

Frequently Asked Questions: Medical Genetics
Review Committee for Medical Genetics
ACGME

Question	Answer
Sponsoring Institution	
How much protected time and financial support for the program director must the sponsoring institution provide? <i>[Program Requirement: I.A]</i>	The sponsoring institution should provide at least 20% financial support or provide equivalent protected time to the program director. The sponsoring institution must not require the program director to generate funding for this support through his or her clinical activities.
What alternative services must there be if the sponsoring institution does not also sponsor an ACGME-accredited pediatrics program, internal medicine program, and obstetrics and gynecology program? <i>[Program Requirement: I.A.1]</i>	In the absence of an ACGME-accredited pediatric program, internal medicine program, and obstetrics and gynecology program, these clinical services must be present at the primary clinical site.
Participating Sites	
Must there be a program letter of agreement (PLA) for each participating site providing an educational experience in any of the required laboratories? <i>[Program Requirement: I.B.1]</i>	Yes, the Review Committee requires a PLA for each site that provides each of these required laboratory experiences. While each required laboratory experience is achieved in a two-week rotation, it is critically important to the development of a competent medical geneticist. Therefore, the information required by a PLA is essential for ensuring program director oversight and a quality educational experience for the residents.
Program Director	
How must a change in program leadership be reported? <i>[Program Requirement: II.A.1]</i>	A new program director must be reported electronically through the ACGME's Accreditation Data System (ADS), using the current program password for ADS access. All requested information must be provided. Once the required information has been submitted, a new temporary program password will be sent to the e-mail address provided for the new program director. ADS will generate a notice of the change to the Review Committee. At its next meeting, the Committee will review all program director changes that have occurred since the last regularly-scheduled Review Committee meeting, and will notify programs directly if their program director changes are not approved. Programs whose institutions require documentation for approval of a change in program director should contact the executive director of the Review

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<p>What must a program do to ensure continuity of program leadership when the program director is on sabbatical?</p> <p><i>[Program Requirement: II.A.1.a)]</i></p>	<p>Committee at the ACGME.</p> <p>An interim program director must be appointed for a temporary absence of one or more months of the full-time program director. The interim program director must have current American Board of Medical Genetics (ABMG) certification and at least two years of experience following the completion of graduate medical education.</p>
<p>Is there a limit to the amount of time there can be an interim program director before the program will be cited for not having a permanent program director?</p> <p><i>[Program Requirement: II.A.1.a)]</i></p>	<p>A notification, including the name and contact information of the interim program director, as well as the anticipated length of the temporary appointment, should be sent by e-mail to the executive director of the Review Committee. The temporary appointment should not be entered into ADS. If the absence of the regularly-appointed program director extends beyond nine months, a permanent replacement must be appointed and reported to the ACGME via ADS.</p>
<p>What specialty expertise and documented educational and administrative experience are acceptable to the Review Committee for a newly-appointed program director?</p> <p><i>[Program Requirement: II.A.3.a)]</i></p>	<p>Newly appointed program directors must have at least four years of experience as an attending genetics faculty member following completion of the most recently completed graduate medical education. Fellowship, post-doctoral education, and other educational time do not fulfill the four-year experience requirement. Program directors must also meet the requirements for Maintenance of Certification in clinical genetics through the ABMG.</p>
<p>What specialty qualifications other than ABMG certification in clinical genetics are acceptable to the Review Committee?</p> <p><i>[Program Requirement: II.A.3.b)]</i></p>	<p>The Review Committee accepts only ABMG certification; no other credentials or equivalent qualifications are acceptable. The Committee does not grant waivers to this requirement and will withhold accreditation of new programs that are not led by ABMG-certified medical geneticists.</p>
<p>Must the program director have a full-time appointment at the primary clinical site?</p> <p><i>[Program Requirement: II.A.3.c)]</i></p>	<p>The program director must have a full-time faculty appointment at the primary clinical site.</p>
<p>How must a request for a change in resident complement be submitted?</p> <p><i>[Program Requirement: II.A.4.n).(2)]</i></p>	<p>All requests for changes in resident complement, whether permanent or temporary, must be made through ADS. Note that ACGME staff will not receive the resident complement request until the designated institutional official (DIO) has approved the request in ADS.</p> <p>Additional information about requesting a change in resident complement for medical genetics programs is posted on the Review Committee's web page on the ACGME website at: http://www.acgme.org/acWebsite/RRC_130/130_resComp.pdf.</p>
<p>What types of changes in the program's</p>	<p>Major changes in program structure that require approval by the Review Committee</p>

