Medical Genetics RRC Update

Mira B. Irons MD, RRC Chair
Pamela L. Derstine PhD, RRC Executive Director

Medical Genetics Program Directors Meeting
Wednesday, May 4, 2011

Topics

• RRC Member Information
• Program Accreditation Information
• New Duty Hour Requirements
• Review Committee Projects
RRC Membership

- 7 voting members
  - ABMG – 2 members
  - ACMG – 2 members
  - AMA (CME) – 2 members
  - 1 resident member

- Leadership
  - Mira B. Irons MD, Chair (ABMG)
  - Susan J. Gross MD, Vice-Chair (ACMG)

RRC Membership

- Mira B. Irons MD **RRC Chair**
- Susan J. Gross MD **RRC Vice Chair**
- Bruce R. Korf MD, PHD
- Cynthia M. Powell MD
- Nathaniel H. Robin MD
- V. Reid Sutton MD **RRC Vice Chair-Elect**
- Audrey C. Woerner MD Resident Member
- Miriam (Mimi) Blitzer PhD **ABMG Ex-Officio**
Incoming RRC Members

• Hans Christoph Andersson, MD  
  replacing Bruce R. Korf, MD
• Shawn E. McCandless, MD  
  replacing Nathaniel H. Robin, MD

Welcome!!!!!

Resident RRC Member

• 2-year term 7/1/2012-6/30/2014
• Current resident in ACGME-accredited program
• Can serve one-year beyond completion of program
• Recruitment notice sent mid-July  
  (PD listserv; ACGME e-communication; RRC newsletter)
• Nominations due September 1, 2011
Your ACGME Team

- Pamela L. Derstine, PhD  
  *RRC Executive Director*
- Susan E. Mansker  
  *RRC Associate Executive Director*
- Jennifer M. Luna  
  *RRC Accreditation Administrator*
- Deidre M. Williams  
  *RRC Accreditation Assistant*
- Samantha Alvarado  
  *WebADS Representative*
- Andrew Turkington  
  *Resident Case Log Support*

Resident Complement

<table>
<thead>
<tr>
<th>Medical Genetics</th>
<th>Approved</th>
<th>On Duty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # Residents</td>
<td>210</td>
<td>89</td>
</tr>
<tr>
<td>Max # Residents/Program</td>
<td>17</td>
<td>9</td>
</tr>
<tr>
<td>Min # Residents/Program</td>
<td>1</td>
<td>0*</td>
</tr>
<tr>
<td>Average ± SD # Residents/Program</td>
<td>4.1 ± 3.0</td>
<td>1.7 ± 2.0</td>
</tr>
<tr>
<td>Total Programs = 51</td>
<td>* 13 programs</td>
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### Resident Complement

<table>
<thead>
<tr>
<th>MBG</th>
<th>Approved</th>
<th>On Duty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # Residents</td>
<td>16</td>
<td>2</td>
</tr>
<tr>
<td>Max # Residents/Program</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Min # Residents/Program</td>
<td>1</td>
<td>0*</td>
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<tr>
<td>Average ± SD # Residents/Program</td>
<td>2 ± 1.1</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Total Programs = 8</td>
<td>* 6 programs</td>
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### Resident Complement

<table>
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<tr>
<th>MGP</th>
<th>Approved</th>
<th>On Duty</th>
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</thead>
<tbody>
<tr>
<td>Total # Residents</td>
<td>47</td>
<td>37</td>
</tr>
<tr>
<td>Max # Residents/Program</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Min # Residents/Program</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Average ± SD # Residents/Program</td>
<td>1.5 ± 0.7</td>
<td>1.2±0.7</td>
</tr>
<tr>
<td>Total Programs = 31</td>
<td></td>
<td></td>
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</tbody>
</table>
Resident Complement Trends

- MG Approved
- MG On-Duty
- MG Combined On-Duty
- MG Total On-Duty

Number of Residents

01-02 02-03 03-04 04-05 05-06 06-07 07-08 08-09 09-10 10-11

Fellow Complement Trends

- MGP Approved Positions
- MGP On-duty Fellows
- MBG Approved Positions
- MBG On-duty Fellows

Number of Fellows

02-03 03-04 04-05 05-06 06-07 07-08 08-09 09-10 10-11
### Current Accreditation Status

- **Medical Genetics** (n=51)
- **Medical Biochemical Genetics** (n=8)
- **Molecular Genetic Pathology** (n=31)

![Bar chart showing current accreditation status](chart1.png)

### Current Cycle Lengths

- **Medical Genetics Programs**
- **All Programs**

![Bar chart showing current cycle lengths](chart2.png)
Summary: RRC Accreditation Decisions
01/06 – 12/10

