



Assistant PD Role Description Guidelines

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Purpose

The Assistant Program Director (APD) role is envisioned as being a junior education leadership role within most, if not all programs. The PGME Office is providing these guidelines to both support programs looking to write a specific job description for an APD role and to outline ways to support the APD role. These guidelines look to ensure that programs still meet accreditation requirements for the Program Director (PD) role, while incorporating an APD into their educational leadership structure. The guidelines are general in nature to respect the need for individual program flexibility.

Overarching Guidelines

1. As per the Accreditation Standards, the Program Director (PD) **must** have oversight of the program.

Relevant Accreditation Standards

Requirement 1.1.1: The Program Director is available to oversee and advance the residency program.

-Indicator 1.1.1.2 The Program Director is accessible and responsive to the input, needs and concerns of residents.

-Indicator 1.1.1.3 The Program Director is accessible and responsive to the input, needs and concerns of teachers and members of the residency program committee.

Requirement 1.1.3: The Program Director provides effective leadership for the residency program

-Indicator 1.1.3.2 The Program Director advocates for equitable, appropriate, and effective educational experiences.

-Indicator 1.1.3.3 The Program Director communicates with individuals involved in the residency program effectively.

2. The purpose of the APD role is to share work with the PD, build leadership skills for a faculty member with interest in medical education and may be, but is not required to be, part of succession planning for the PD role.

Principles used in creating the APD Role guidelines

1. There will be flexibility in the division of work between the PD and APD roles to reflect different programs' contexts.

2. There is flexibility in how the total FTE is divided between the PD and APD roles (see table below for suggested **minimums** for the PD role. The FTE in this table is intended to cover both the PD/APD roles (and any other role that directly supports the PD, e.g. a CBME lead role)). However, the PD role will be more FTE than the APD.

3. There is a deliberate review of the work of the PD, APD, other education roles, and PA when looking at the division of labour to ensure duties fall within job descriptions. Some tasks will primarily be done by one person and some tasks will be shared, keeping in mind accreditation standards. E.g, CQI is an important way for the PD to have oversight over the program. If the APD is doing some of this CQI work, it should be shared with the PD and not be the sole responsibility of the APD.

4. There is potential for the APD role to take on an existing role within the program such as Competence Committee Chair.

5. If the APD role is part of a succession planning strategy for the program (please note that this is not a requirement of this role), the APD role should ideally help build an understanding of the program in potential preparation for the APD to become PD.

6. For leadership skill development of the APD, the APD role should include aspects that the APD is in primary charge of (e.g. rather than overall sharing of everything) so the APD can gain experience in driving change and providing oversight of a particular area(s) of the program.

7. For leadership skill development, there should be annual or bi-annual feedback (ideally based on multisource data) related to the role. The PGME office will provide a sample APD 360 evaluation and guided conversation template that the PD may choose to use in providing feedback to the APD.

Division of the PD/APD roles

The following list has taken the existing PD responsibilities from the January 2024 PD role description and colour coded them into one of three categories based on:

a) accreditation standards that give clear direction that the PD is the person responsible for leading the residency program

b) poll results of PD opinions as to what should remain a PD responsibility, what can be shared or could be an APD responsibility.

Coding

Red: remain a PD responsibility. Note: Although most of the committees remain a PD responsibility, these are meetings that an APD could be a PD's delegate if the PD couldn't attend.

Yellow: shared. Note: a number of these are attributes that set a general tone for the program, which would be shared. Some, however, are tasks. For the tasks, it may be that they start out as shared responsibilities but as the APD develops in the role could become primarily an APD responsibility over time. It is not intended that all the yellow coded tasks be in fact shared—it is more to indicate which could be shared tasks and therefore chosen as part of the APD job description.

Green: could be primarily an APD responsibility with PD oversight. Again, it is not intended that all green coded tasks be your program's APD's responsibilities—they are merely ones that lend themselves to this.

NB: in the coding above the word "could" is used to acknowledge that how a program delineates the APD responsibilities depends on the interests and skills of the PD/APD and program context. Reiterating from above, in dividing up the roles it is important to be cognizant of FTE allocations (the PD being expected to have a higher FTE allocation than the APD) and what others in the program (e.g. PA, Education Consultant, others) are doing.