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<p>curriculum are considered major and require Review Committee approval?</p> <p><i>[Program Requirement: II.A.4.n).(3)]</i></p>	<p>include: changes in participating sites; anticipated changes in resident complement (unless a temporary increase is due to a medical leave or remediation of three months or less); the presence of other programs (such as combined programs); new elective rotations, including global health electives; or a change in block rotations that significantly alters resident experience. Program directors should contact the executive director of the Review Committee at the ACGME if they are unsure whether Committee approval is needed.</p>
<p>What type and how much scholarly activity must the program director demonstrate?</p> <p><i>[Program Requirement: II.A.4.p)]</i></p>	<p>The program director must document at least one of the following scholarly activities for each academic year: peer-reviewed funding; publication of original research or review articles in peer-reviewed journals, or chapters in textbooks; or publication or presentation of case reports or clinical series at regional or national professional and scientific society meetings.</p>
Faculty	
<p>Does the Review Committee accept qualifications other than ABMG certification in clinical genetics for the three physician faculty members required at participating sites?</p> <p><i>[Program Requirement: II.B.2.a)]</i></p>	<p>At least two of the three physician faculty must have ABMG certification in clinical genetics. The Review Committee does not accept alternative qualifications. However, these faculty members need not be full-time, as long as the program ensures that residents are appropriately supervised and provided with all required didactic and clinical experiences at these sites.</p>
<p>What qualifications must faculty members have if they are responsible for resident education in each of the three required laboratory experiences?</p> <p><i>[Program Requirement: II.B.2.b)]</i></p>	<p>In addition to the certifications specified as requisite in the Program Requirements, all faculty members responsible for resident education during laboratory rotations must meet local and state requirements for directing a clinical laboratory.</p>
<p>What are appropriate qualifications and institutional appointments for non-physician faculty members, such as genetic counselors, nurses, and nutritionists?</p> <p><i>[Program Requirement: II.B.4]</i></p>	<p>The Review Committee accepts hospital-approved credentialing for non-physician faculty members.</p>
<p>What are the specific expectations for faculty scholarly activity?</p>	<p>Each core physician faculty member must document at least one of the following scholarly activities per academic year: peer-reviewed funding; publication of original research or review articles in peer-reviewed journals, or chapters in textbooks;</p>

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<i>[Program Requirement: II.B.5.b)]</i>	publication or presentation of case reports or clinical series at regional or national professional and scientific society meetings; or participation in national committees or educational organizations related to medical genetics.
Resident Appointments	
<p>Can positions approved for core medical genetics residents be filled by residents in a combined program such as pediatric-medical genetics?</p> <p><i>[Program Requirement: III.B]</i></p>	<p>Positions that have been approved for core medical genetics residents must not be used for combined residents. The program must either request a change in resident complement to reallocate one or more of the currently-approved positions for combined residents, or request an increase in resident positions – identifying the number of positions that will be reserved for core residents and the number of positions that will be reserved for combined residents. Because each combined resident spends only part of his or her time in the medical genetics program (e.g., 50% for combined pediatric-medical genetics programs), each position approved for a combined resident in the medical genetics program will permit two combined residents to be accepted into the combined program. The participating pediatrics program should reserve the same number of its approved positions for the residents in the combined pediatrics-medical genetics program.</p>
<p>When should programs request a temporary increase in resident complement?</p> <p><i>[Program Requirement: III.B]</i></p>	<p>A temporary increase in resident complement should be requested when the number of on-duty residents will temporarily exceed the total approved resident complement. This situation may occur under the following circumstances: an institution is closing and the program wishes to accept displaced residents; a current resident requires a medical leave for greater than three months and the program wishes to recruit the full approved complement for the next entering class; the educational program for a current resident must be extended for more than three months beyond the required four years due to the need for remediation. Temporary increases should be limited to one position per year unless unique circumstances occur.</p>
<p>Under what circumstances will the Review Committee approve a temporary increase in resident complement?</p> <p><i>[Program Requirement: III.B]</i></p>	<p>When considering a request for an increase in resident complement, whether temporary or permanent, the Committee reviews the program's current accreditation status, recent program history, Resident Survey data, and program resources. The decision is based on the how an increase might impact the education of current residents and the presence of sufficient resources to support the education of the proposed number of residents.</p>
<p>What procedures must be followed for accepting a transfer resident into the program?</p> <p><i>[Program Requirements: III.C.1-2]</i></p>	<p>The program director must receive a summative, competency-based performance evaluation of the transferring resident and a written or electronic verification of his or her previous educational experiences <i>prior</i> to accepting him or her into the program. Examples of verification of previous educational experiences include a list of rotations completed, evaluations of various educational experiences, and/or narrative</p>

