

II.A.1.a) The Sponsoring Institution's GMEC must approve a change in program director. <sup>(Core)</sup>

II.A.1.b) Final approval of the program director resides with the Review Committee. <sup>(Core)</sup>

**Background and Intent:** While the ACGME recognizes the value of input from numerous individuals in the management of a residency, a single individual must be designated as program director and made responsible for the program. This individual will have dedicated time for the leadership of the residency, and it is this individual's responsibility to communicate with the residents, faculty members, DIO, GMEC, and the ACGME. The program director's nomination is reviewed and approved by the GMEC. Final approval of program directors resides with the Review Committee.

II.A.1.c) The program must demonstrate retention of the program director for a length of time adequate to maintain continuity of leadership and program stability. <sup>(Core)</sup>

**Background and Intent:** The success of residency programs is generally enhanced by continuity in the program director position. The professional activities required of a program director are unique and complex and take time to master. All programs are encouraged to undertake succession planning to facilitate program stability when there is necessary turnover in the program director position.

II.A.2. At a minimum, the program director must be provided with the salary support required to devote 20 percent FTE (at least eight hours per week) of non-clinical time to the administration of the program. <sup>(Core)</sup>

II.A.3. **Qualifications of the program director:**

II.A.3.a) must include specialty expertise and at least three years of documented educational and/or administrative experience, or qualifications acceptable to the Review Committee; <sup>(Core)</sup>

**Background and Intent:** Leading a program requires knowledge and skills that are established during residency and subsequently further developed. The time period from completion of residency until assuming the role of program director allows the individual to cultivate leadership abilities while becoming professionally established. The three-year period is intended for the individual's professional maturation.

The broad allowance for educational and/or administrative experience recognizes that strong leaders arise through diverse pathways. These areas of expertise are important when identifying and appointing a program director. The choice of a program director should be informed by the mission of the program and the needs of the community.

In certain circumstances, the program and Sponsoring Institution may propose and the Review Committee may accept a candidate for program director who fulfills these goals but does not meet the three-year minimum.

- II.A.3.b)** must include current certification in the specialty for which they are the program director by the American Board Orthopaedic Surgery (ABOS) or by the American Osteopathic Board of Orthopaedic Surgery (AOBOS), or specialty qualifications that are acceptable to the Review Committee; <sup>(Core)</sup>
- II.A.3.c)** must include current medical licensure and appropriate medical staff appointment; and, <sup>(Core)</sup>
- II.A.3.d)** must include ongoing clinical activity. <sup>(Core)</sup>

**Background and Intent:** A program director is a role model for faculty members and residents. The program director must participate in clinical activity consistent with the specialty. This activity will allow the program director to role model the Core Competencies for the faculty members and residents.

- II.A.3.e)** must include evidence of periodic updates of knowledge and skills to discharge the roles and responsibilities for teaching, supervision, and formal evaluation of residents. <sup>(Detail)</sup>

**II.A.4. Program Director Responsibilities**

The program director 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. <sup>(Core)</sup>

**II.A.4.a) The program director must:**

- II.A.4.a).(1)** be a role model of professionalism; <sup>(Core)</sup>

**Background and Intent:** The program director, as the leader of the program, must serve as a role model to residents in addition to fulfilling the technical aspects of the role. As residents are expected to demonstrate compassion, integrity, and respect for others, they must be able to look to the program director as an exemplar. It is of utmost importance, therefore, that the program director model outstanding professionalism, high quality patient care, educational excellence, and a scholarly approach to work. The program director creates an environment where respectful discussion is welcome, with the goal of continued improvement of the educational experience.

- II.A.4.a).(2)** design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; <sup>(Core)</sup>

**Background and Intent:** The mission of institutions participating in graduate medical education is to improve the health of the public. Each community has health needs that