There are also other roles not in the PD role, that the APD could have as part of their role, e.g. CC chair. Again, this would depend on skills, interest and program context.

Colour coded Responsibilities

To the Residency Program:

- **Develop and operate the overall educational plan for the program such that it meets the general and specific standards of accreditation**
- **Ensure compliance with program-delegated aspects of the PARO contract**
- **Ensure a safe and supportive learning environment that is free of intimidation and harassment in compliance with [Queen's University](#) and [*Kingston Health Science Center's \(KHSC\) Harassment and Discrimination Policies](#) and PGME's Health and [Safety Policy](#) (**Policy accessible via the KHSC intranet or by pdf upon request*)**
- **Promote a culture of inclusion, with a commitment to the university's equity, diversity, accessibility, and inclusion initiatives designed to foster an inclusive, supportive, and welcoming work environment for individuals**

- with diverse backgrounds and identities
- Respect and protect the rights and confidentiality of residents and teachers
- Chair the Residency Program Committee and ensure its proper structure and function
- Foster an environment that of the residency program committee, residents, teachers, and others as required to identify needs and implement changes.
- Regularly review program education policies and residency program terms of reference and membership
- Ensure a program of continuous programmatic review and improvement (NB: PD to oversee the program of review but APD could take on aspects of doing this)
- Select teaching sites and educational experiences
- Coordinate distributed rotations/learning experiences in collaboration with the Regional Education office
- Orient new faculty with respect to training and assessment of residents, and expectations of faculty for the Residency Training Program
- Ensure, in collaboration with other key partners, timely faculty assessments and program and rotation evaluations, annually review these and provide feedback and discuss emerging needs with relevant faculty-developers
- Ensure, in collaboration with other key partners and the RPC, timely review of learning sites.
- Actively engage in program wellness initiatives
- Have a working knowledge of PGME policies (e.g. on resident transfer, appeals, evaluation and remediation, suspension, intimidation and harassment, safety)
- Foster a spirit of enquiry and research activity in the program
- Identify, advocate for and plan for resources needed by the residency program
- Engage collaboratively with other stakeholders in effective transition in program leadership
- Oversee the recruitment and selection of new trainees into the program in compliance with CaRMS regulations
- Oversee orientation of new residents
- Ensure, with other relevant stakeholders, that assessment of resident performance occurs in a timely fashion
- Meet regularly (or delegate such meetings to program personnel (e.g. Academic Advisor) with each resident to review their academic progress

- Maintain appropriate records for each resident including assessments and documentation of progress within the program
- Oversee the Competency Committee (NB: however, chairing the CC could be an APD responsibility)
- Oversee plans for any resident identified as requiring or benefitting from formal individualized learning plans, remediation or probation
- Maintain an appeal process consistent with Queen's PGME Assessment, Promotions and Appeals policy
- Know the grounds for suspending a resident and inform the Associate Dean PGME immediately of any recommendations for suspension
- Establish mechanisms to provide career planning and counseling for residents and to deal with problems such as those related to stress
- Provide documentation as needed for residents (e.g. reference letters, letters of good standing)
- Actively participate in professional development in medical education
- Conduct an annual guided conversation with Program Administrator(s) and/or educational consultants as appropriate within the Department

To the Department/Division:

- Ensure regular communication with the Department/Division Head and department/division members regarding information and initiatives related to residency education
- Engage department/division members in the educational program
- Participate (or delegate participation) in hiring committees for new faculty
- Assist relevant partners in the planning, development and/or delivery of program-related faculty development programs
- Liaise with the individuals responsible for the undergraduate and continuing medical education activities within your department/division

To the University:

- Prepare for, attend (or send delegate) and actively participate in PGMEC meetings and PGME leader workshops
- Implement PGME decisions within the program
- Work cooperatively with the Office of the Associate Dean of Postgraduate Medical Education

- Work cooperatively to support faculty and university initiatives (e.g. related to educational scholarship, EDII, curriculum development)
- Actively participate and provide leadership in Internal Reviews and Accreditation including:
 - Providing documentation required for these reviews
 - Coordinating, with other stakeholders, the reviews of your program
 - Preparing your department/division and residents for the reviews
 - Participating in the reviews
 - Participating in reviews as a reviewer when requested

