The DIO Needs a Cabinet: Identifying and Supporting Designated Institutional "Others" in Graduate Medical Education

Laura A. Hanyok, MD
Kathy W. Smith, MD
Brenessa Lindeman, MD, MEHP
Jennifer A. Best, MD

Background

The designated institutional official (DIO) role was created in 1997 as the leader accountable to the Accreditation Council for Graduate Medical Education (ACGME) within the sponsoring institution (SI).[1] Over the ensuing 26 years, expansion of institutional requirements and related increased oversight have demanded more responsibility of the DIO role. In addition, the Common Program Requirements also require oversight by the DIO and graduate medical education (GME) office, including complex domains involving clinical and educational work hours, special reviews, nonstandard training programs, and the ACGME's Clinical Learning Environment Review. DIOs also serve as the face of graduate medical education at their institutions while simultaneously maintaining other important functions within the educational and/or clinical enterprise.[1]

This work is increasingly more than a single leader can reasonably manage. This is particularly true for complex SIs functioning in a rapidly evolving health care climate. Additional areas of oversight may include supervising rural tracks or programs in multiple geographic locations, or partnering within health systems with different missions (eg, a Veterans Administration hospital or a for-profit institution). Larger SIs (defined as those with 30 programs or more)[2] may likely find the amount of required oversight too much for one person. GME office structures within many SIs have expanded, with some appointing assistant/associate DIOs, assistant/associate deans, or other positions to ensure effective oversight. These roles might best be described as designated institutional "others" (DI-Others) with responsibilities overlapping those of the DIO and supplementing those performed by an institutional coordinator. Currently, DI-Other roles are not officially acknowledged by the ACGME, limiting these leaders' access to information, data systems, organizational engagement, and professional development.

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Editor's Note: The online supplementary data contains workshop cohort goals for a Designated Institutional "Other" community of practice.

Learning From GME Leaders in DI-Other Roles

At the 2023 ACGME Annual Educational Conference, the authors, physician-leaders representing large academic SIs, each with over 60 programs, presented a 75-minute interactive workshop on DIO-Other roles and challenges. This session was constructed for institutional leaders charged with important responsibilities for GME oversight and sought to (1) explore roles and organizational structures within GME that supported or supplemented the work of the DIO; and (2) guide the role development and increase collaboration within this uniquely situated community of leaders. Of the workshop's participants, most represented community-based SIs, a substantial proportion identified as nonphysicians, and two-thirds were women. Sixty-three participants expressed an interest in establishing an ongoing DI-Other community of practice, with names and contact information for follow-up actions. This group represented only US SIs, inclusive of all geographic regions. Participants' institutional roles and training are summarized in the TABLE, and the group's stated goals for a community of practice are summarized in the online supplementary data.

Acknowledging DI-Others Is Critical

As a result of these workshop discussions, we believe that revisions to the SI GME institution structure should be considered to ensure that the increasing number of DIO responsibilities are supported by a team and led by a DIO, with individuals reflecting the number and complexity of the SI GME programs. The ACGME SI 2025 Task Force Report identified key recommendations for future SIs but

TABLE
Workshop Participants' Institutional Roles and Educational Qualifications (N=63)

Institutional Roles	n
Director, administrator, manager, project manager, supervisor—of GME	17
Program director, associate program director	10
Director or assistant director of education, clinical education, medical education, continuing education	6
Assistant dean, associate dean—for GME	5
Chief medical officer	4
Director, manager—of accreditation	3
Associate dean for education or educational affairs	2
Associate DIO	2
Chief academic officer	2
Other	14
Total	65[a]
Educational Qualifications	**n (%)**
Medical degree (DO, MD)	31 (49)
Unspecified/unable to determine	10 (16)
Business-related master's degree (MBA, MPA)	8 (13)
Other primary doctoral degree (PhD, EdD)	7 (11)
Health-related master's degree (MHA, MPH, MSc)	5 (8)
Educational master's degree (MEd, MS)	2 (3)

[a] N=65 is due to cases in which participants held multiple roles.
Abbreviations: GME, graduate medical education; DIO, designated institutional official.

did not address the need for evolving governance structures, which we believe are essential.[3]

Practical Considerations

We offer the following practical considerations:

Allow for DIO Designees in ACGME Institutional Requirements

These individuals may stand in for the DIO when they are unavailable, akin to a program director "delegate" outlined in the Common Program Requirements, "In a complex organization, the leader typically has the ability to delegate authority to others yet remains accountable. The leadership team may include physician and nonphysician personnel with varying levels of education, training, and experience."[4] Additionally, the opportunity to delegate aspects of the large portfolio of work required of the DIO may help promote DIO well-being. In a recent article, the median appointment duration for a DIO was 4 years and 9 months.[5] The authors speculated one potential reason for increased turnover in this position might be related to increasing accountability and responsibility with limited resources. A larger SI GME team may help to extend the tenure of DIOs and allow other DI-Other leaders to gain valuable experience.

