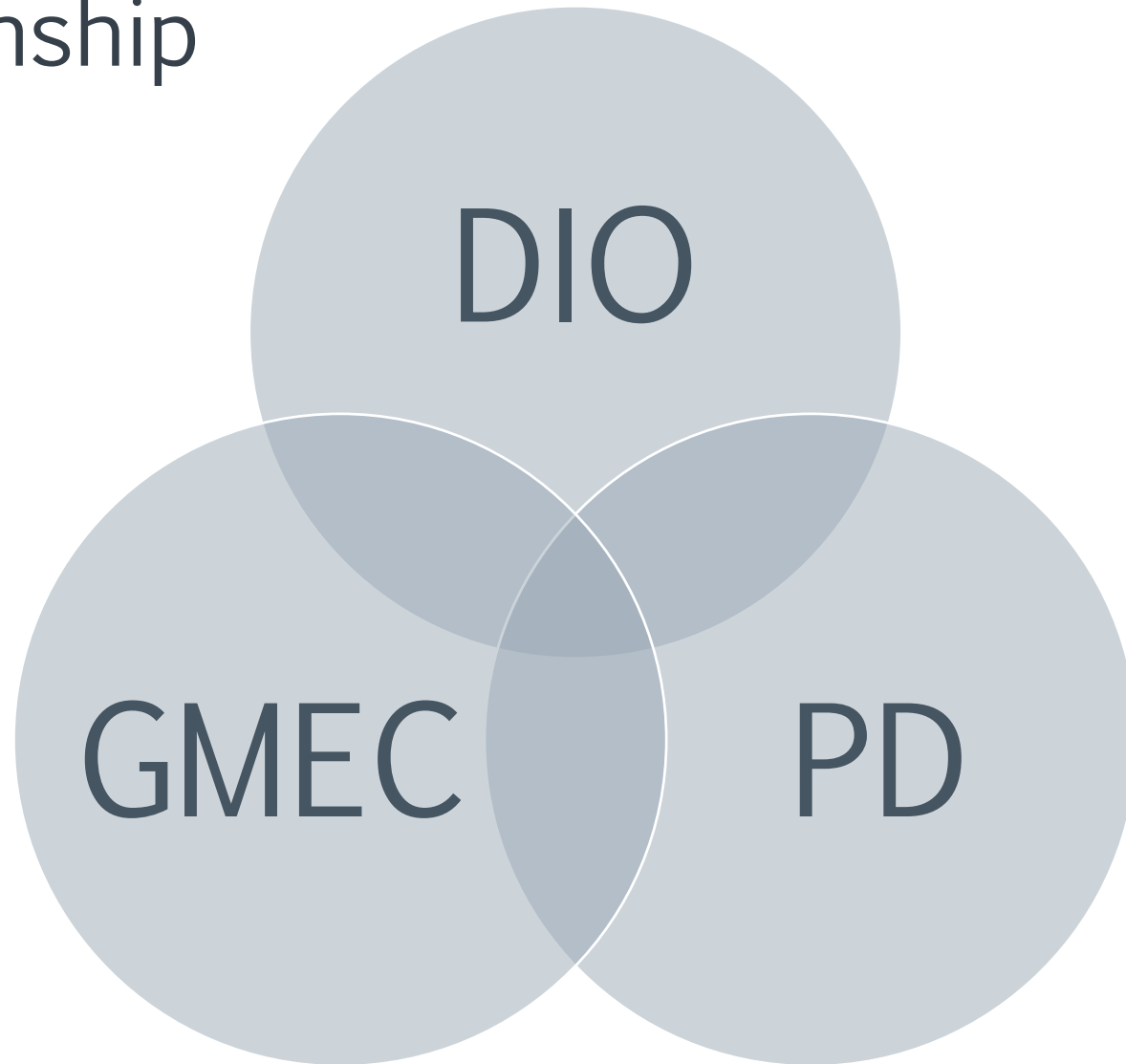
Measurements of the Quality of the CLE

DIO/GMEC

› Program summary of experience

› Annual Program Evaluation (APE)

› ACGME Surveys

› Number of reported concerns

PD

› Resident Evaluation of Rotation

› Conversations with the Site Director (summarized by an e-mail or letter –DOCUMENTATION)

› Resident / PD meetings feedback

› Board Passage Rates

› In-training exam scores in subject matter

› ACGME Survey

DOCUMENTATION

If it is written down, it didn't happen!!!