<table>
<thead>
<tr>
<th></th>
<th>Medical Genetics</th>
<th>National</th>
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</thead>
<tbody>
<tr>
<td># Accreditation Decisions</td>
<td>112</td>
<td>10,954</td>
</tr>
<tr>
<td># Programs Reviewed</td>
<td>73</td>
<td>8,516</td>
</tr>
<tr>
<td>Mean Cycle Length ± SD</td>
<td>4.3 ± 1.21</td>
<td>4.0 ± 1.11</td>
</tr>
<tr>
<td>Mean # Citations/Program ± SD</td>
<td>1.7 ± 1.76</td>
<td>3.5 ± 3.23</td>
</tr>
<tr>
<td>Min/Max # Citations/Program</td>
<td>0/6</td>
<td>0/25</td>
</tr>
<tr>
<td>Programs Without Citations*</td>
<td>35%</td>
<td>20%</td>
</tr>
<tr>
<td>Probationary Action/Warning*</td>
<td>2.1%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Initial Status*</td>
<td>6.3%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Withdrawals*</td>
<td>0</td>
<td>4.4%</td>
</tr>
<tr>
<td>Progress Reports*</td>
<td>15.2%</td>
<td>16.2%</td>
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</tbody>
</table>

* % of Programs Reviewed

Recent Common Citations

- Program Director, 20.4%
- Faculty, 20.4%
- Evaluation, 16.3%
- Curriculum, 12.2%
- Program Evaluation, 22.5%
- Resources, 8.2%
Recent Common Citation Areas

Program Evaluation

- Formal, systematic annual evaluation of program
- Monitor and track current resident performance
- Monitor and track performance of graduates on certification exam
- Documented discussion of faculty development activities and outcomes
- Written, confidential evaluations of program curriculum by faculty and residents
- Written action plans; evidence of follow-up
- Annual evaluation even if no current residents in program

Program Director

- Responsibilities: ACGME required info accurate and complete (PIF; ADS)
- Responsibilities: resident appointment issues (verify previous education; written criteria for selection and promotion)
- Responsibilities: written program-level policies; how they are operationalized

Faculty

- Qualifications (current board certification, including qualifications for lab directors)
- Sufficient number (three including program director)
- Responsibilities (time and interest devoted to program, e.g., attendance at didactics; availability for clinical teaching and supervision)
Recent Common Citation Areas

Evaluation
- Resident (semiannual performance evaluation with feedback; use of multiple evaluators)
- Resident (summative evaluation: document performance during final period of education and verify competence to enter practice without direct supervision)
- Faculty (annual confidential evaluation by residents; must include all program residents for all faculty, not just rotation-specific)

Curriculum
- Goals and objectives specific for each rotation and each level of education
- Evidence that faculty and residents are familiar with and use G&O
- Graduate level course/equivalent must address all required topics

Recent Common Citation Areas

Resources
- Office Space (attention to impact of other learners)
- Number and variety of available patients (inpatients and outpatients; all ages; exposure to the natural history of a wide range of genetic disorders)
- Number and variety of tests during lab rotations
2011 Duty Hours

PRINCIPLES
- graded and progressive responsibility
- supervision that:
  - assures safe and effective care to individual patient
  - assures each resident’s development of skills, knowledge and attitudes
  - establishes a foundation for continued professional growth
- includes residents AND faculty

New Sections
- Professionalism, Personal Responsibility, and Patient Safety
- Transitions of Care
- Clinical Responsibilities*
- Teamwork*
- Maximum Frequency of In-House Night Float*

* Specialty-specific PRs (see handouts)
2011 Duty Hours

Professionalism, Personal Responsibility, and Patient Safety

- educate residents & physicians re: “fitness for duty”
- resident active participation in interdisciplinary clinical QI and patient safety programs
- compromising education with non-physician service obligations
- culture of professionalism that supports patient safety and personal responsibility for residents & faculty – 8 specific requirements

2011 Duty Hours

Transitions of Care

- clinical assignments designed to minimize number of transitions in patient care
- effective, structured hand-over processes
- resident competence in communicating with team members in hand-over process
- schedules that inform all members of team of who is responsible for what
2011 Duty Hours

Clinical Responsibilities
• based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services

*Specialty-specific optimal clinical workload:
The workload for a resident at any level must be no more than four patients with a confirmed diagnosis of an inborn error of intermediary metabolism* in an ICU setting, or six patients with a confirmed diagnosis of an inborn error of intermediary metabolism in a non-ICU setting.