Define an Assistant/Associate DIO Role

This role may function similarly to that of associate program directors, with a suggested level of full-time equivalent support for SIs of variable size and complexity. Such a role might assume oversight of a specific area (eg, clinical learning environment review; well-being; diversity, equity, and inclusion; special reviews; Accreditation Data System [ADS] update review, etc.). Other areas of focus might include program director development, curriculum development, assisting in clinical operations, or oversight of participating sites.

Assemble a GME Cabinet Based on the SI's Needs

SIs are complex for varying reasons, and the development of a GME cabinet should consider the individual needs of each institution. Larger SIs may need to delegate ACGME accreditation compliance duties simply because of scale. Smaller SIs may find that the DIO can manage specific compliance duties on their own but might use DI-Others to liaise with community rotation sites or supervise onboarding and credentialing. Those with participating sites across diverse health systems may need to consider having GME office members located within those systems. Most importantly, SIs should strategically consider

how best to delegate responsibilities while ensuring the DIO has ultimate oversight.

A second consideration when creating a GME cabinet is the opportunity for increased diversity in GME leadership. In a recent study defining the characteristics of DIOs, only 34.1% of those surveyed were women.[5] The development of a GME cabinet allows for additional avenues for the advancement of women and other individuals who are underrepresented in academic medicine and supports the ACGME's Equity Matters initiative.[6] GME leadership teams can lead by example to promote a culture of inclusive clinical learning environments and equity. At the same time, inclusive GME leadership teams ensure that a variety of perspectives are applied to program oversight, new initiatives, and problem-solving.

Add a DI-Other Field Designation Within the ADS

Currently, many key institutional leaders lack direct access to the ADS system, impairing program oversight. As a workaround, some DI-Others list themselves as "institutional coordinator." Others rely on information transmission from those with access. Inclusion of this new data field will improve oversight and more accurately inform the ACGME of the current state of SI governance at each institution.

Consider Minimum Qualifications for Leaders Occupying DI-Other Roles

Such qualifications must account for nonclinical experiences and training that reflect the diversity of this cohort. Core competencies inherent in the DIO and DI-Other positions have been recently defined by the American Association of Medical Colleges Group on Resident Affairs 2023 Institutional Graduate Medical Education Leadership Competencies.[7] These competencies span 3 categories: foundational attributes, leadership capabilities, and knowledge and skills. This recent guidance can serve as a tool for the ACGME and SIs to administer, identify, mentor, and evaluate current and future DIOs and DI-Others.

Invite Participation of DI-Others on ACGME Committees

Currently, participation on the Institutional Review Committee and Review Committees is limited only to physicians, primarily program directors and DIOs. Other leaders working in the GME office are excluded from involvement as "public members." Broadening membership in these high-stakes committees will also improve the diversity of perspectives and improve equity and inclusion, which can only serve to improve the work performed by these influential committees.

Next Steps

As the next step, we plan to proceed with a national survey of DIOs and DI-Others to better define the current landscape, job descriptions, institutional structures and support, and perceived needs. Structured interviews with a subset of DIOs and DI-Others could also be pursued to further explore SI needs, which might vary based on institutional size, region, clinical entity partnerships, and other variables. Future community discussions must also center the voices of community and nonacademically affiliated SIs and nonphysicians who fill many of these roles. DI-Others are eager to expand their voice and participation in partnership with DIOs on behalf of their individual SIs and the GME community at large. We assert that an inclusive strategy will be a win for us all.

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Laura A. Hanyok, MD, is Associate Professor of Medicine and Assistant Dean for Graduate Medical Education, Johns Hopkins University School of Medicine, Baltimore, Maryland, USA; **Kathy W. Smith, MD,** is Professor of Psychiatry and Associate Dean, Graduate Medical Education, University of Arizona College of Medicine–Tucson, Tucson, Arizona, USA; **Brenessa Lindeman, MD, MEHP,** is Associate Professor of Surgery and Medical Education, Assistant Dean for GME/Associate DIO for the Clinical Learning Environment, Section Chief and Fellowship Director, Endocrine Surgery, and Vice Chair of Education, Department of Surgery, University of Alabama Birmingham Health System/School of Medicine, Birmingham, Alabama, USA; and **Jennifer A. Best, MD,** is Associate Professor, Department of Medicine, and Associate Dean for Education and Accreditation, Graduate Medical Education, University of Washington School of Medicine, Seattle, Washington, USA.

Corresponding author: Laura A. Hanyok, MD, Johns Hopkins University School of Medicine, Baltimore, Maryland, USA, lhanyok2@jhmi.edu