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	<p>descriptions of procedural experience. This information must be maintained in the resident's file for review at the time of the program's next site visit. The Review Committee does not need to be notified of transferring residents, provided there is an open position for the resident and the number of on-duty residents will not exceed the approved complement. Once appointed, the resident should be entered into ADS. It is recommended that plans to accept a resident from another program be discussed with the ABMG prior to accepting him or her into the program in order to identify any issues that could potentially affect the resident's eligibility for certification.</p> <p>Additional information about resident transfers can be found on the ACGME website at http://www.acgme.org/acWebsite/navPages/ResidentTransfers.pdf.</p>
<p>Are residents who have completed an ACGME-accredited program in any specialty eligible for appointment in a medical genetics program?</p> <p><i>[Program Requirements: Int.D.1.a); III.D]</i></p>	<p>Yes, residents who have completed two or more years of an ACGME-accredited residency program in any specialty are eligible for appointment. However, residents must also document 12 months of direct patient care experience prior to starting a medical genetics program.</p>
<p>Are residents who have completed a residency accredited by the Royal College of Physicians and Surgeons of Canada or who have completed education in another country eligible for appointment?</p> <p><i>[Program Requirements: Int.D.1.a); III.D.]</i></p>	<p>No, such residents are not eligible for appointment to fill ACGME-approved positions. They may be educated in the medical genetics program, but would be considered 'other learners,' and their presence in the program must not interfere with the appointed residents' education.</p>
Program Curriculum - Didactics	
<p>Since attendance by faculty members and residents at clinical teaching conferences must be documented, is there a level of attendance required in order to avoid a citation?</p> <p><i>[Program Requirement: II.A.4.q)]</i></p>	<p>Resident clinical schedules should be arranged to permit all residents to attend all required clinical teaching conferences. The Review Committee recognizes that unexpected clinical situations or personal needs will occasionally prevent a resident from attending, but this should be rare. The Review Committee will view the regular recurring absence of one or more residents as indicating inadequate resources and/or oversight of the program. Each clinical conference should be attended by the majority of the core faculty.</p>
<p>What topics must the required one-year graduate course have that are not typically contained in a one-year introductory medical genetics course?</p>	<p>The following topics must be covered at an advanced (non-introductory) level: population and quantitative genetics; mendelian and non-mendelian genetics; cytogenetics; biochemical genetics; and molecular genetics. The ABMG clinical genetics certification exam content outline (http://www.abmg.org/pdf/Clinical%20Study%20guide%202011.pdf) should be</p>

