



RESIDENCY PROGRAM DIRECTOR JOB DESCRIPTION

The Residency Program Director is responsible to the Head of the Department and the Associate Dean of Residency Training for the overall conduct of the Residency Program. This responsibility includes:

1. Development of a clear program plan, including objectives relating to knowledge, skills, and attitudes and based upon the general objectives of training in the specialty as published in the Specialty Training Requirements of the Royal College of Physicians and Surgeons of Canada. The plan should also indicate the methods by which the objectives are to be achieved and the role played by each participating institution.
2. Conduct of the program, including the rotation of residents to ensure that each resident is advancing and gaining in experience and responsibility in accordance with the educational plan.
3. Regular review of the program to assess the quality of the educational experience and to review the resources available in order to ensure that maximal benefit is being derived from the integration of the components of the program. This review will include the assessment of each clinical teaching unit to be sure that there is an appropriate number of teaching staff and housestaff, that there is an adequate number of appropriate patients and professional services, and that it is functioning in accordance with the plan agreed upon. Resources appropriate to education in the specialty should be carefully reviewed to ensure that, for example, ambulatory care, emergency care, intensive care, and radiological, laboratory, operative, and other facilities are utilized with optimal effectiveness. This review should also address issues such as the teaching of bioethics, medicolegal considerations, and office management. The opinions of residents must be among the factors considered in this review.
4. Establishment of mechanisms to provide career planning and counseling for residents and to deal with problems such as those related to psychological stress.
5. Selection of candidates for admission to the program, in accordance with policies determined by the Faculty Postgraduate Medical Education Committee.
6. Assessment of performance of each resident through a well organized program of intraining evaluation. This will include the final evaluation at the end of the program as required by the Royal College.



7. Completion of the Confirmation of Completion of Training form required by the Royal College. This form attests that the resident has attained the necessary skills, knowledge, attitude, and judgment necessary for independent consultant practice.
8. Maintenance of an appeal mechanism. The Residency Program Committee should receive and review appeals from residents and, where appropriate, refer to matter to the Faculty Postgraduate Medical Education Committee or Faculty Appeal Committee.
9. Attendance at all meetings of the Faculty PGME Committee and if applicable the Faculty Residency Education Committee.

The responsibilities of program directors have become progressively more complex. Some factors which have contributed to this include: the shift of responsibility for residency programs from hospitals to the University in 1975, the funding of residents through the Central Paying Agency rather than through individual hospitals in 1983, the increased variety of training required by residents, the incorporation of the PGY1 year into Royal College programs, plus the two year pre-licensure requirements in 1994, the increased flexibility in rotating residents according to their educational needs, the increase in structured academic courses for residents, the increased need to provide more individual attention to the emotional and personal needs of the residents and the increased information on the residents required by various agencies, including the Ministry of Health, the College of Physicians and Surgeons, the Federal Ministry of Manpower and Immigration, the Royal College and the College of Family Physicians of Canada.

To undertake these responsibilities the program directors must have sufficient time and support. Furthermore these contributions must be documented and used to support academic promotion. The latter might be assisted by the Faculty or external reviews of programs.

The time required by the program directors and the nature of administrative and secretarial support is dependent upon the number of residents in the program.



UBC PGME Policy for Appointment of New Postgraduate Residency Program Directors

Principles: It is a RCPSC, CFPC, and CMQ accreditation standard (B1) that each residency program has a Program Director who is responsible for the overall conduct of the program. The Program Director is responsible to both the Head of the Department concerned as well as the Postgraduate Dean. Both of these parties are responsible for assuring that the Program Director has sufficient qualifications, time, and support to administer the residency program.

Procedures:

1. The Department Head or delegate (Division Head) will notify the Postgraduate Dean when a change in Program Director is being considered and will indicate the rationale for the change.
2. The Department Head or delegate (Division Head) and the Postgraduate Dean will agree upon a fair, transparent, open process to ensure selection of the new Program Director.
3. This process will ensure the following issues are considered:
 - a. Selection is made by a Committee which may include Postgraduate Dean's office representation
 - b. Attributes to be addressed include specialty expertise, educational and administrative expertise, current hospital / academic appointment status, and other relevant attributes as determined by the Selection Committee.
 - c. The process will be free from discrimination and harassment.
4. The final appointment must be approved by both the Department Head and the Postgraduate Dean.
5. The PGME office will be responsible for notifying the respective Colleges when a new Program Director is appointed.

Approved by FRC on September 24, 2013