Hospital Responsibilities:

- Act as liaison between the hospital and university for program-specific issues (e.g. space planning, resident service provision, patient complaints about residents, accommodation requirements and other issues as required)

To the College of Family Physicians of Canada/Royal College of Physicians and Surgeons of Canada:

- Regularly review and ensure compliance with specialty specific documents from the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPSC) in relation to training requirements, and accreditation
- Participate in education committees and represent the program at provincial and national meetings
- [Royal College Requirement]: Attend (or delegate attendance) at least one specialty committee meeting per year

To the College of Physicians and Surgeons of Ontario:

- Be aware of regulations regarding licensure relevant to residents
- Interpret and implement, with relevant partners, CPSO policy as it applies to resident education

Oversight of the APD role

The APD role is envisioned as being a junior leadership role within most, if not all programs. As such oversight of this role to support leadership development is an important aspect.

Multisource feedback is often a good way to gather information to inform feedback. A 360 review (one year after being in the role and then at an agreed upon frequency thereafter) can be a helpful multisource tool. Oversight would be the responsibility of the PD, with reporting to the Department Head or Division Chair. For a 360 evaluation, once the APD responsibilities have been delineated, these can be used to potentially modify the skills and attributes being sought for the role (or, if not added to or deleted, then adding a modifier, e.g. "developing" to some skills and attributes may be appropriate). In turn, once the skills and attributes are delineated, these, in conjunction with PD competencies, can be used to develop a 360 survey. The 360 survey would be given to those the APD interacts with (again, dependent on the responsibilities decided on), summarized and reviewed with the APD, potentially using the attached "Guided Conversation Template" to support that conversation.

Sample APD role description

Please see attached document with Sample APD role in Word version so that you can edit it to suit your program

Document	Assistant Program Director Role Description
Date Approved	
Approved By	RPC
Effective Date	
Review to Commence	
Responsible Portfolio/Unit/Committee	RPC
Responsible Officer(s)	Program Director, (name of program)

Introduction

The Assistant Program Director (APD) is an educational leadership role responsible for assisting the Program Director in running the residency program. This Job Description outlines the responsibilities, accountabilities, attributes and qualifications for APD in the xxxx program.

The APD, working with the PD, and assisted by the Residency Program Committee and other key personnel, will assure that the residents in the program receive the best possible educational experience and that the accreditation standards defined by the relevant accrediting college (College of Family Physicians of Canada (CFPC) or Royal College of Physicians and Surgeons of Canada (RCPSC)) and standards set by regulatory

bodies (College of Physicians and Surgeons of Ontario (CPSO)) are maintained. They will promote a culture of inclusion, with a commitment to the university's equity, diversity, accessibility, and inclusion initiatives designed to foster an inclusive, supportive, and welcoming work and learning environment for individuals with diverse backgrounds and identities.

Qualifications, Skills, and Attributes

The following qualifications, skills and attributes will ideally be in place coming into the role, acknowledging that some (e.g. leadership skills and knowledge of education principles) may need to be developed early in the role.

Qualifications:

- Member of faculty with certification or equivalent in the relevant discipline from the appropriate college (CFPC or RCPSC)
- Knowledge of the principles of postgraduate medical education, including competency- based medical education (CBME)
- Generally, would be a junior to mid-career faculty member with an interest in medical education

Skills and Attributes: *(for programs to modify depending on the APD responsibilities decided on)*

- Leadership ability
- Strong communication, collaboration, and interpersonal skills
- Critical thinking and problem-solving skills
- Effective advocacy skills
- Effective conflict resolution skills
- Self-motivated and directed with a commitment to continuous learning
- Highly professional

Resource Requirements

Resource requirements will in part be dictated by the size of the program. Some departmental resource sharing may be possible between divisional programs within a department. All APDs will need to have a PD, Residency Program Committee (RPC) and Competence Committee (CC) as well as Program Administrator (PA) support to do their role. They also require:

- Adequate protected time available to carry out their responsibilities*
- Adequate administrative support
- Adequate faculty support
- Department Head/Division Chair support
- PGME support
- Ideally leadership development opportunities

*The following are the Queen’s PGME PD and PA PGME FTE requirements. It is important to note that these are **MINIMUM** requirements and that a range is offered in the realization that some programs have additional responsibilities that increase the time the PD role requires. See examples below the table for factors that would move the FTE requirement to the upper end of the range.