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<i>[Program Requirement: IV.A.5.b).(2)]</i>	consulted as a guide to appropriate topics to include.
Does attendance by residents at research presentations during laboratory rotations satisfy the requirement for research seminars? <i>[Program Requirement: IV.A.5.b).(2).(a)]</i>	No. Residents must participate in research presentations during each laboratory rotation, as well as in the discussion of laboratory data during other clinical conferences throughout their education. In addition, there must be a regularly scheduled research seminar series that focuses on discussion of emerging knowledge and techniques.
Program Curriculum - Resident Experiences	
Is there a minimum required amount of time each resident must work with genetic counselors, nurses, nutritionists, and other health care providers? <i>[Program Requirement: II.C.1]</i>	No. The Review Committee does not specify a minimum amount of time to be spent with these providers, since such providers are involved in the care of most medical genetic patients, and are part of the health care team with which each resident regularly works.
Is it permissible for residents to also be assigned patient care responsibilities during each of their three laboratory rotations? <i>[Program Requirement: IV.A.5.a).(9)]</i>	No. Residents must not be assigned clinical responsibilities at the same time they are participating in the required laboratory experiences.
Resident's Scholarly Activity	
What are the specific expectations for resident scholarly activity during the course of the program? <i>[Program Requirement: IV.B.2.a)]</i>	Each resident must demonstrate scholarship through at least one scientific presentation, abstract, or submission of an article for publication during the 24-month program.
Evaluation	
Does the Review Committee have any recommendations for tools to assess competence in any or all of the six competency domains? <i>[Program Requirement: V.A.1.b).(1)]</i>	The Review Committee recommends that residents take the Association of Professors of Human and Medical Genetics (APHMG) in-service exam each year. Use of the results must be limited to identifying areas that need improvement for individual residents.
How should a small program ensure that residents' annual written evaluations of faculty members remain confidential?	Small programs should combine evaluations with larger programs or other learners rotating through the program and report aggregated results. The DIO should collect all evaluations and report the results with the evaluator <i>de-identified</i> to the program

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<i>Program Requirement: V.B.3]</i>	director.
<p>What are the Review Committee's expectations regarding faculty development activities which must be monitored for program evaluation and improvement?</p> <p><i>Program Requirement: V.C.1.b)]</i></p>	<p>Faculty members are expected to participate in institutional faculty development programs to develop GME skills, attend program director meetings, participate in maintenance of certification, and attend specialty society meetings to expand knowledge in the specialty</p>
<p>Does the Review Committee expect each program's graduates to achieve a certain pass rate on the certifying examination in order to demonstrate improvement?</p> <p><i>Program Requirement: V.C.1.c)]</i></p>	<p>At least half of a program's graduates from the preceding 10 years must have taken the ABMG certifying exam, and at least 75% of the program's graduates from the preceding five years taking the ABMG clinical genetics certifying exam for the first time must pass. If fewer than 10 residents graduated from a given program in the preceding five years, then at least 75% of the program's 10 most recent graduates taking the exam for the first time must pass.</p>
<p>How should a small program ensure that faculty members' and residents' annual written evaluations of the program remain confidential?</p> <p><i>[Program Requirement: V.C.1.d).(1)]</i></p>	<p>Small programs should combine evaluations with larger programs or other learners rotating through the program and report aggregated results. The DIO should collect all evaluations and report the results with the evaluator <i>de-identified</i> to the program director.</p>
Duty Hours	
<p>Are there situations in which residents can be supervised by licensed independent practitioners?</p> <p><i>[Program Requirement: VI.D.1]</i></p>	<p>Genetic counselors may, on occasion, supervise residents in unique educational settings within the scope of their licensure. Oversight by a physician faculty member during these situations is required.</p>
<p>How does the Review Committee define "intermediary metabolism?"</p> <p><i>[Program Requirement: VI.E.1]</i></p>	<p>Intermediary metabolism is any enzyme-catalyzed process within cells that metabolizes macronutrients, carbohydrate, fat, and protein. Examples include aminoacidopathies, organic acidemias, fatty acid oxidation disorders, and disorders of carbohydrate metabolism. This would not include mitochondrial disorders or lysosomal storage disorders.</p>
<p>What roles must residents have in the interprofessional health care team?</p>	<p>As a member of the interprofessional health care team, residents must have key roles in diagnostic work-up, treatment decisions, measurement of treatment outcomes, and the communication and coordination of these activities with program faculty members</p>