Program Directors

RESPONSIBILITIES

› Goals and objectives for each rotation by level

› Clinical sites (block diagram)

› Faculty – appointment, evaluation, and faculty development

› Resident assessment, promotion, remediation

› Didactic education

› Program-specific policies (moonlighting, supervision)

DOCUMENTATION

› Resident Handbook
  – Goals and objectives
  – Rotation Schedule
  – Didactic Schedule
  – Program-specific policies

› Program Letters of Agreement

› Minutes
  – Resident Director Meetings
  – Faculty Meetings
  – Clinical Competency Committee
  – Annual Program Committee

Program Director - Responsibilities

› Clinical Competency Committee (CCC) (CPR V.A.3)
 – At least 3 members and one needs to be core faculty
 – Meet at least twice a year

› Annual Program Evaluation (APE) (CPR V.C)
 – Appointment Committee – including resident/fellow
 – Committee Charter
  › Set Expectations
  › Number of meetings
  › Data points

PD Documentation

CCC

› Summary letter for resident file or notes in the residency management suite

› Milestone report

› Formalized remediation needs to be discussed at GMEC
  – Example: One resident was placed on remediation for three months to improve ………. Did or does not result in a program extension at this time.

PEC

› Must discuss with residents and faculty – document meeting with sign-in sheet and minutes

› The entire review and action plan submitted to DIO

› GMEC reviews and accepts action plan (minutes)

› Monitor action plan and submit updates to DIO/GMEC (minutes)

DIO in Conjunction with GMEC - Documentation

GMEC must maintain minutes to document all required functions and responsibilities

GMEC – Documentation

› GMEC Agenda
  – Best Practice
    › Standard format
    › Attach GMEC roles and responsibilities to each agenda or hyperlink
    › Structure agenda for effective oversight
    › Template provided as a Word document
  – Not everything is discussed at each meeting – no report

› Pre-work
  – Request forms prior to GMEC
    › Program Director Reports

Meetings and Attendance

› Must meet every quarter
  – Best practice – monthly and scheduled a year in advance

› Attendance
  – Documented in the minutes
  – Must include at least one resident/fellow

Attendance

› Designate voting and non-voting members

Voting Members		Non-Voting Member	
DIO	P	Program Coordinator- 1	P
PD-1	P	Program Coordinator- 2	P
PD-2	P	Other Residents/Fellows	P
Quality or Patient Safety	P	Library	
Resident/Fellow-1	A	Director of Research	
Resident/Fellow-1	P		

➢ Use names and include program, i.e, Pam Royston, Family Medicine PD
➢ There is no difference between absent or excused – neither are in attendance
➢ If you have more than the required membership what constitutes a quorum – need a vote by GMEC

Required GME Policies

1. Resident/fellow eligibility and selection ((Institutional Requirements

2. Criteria for promotion and/or renewal of a resident's/fellow's appointment

3. Due process in instances where actions of suspension, nonrenewal, non-promotion or dismissal are taken against a resident/fellow

4. Procedures for submitting and processing resident/fellow grievances

5. Vacation and leaves of absence
6. Physician impairment (Institutional Requirement
7. Harassment
8. Accommodations for disabilities
9. Supervision of residents/fellows

10. Clinical and Educational Work hours (formerly duty hours)

11. Moonlighting
12. Interactions with vendors

13. Non-competition guarantees or restrictive covenants

14. Disasters
15. Closures or reductions in size of ACGME-accredited programs, and closure of the Sponsoring Institution

Program Specific Policies

› Supervision and Accountability
  – Must indicate when a supervising physician has to be present
  – Must include when a resident/fellow has to communicate with the supervising physician
  – Escalation – what to do when a resident is unable to reach a supervising faculty

› Others
  – Promotion
  – Moonlighting
  – Wellness

Creating and Overseeing the Learning Environment

› Everyone has a responsibility
  – DIO
  – PD
  – GMEC

› Need to be accountable

› Document

Contact Information:
Email: proyston@gmail.com
Phone: 517-395-0835