Program Director¹and Program Assistant Resource Requirements:

Size of Program	PD FTE minimum/week ^{1,2}	PA FTE minimum/week ^{2,3,4}
1-10	0.3-0.4	0.4-0.5
11-15	0.35-0.45	0.5-0.8
16-30	0.4-0.6	0.75-1.5
31-50	0.6-0.7	1-2
50	0.8+	2+

1 PD FTE ranges may include support by other educational leaders (e.g. assistant program director/site director, CBME lead, educational consultant). Their FTE allocation is included in the PD FTE allocation.

2 FTEs are provided in a range to acknowledge that some programs have unique aspects that add additional time to these role(s). These include but are not limited to:

- a) Number of sites and/or regional locations for core rotations
- b) Number of off-service and/or elective residents
- c) Number of years for the program
- d) Overlap programs (e.g. Critical Care, Subspecialty Psychiatry)

3 PAs may be supporting more than one program. These FTEs reflect support for one program.

- 4 PAs may be supported by other personnel (e.g. Educational Consultant)

Accountabilities

The Assistant Program Director will report and be accountable to the following:

- The Program Director
- The Head/Chair of the relevant Department/Division

Appointment and Review Process:

The APD should be selected by the Program Director and Department/Division Chair with appropriate consultation with the program RPC. The Associate Dean, Postgraduate Medical Education requests hearing about a recommendation for this role prior to finalizing the role.

The appointment will normally be for three to five years once renewable

- Resignation before the expiration of the term will require at least three months' notice and preferably should take effect at the end of an academic year
- The APD's performance should be reviewed collaboratively between the PD and Department Head/Division chair on an annual basis as part of their annual review and career development and planning. Ideally, at a frequency determined by the program, this should regularly involve multisource data to inform this review.

Responsibilities (*this is where programs would individualize the responsibilities using the colour coding for guidance, indicating which roles would be a shared responsibility and which roles the APD would primarily be responsible for in consultation with the PD. Some of these divisions may not be applicable*). You can edit the responsibilities below to suit your program to create an APD responsibility list.

Yellow: *shared responsibility. Note a number of these are attributes that set a general tone for the program, which would be shared. Some, however, are tasks. For the tasks, it may be that they start out as shared responsibilities but as the APD develops in the role could become primarily an APD responsibility over time. It is not intended that all the yellow coded tasks be in fact shared—it is more to indicate which could be shared tasks and therefore chosen as part of the APD job description.*

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To the Residency Program:

- Ensure compliance with program-delegated aspects of the PARO contract
- Ensure a safe and supportive learning environment that is free of intimidation and harassment in compliance with [Queen's University](#) and [*Kingston Health Science Center's \(KHSC\) Harassment and Discrimination Policies](#) and PGME's Health and [Safety Policy](#) (**Policy accessible via the KHSC intranet or by pdf upon request*)
- Promote a culture of inclusion, with a commitment to the university's equity, diversity, accessibility, and inclusion initiatives designed to foster an inclusive, supportive, and welcoming work environment for individuals with diverse backgrounds and identities
- Respect and protect the rights and confidentiality of residents and teachers
- Foster an environment that of the residency program committee, residents, teachers, and others as required to identify needs and implement changes.
- **Coordinate distributed rotations/learning experiences in collaboration with the Regional Education office**
- Orient new faculty with respect to training and assessment of residents, and expectations of faculty for the Residency Training Program
- Ensure, in collaboration with other key partners, timely faculty assessments and program and rotation evaluations, annually review these and provide feedback and discuss emerging needs with relevant faculty-developers
- Ensure, in collaboration with other key partners and the RPC, timely review of learning sites.
- Actively engages in program wellness initiatives