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<i>[Program Requirement: VI.F.]</i>	and referring sources.
<p>What are examples of circumstances when residents in the final years of education could stay on duty with fewer than eight hours free of duty?</p> <p><i>[Program Requirement: VI.G.5.c).(1)]</i></p>	<p>Circumstances under which MG-2 residents may stay on duty with fewer than eight hours free of duty include:</p> <ul style="list-style-type: none"> a) providing care for acutely-ill metabolic patients; b) delivering a child with multiple anomalies, such that emergent genetic evaluation is needed; c) providing end-of-life care for a patient assigned to the resident, including providing support to the family; d) a unique opportunity to learn about a rare genetic condition; or, e) an immediate need to obtain appropriate genetic or metabolic samples prior to or immediately after demise.
Other	
<p>What is the timetable for submission of an application for accreditation of a new medical genetics program?</p>	<p>It takes approximately 12 months from the time the application is received by the Review Committee staff at the ACGME offices until the Review Committee evaluates the application. This provides time for internal processing, including assignment of a unique program number, and scheduling and conducting a site visit. Site visit dates are set a minimum of four months before they occur, and the Site Visit Report must be received by the Review Committee staff 10 weeks before the Review Committee meeting at which the program's application will be reviewed. Residents should not be appointed prior to notice of program accreditation. Programs are advised to consult the National Resident Matching Program and Electronic Residency Application Service deadlines as part of the application planning process. Additional information about the application process can be found on the ACGME website at http://www.acgme.org/acWebsite/home/Accreditation_Application_Process.asp.</p>
<p>Can additional materials, such as program brochures, containing information requested in the program information form (PIF) be submitted with the application documents?</p>	<p>All information should be provided in the designated section of the PIF. No additional material is to be attached to the PIF unless expressly requested in the PIF instructions.</p>
<p>What font should be used the fonts specified in the PIF are unavailable?</p>	<p>Fonts and point sizes comparable to those specified in the PIF instructions may be used as long as they are easy to read. The questions should be in a smaller bold type to differentiate the question from the answer.</p>
<p>Should residents in a combined program be included in the calculation of Board pass</p>	<p>Residents in combined programs should be listed in the PIF in the section provided for that purpose, but should not be included when calculating Board pass rates for</p>

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rates for graduates of the participating ACGME-accredited programs for the PIF? Should their scholarly activities be listed?	program graduates. Their scholarly activities also should not be included in the PIF.
How should programs determine which physician faculty members meet the requirements for core faculty to be listed in the PIF physician faculty roster? What information needs to be included in the CVs?	Faculty members who devote at least 15 hours per week to resident education and administration are automatically designated as core faculty and CVs must be provided for each of these core faculty members. <u>All</u> physician faculty members, up to a maximum of 25, who provide essential teaching, supervision, research involving residents, and/or administrative support, regardless of whether they provide 15 or more hours to the program, should be listed in the physician faculty roster. This must include the person(s) responsible for resident education in each of the three required laboratory rotations. For each physician faculty member listed, the program must indicate how much time, <u>on average throughout an academic year</u> , he or she devotes to clinical supervision, administration related to the program, didactic teaching, and research involving residents. This should be listed as actual hours on average per week, calculated over one typical academic year. The role of each core faculty member in the program must be included in the CV, and this role should be consistent with information provided in the later narratives describing rotations in the specialty-specific portion of the PIF.
How should programs determine which non-physician faculty members should be included in the non-physician faculty roster of the PIF? What information needs to be included in the CVs?	Non-physician faculty members (usually PhDs, genetic counselors, and nurses) who provide required/essential teaching and/or supervision, including research supervision, should be included in the non-physician faculty roster. These faculty members may be full-time or part-time regular tenure-track or non-tenure-track appointees, adjunct appointees, or volunteer faculty members as defined by each institution. In addition, other non-physician professionals who provide required education (e.g., social workers) should be included in the non-physician faculty roster. CVs must be provided for each listed individual. The role of each listed individual in the program must be included in the CV and this role should be consistent with information provided in the later narratives describing rotations in the specialty-specific portion of the PIF.
Can rotations be entered by weeks instead of by months on the block diagram in the PIF?	Programs that organize their schedules by weeks may enter the “rotation months” in blocks of four full-time equivalent (FTE) weeks. The narrative section of the PIF should indicate if the schedule is by months or weeks. If the total number of rotation “Months” does not equate to 12 months (52 weeks) for all sites combined per year, an explanation must be provided.

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