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Associate Program Directors in Surgery: A Select Group of Surgical Educators

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OBJECTIVE: The role of the Associate Program Director (APD) within surgical education is not clearly defined or regulated by the Accreditation Council for Graduate Medical Education, often leading to variations in the responsibilities among institutions. Required credentials are not specified and compensation and protected time are not regulated resulting in large discrepancies among institutions. APDs are brought into the fold of surgical education to parcel out the escalating responsibilities of program director (PD). The Association of Program Directors in Surgery, Associate Program Directors Committee sent a survey to all APDs to better understand the role of the APDs within the hierarchy of surgical education.

DESIGN: A survey was sent to all 235 general surgery residency programs through the Association of Program Directors in Surgery list serve. The survey collected information on APD demographics, characteristics, and program information, qualifications of the APD, time commitment and compensation, administrative duties, and projected career track.

SETTING: General surgery residency programs within the United States.

PARTICIPANTS: 108 Associate Program Directors in general surgery

RESULTS: A total of 108 (46%) APDs responded to the survey. Seventy-three (70.2%) of the APD's were males. Most (77.8%) were in practice for more than 5 years, and 69% were at a university-based program. Most of the respondents felt that the administrative and curricular tasks were appropriately distributed between the APD and PD and many shared tasks with the PD. A total of 44.6% were on the path to become a future PD at their institution. An equal number of APDs (42.6%) were compensated above their base salary for being an APD vs no compensation at all; however, 16 (14.8%) had a reduced clinical load as part of their compensation for being an APD.

CONCLUSION: This is the first study to describe the characteristics of APDs within the hierarchy of surgical education. Our data demonstrate that APDs have a substantial role in the function of a residency program and they need to be developed to better define their position in the program leadership. (J Surg Ed ▮:▮▮▮-▮▮▮. © 2017 Published by Elsevier Inc. on behalf of the Association of Program Directors in Surgery)

KEY WORDS: Associate Program Directors, general surgery residency, ACGME requirements, administrative duties, surgical education

INTRODUCTION

The duties and responsibilities of general surgery residency program directors (PDs) continue to intensify, in parallel with the escalating complexity of administering a learning environment that is accountable to the extensive requirements set forth by the Accreditation Council for Graduate Medical Education (ACGME). Within this framework, an Associate Program Director (APD) is frequently brought into the fold of surgical education to apportion some of

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these responsibilities to ensure a seamless, collaborative enterprise, with the often intended stratagem of prospective succession planning. Notwithstanding, the role and duties of the APD within surgical education has yet to be clearly defined, and remains an enigma. Contrary to the requirements for a general surgery residency PD, required credentials for an APD are not currently specified. Moreover, protected time, to specifically assist the PD in program management, with either direct or indirect salary support, is not a codified requirement of the ACGME. Taken both individually and collectively, these 2 realities have resulted in considerable practice discrepancies across accredited general surgery programs and their sponsoring institutions.

PDs occupy leadership positions with high visibility, both within and external to their organizations, which are accompanied by potentially high stakes, requiring a generous time commitment. These individuals must be provided with a minimum of 30% protected time by their sponsoring institutions and they are further expected to devote their principal effort to the residency program and are required to appoint an APD when the total number of categorical residents within the program exceeds 20.[1] This requirement for the appointment of an APD is the only reference to the APD in the ACGME Common and Specialty Program Requirements for Graduate Medical Education in general surgery. Although expected qualifications for PDs catalog minimum number of years on the faculty, educational, and clinical expertise, current licensure and board certification (Table 1), requires no prerequisite qualifications compulsory for an APD. It is noteworthy that in many institutions an APD is customarily a junior faculty member who, more often than not, lacks meaningful experience in program administration and receives no preparation for the role prior to accepting the appointment, with the, perhaps, unjust expectation of needing to "learn on the job."

Establishing clear, and mutually agreed upon, goals and expectations upfront, identifying available resources, and clarifying time and effort necessary to succeed as an APD are fundamental guiding principles that program and departmental leadership must address before any commitment that simultaneously demands maintaining a clinical practice. Insufficient planning and inadequate foresight may result in evolving tensions with other areas of academic development such as research or clinical productivity, which may adversely affect academic promotion if the APD is in a university setting, or potential financial productivity incentives if the APD is in either a university or independent program setting.[2,3]

This work, sponsored by the APDs Taskforce of the Association of Program Directors in Surgery (APDS), sought to investigate general surgery residency program constructs, better define the role of the APD in the program leadership hierarchy and better understand the responsibilities of the APD within the residency.

TABLE 1. ACGME Requirements of a PD in General Surgery Residency

Sponsoring GMEC must approve a change in PD
≥5 y of faculty to be PD
Appointment as PD for at least 6 y
Requisite specialty and educational expertise
Current certification in surgery, or acceptable specialty
Current medical licensure and medical staff appointment
Unrestricted credentials and license to practice medicine
Scholarly activity

GMEC, Graduate Medical Education Committee.

METHODS

A comprehensive literature search was first conducted to review all publications addressing the Associate Program Directorship job description and contributions to program administration. Informal program leadership interviews and APD Taskforce group discussions were used to vet a 27 item survey that was addressed to all APDs in the United States. A mailing list was compiled using the publically available, web-based ACGME program information (Accreditation Data System, listing) and data from the APDS membership repository. The survey was also e-mailed through the APDS list serve asking for the PDs to forward the e-mail to their APD(s), if their program had appointed these individuals. Finally, in collaboration with the Association of Residency Coordinators in Surgery, the survey was e-mailed to all surgery program coordinators across the country with the request to similarly forward it to their APD(s).

The survey was organized in 7 sections soliciting basic APD demographics, characteristics, and program information, qualifications and training, time commitment and compensation, involvement in curricular activities, administrative duties, and projected career track. A free text field was included at the end of the survey for general comments. Quantitative and qualitative analysis were performed.

The results were discussed at subsequent meetings of the APD Taskforce and presented as a panel during the Annual Surgical Education Week, in 2014 and at subsequent APD workshops during the Annual Surgical Education Week in both 2015 and 2016. Taskforce recommendations were compiled in a report to the APDS executive board.

RESULTS

The survey was sent to 235 general surgery residency programs over the course of 4 months. A total of 108 (46%) APDs responses were received. Seventy-three (70.2%) of the APD's were males. Most (77.8%) of them had been in practice for more than 5 years, and 52 (48.6%) had been an APD for less than 2 years (Table 2).