- Have a working knowledge of PGME policies (e.g. on resident transfer, appeals, evaluation and remediation, suspension, intimidation and harassment, safety)
- Foster a spirit of enquiry and research activity in the program
- Oversee the recruitment and selection of new trainees into the program in compliance with CaRMS regulations
- Oversee orientation of new residents
- Ensure, with other relevant stakeholders, that assessment of resident performance occurs in a timely fashion
- Meet regularly (or delegate such meetings to program personnel (e.g. Academic Advisor) with each resident to review their academic progress
- Maintain appropriate records for each resident including assessments and documentation of progress within the program
- Oversee plans for any resident identified as requiring or benefitting from formal individualized learning plans, remediation or probation
- Establish mechanisms to provide career planning and counseling for residents and to deal with problems such as those related to stress
- Provide documentation as needed for residents (e.g. reference letters, letters of good standing)
- Actively participate in professional development in medical education

To the Department/Division:

- Engage department/division members in the educational program
- Participate (or delegate participation) in hiring committees for new faculty
- Assist relevant partners in the planning, development and/or delivery of program-related faculty development programs

Liaise with the individuals responsible for the undergraduate and continuing medical education activities within your department/division

To the College of Physicians and Surgeons of Ontario:

- Be aware of regulations regarding licensure relevant to residents

Appendix A: APD Core Competencies (*depending on the roles and responsibilities chosen for the APD role, some of these competencies may need to be deleted or reworded to indicate the expectation is for growth in these competencies*).

*with thanks to the Postgraduate Medical Education Office, Dalhousie University for sharing this document

Domain of Competence	Description	Core Competencies
1. Communication and relationship management	The APD communicates clearly in a responsive manner with a diversity of individuals, groups and organizations. The PD establishes and nurtures—directly or indirectly—constructive and collaborative interactions with individuals, groups and organizations.	1.1 Presents complex information clearly and succinctly
		1.2 Keeps people appropriately and efficiently informed
		1.3 Listens well
		1.4 Ensures their relationships with residents, staff and faculty are open, respectful, and honest
		1.5 Maintains a connection with students, staff and faculty through outreach and visibility
		1.6 Able to anticipate and/or manage conflict (i.e. between self and others, between individuals or groups)
		1.7 Is appropriately accessible for time-sensitive and routine matters

2. Leadership	The APD engages, motivates and facilitates individuals, groups and organizations to develop a shared vision and achieve related goals. The APD ensures that innovation and changes to the program occur within a supportive culture and are guided by a cohesive educational approach	2.1 Builds consensus around a common set of values for the running the program
		2.2 Facilitates efforts to implement change
		2.3 Advocates for the program with relevant leadership (e.g, division, department, decanal leaders)
		2.4 Nurtures a positive educational culture
3. Management skills and knowledge	The APD supports management of the residency program by developing, encouraging, and enabling people, and effectively utilizing resources and information. The APD demonstrates political astuteness and good judgment about what can and cannot be realistically done.	3.1 Creates a climate of accountability
		3.2 Demonstrates fiscal responsibility
		3.3 Ensures that processes and procedures for efficient operation of the program are in place
		3.4 Delegates effectively
		3.5 Makes clear decisions
		3.6 Considers all issues relevant to effective decision-making (e.g, perspectives, information, timeliness, complexity, resources, consequences)
		3.7 Assumes responsibility for risks and unpopular decisions
		3.8 Demonstrates recognition of faculty, staff and resident contributions

4. Professionalism and self-management	The APD aligns personal and organizational conduct with ethical and professional principles that include responsibility, service, self-reflection and self-discipline. The APD recognizes other personal strengths and limitations, demonstrates a commitment to improvement and lifelong learning and with integrity, leads by example.	4.1 Demonstrates priorities anchored in a greater good rather than one's own interests
		4.2 Acts as a positive role model (e.g, setting a personal example, modelling best practices, organizational values)
		4.3 Follows through on commitments
		4.4 Solicits feedback on their performance
5. Environmental engagement	The APD monitors, seeks information from, and networks with, the internal and external environments. In doing so, the APD develops an understanding of how things work, identifies trends and priorities and builds individual and organizational relationships	5.1 Acts as an effective liaison between external environment and postgraduate program
		5.2 Takes advantage of relevant opportunities to improve the program
		5.3 Plans for changing trends, priorities and policies (e.g., from the PGME Office, accrediting bodies, the CPSO, etc.)