* See FAQ for definition of intermediary metabolism

2011 Duty Hours

Teamwork
• opportunity to work in interprofessional teams

*Specialty-specific requirements: Current PR II.C.1.
“Residents must have regular opportunities to work with genetic counselors, nurses, nutritionists, and other health care professionals who are involved in the provision of clinical medical genetics services.”
2011 Duty Hours

Expanded Section - Supervision

- identifiable practitioner responsible for each patient*
- levels of supervision
  - direct (physically present with resident and patient)
  - indirect with direct immediately available (supervisor physically within site of patient care and available to provide direct)
  - indirect with direct supervision available (supervisor immediately available by phone, etc. and is available to provide direct)
  - oversight (supervisor provides review and feedback after care is delivered)

2011 Duty Hours

Supervision - Principles

- evaluate each resident’s abilities based on specific criteria
- set guidelines for circumstances/events when residents must communicate with supervisor
- supervision assignments long enough to assess resident and assign appropriate patient care authority & responsibility
- PGY-1 supervision
  - achieved competencies to progress to indirect supervision*
* MG1 residents are not considered PGY1 residents
2011 Duty Hours

Work Hours
• 80 hours/wk (averaged)
  • includes in-house call and all moonlighting
  • PGY-1 cannot moonlight
• one day free every week (averaged)
  • no at-home call during free days
• PGY-1 must not exceed 16 hour duty period
• PGY-2 and above max. 24 hour duty period
  • no new clinical duties after 24 hours
  • 4 additional hours allowed (must document reasons)

2011 Duty Hours

Work Hours
• PGY-1
  • should have 10 hours; must have 8 hours between scheduled duty periods
• Intermediate (MG1)
  • same but must have 14 hours free after 24 hours in-house duty
• Residents in final years (MG2)
  • 8 hours free desirable
Circumstances under which MG2 residents may stay on duty with fewer than eight hours free of duty may be:

(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
(e) an immediate need to obtain appropriate genetic or metabolic samples prior to demise

Work Hours
• In-house Night Float*

* Residents must not be assigned night float duties
Compliance

Data Reviewed by RRCs
• Resident Survey (see handouts)
  o results aggregated into 5 areas (duty hours, faculty, evaluation, educational content, resources)
  o results compared to established national thresholds for each area
  o potential RRC actions: warning letter, request for progress report, expedited site visit
• Faculty Survey (new, 2011-2012)
• Revised PIF items (available in WebADS 6/23/11)
  o programs with site visits July-August use current PIF, complete DH section of new PIF describing plans for complying

Compliance

Resources
• FAQs for new DH CPRs: http://www.acgme.org/acWebsite/dutyHours/dh-faqs2011.pdf
• Glossary of Terms related to new DH CPRs: http://www.acgme.org/acWebsite/dutyHours/dh-GlossaryofTerms2011.pdf
• Specialty-specific Definitions (see handouts)
• RRC Newsletter (see handouts): http://www.acgme.org/acWebsite/RRC_130_News/MedGen_Newsletter-Dec10.pdf
Current RRC Projects

• Revising all program requirements
• Developing FAQs for current requirements
• Notable Practices
• Planning participation in ACGME Milestone Project

PR Revision Timelines

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Post for Public Review and Comment</th>
<th>ACGME Board Review &amp; approval</th>
<th>Anticipated Effective Date</th>
</tr>
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<tbody>
<tr>
<td>Medical Biochemical Genetics*</td>
<td>12/2011</td>
<td>2/2013</td>
<td>7/2014</td>
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</table>

* As part of revising MBG and MGP PRs with new DH PRs, the other CPRs have also been revised to the 2009 CPRs for one-year fellowships. These are effective July 1, 2011.
Major Proposed Revisions

- Program Length: 24 months only
- Program Director
  - 0.1 FTE protected time
  - must have ABMG certification clinical genetics
  - must meet ABMG MOC requirements
  - min. 4 yr attending level faculty appt in specialty
  - current full-time faculty appt
  - interim needed if PD absent ≥ 1 mo
  - interim: ABMG certification and 2 yr experience
  - permanent replacement if > 9 mo

Major Proposed Revisions

- Lab Directors must be ABMG certified (molecular can be ABMG or ABPath)
- Must have dedicated program coordinator
- Resident Eligibility
  - min. 1 year primary care (ACGME, RCPSC)
  - 11 mo. direct patient care; specified outcomes
- Program Organization
  - 2 years
  - min. 18 mo. competency-based education includes 6 weeks lab; specified experiences in each of 3 lab types; specified #/variety cases
  - formal didactic sessions (grad crs not req’d)
Major Proposed Revisions

- Scholarly Activity
  - PRs specified for faculty and for residents
- Formative Evaluation
  - must include in-training exam
- Program Evaluation
  - must include ABMG certification exam results
  - min. pass rate 75% for program graduates from the preceding 6 years who take exam for first time

Medical Genetics Notable Practices

Notable Practice Website
http://www.acgme.org/acWebsite/notablepractices/default.asp?SpecID=17

Categories (so far!)*
- Competency-based Goals and Objectives
- Model Curricula
- Program Curricula
- Faculty Development Resources

* New NP’s announced in ACGME e-communication
Milestones

• Next step in the Outcome Project
• Milestone definition: description (in specific behavioral terms) of the performance level expected of a resident by a particular time during their residency
• Aggregate resident performance on the milestones used as an indicator of a program’s educational effectiveness
• Board use as part of eligibility for certification

References
Green, ML, et. al. (2009) charting the road to competence: developmental milestones for internal medicine residency training. JGME 1 (2): 5-18.
Your Turn!