ACGME Transition

APHMG 2019

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Disclosures

There are no conflicts to disclose
Important Dates

• First lab fellowship applications reviewed in April 2019
• Review Committee will continue to review applications at every meeting as needed
• Anticipated end of transition: December 30, 2020
  • Expectation that all ABMGG-accredited programs will have applied for or received ACGME accreditation by this point
  • ACGME and ABMGG will work closely to ensure a smooth transition for all programs
Key Terms/Abbreviations

- Common Program Requirements: the requirements that apply to all specialties and programs in a particular group
  - CBG and LGG use the Post-doctoral Education Programs version

- Program Requirements: the requirements that apply to a particular specialty (includes both common and specialty-specific language)
  - One set for CBG and one set for LGG
Key Terms/Abbreviations

- Designated institutional official (DIO): the individual in a Sponsoring Institution who has the authority and responsibility for all ACGME-accredited programs at that institution

- Review Committee: the group comprised of volunteer experts in a field that sets accreditation standards and provides peer review of programs against those standards
  - Includes a member with CBG expertise and a member with LGG expertise
Key Terms/Abbreviations

• Sponsoring Institution: the organization (or entity) that assumes financial and academic responsibility for a program; Sponsoring Institutions are held to the Institutional Requirements and reviewed by the Institutional Review Committee

• Accreditation Data System (ADS): a web-based software system to collect, organize, and maintain information for accreditation and recognition purposes, and a means of communication between the ACGME and Sponsoring Institutions and programs
Key Terms/Abbreviations

• Clinical Competency Committee (CCC): a required body comprising of three or more members of the active teaching faculty members that is advisory to the program director and reviews the progress of all post-doctoral fellows in the program

• Program Evaluation Committee (PEC): a required body comprising of at least two program faculty members and one post-doctoral fellow that conducts formal, systematic evaluation of the curriculum and program at least annually

• Participating site: an organization providing educational experiences or educational assignments for post-doctoral fellows
Application Basics

Common Application
- Completed online in ADS
- Questions related to general structure of program and learning environment
- Includes faculty CV information

Specialty-Specific Application Form
- Word document filled out then uploaded into ADS
- Questions related to the specialty educational content of the program

Document Uploads
- Documentation and policies uploaded into ADS
- Includes: program policies/procedures, evaluation forms, block diagram
Faculty CV Pitfalls

- All education programs, certifications, licensures (if applicable), and academic appointments not listed separately
  - Use "add" button in ADS to add more than one
- Not listing associate/assistant program director (if required for LGG)
  - Note in "Faculty Description" part who is APD
- Not noting required certifications or MOC for program director/associate/assistant program director
Document Uploads Pitfalls

- Documentation is for another program
  - Can share forms as appropriate, but must demonstrate that CBG and/or LGG have forms specifically for those programs
- Evaluations of faculty members and of program not included
  - Must have one form showing evaluation of the program itself, and another form showing evaluation of faculty members
• Semiannual and Summative evaluations not to Program Requirements
  • Cannot just be Milestones forms
  • Cannot just be end-of-rotation forms, these are summative
  • Summative (final) evaluation must indicate that post-doctoral fellow has demonstrated sufficient competence to enter practice without supervision
Competency-Based Goals and Objectives

- Program must have competency-based goals and objectives for each rotation
  - Application asks for sample for one rotation in each year
  - These are **not** the Milestones
  - Must show goals/objectives for each of the six ACGME Core Competencies
  - Must be specific to each rotation
Inaccurate or Incomplete Information

- Program director must ensure that all information submitted to the ACGME is accurate and complete.
- Proofread to be sure everything is correct.
- Information/documentation submitted must be in compliance with ACGME requirements.
  - ABMGG forms are not acceptable.
  - Spell out/provide keys for non-standard abbreviations.
Q: Does the Review Committee allow laboratory genetics and genomics programs to be longer than 24 months in length?

A: The Review Committee understands that historically the ABMGG allowed programs in both the 24-month and 36-month formats. The Committee determined that the accredited length of the educational program will be 24 months, but programs are free to offer additional training to fellows if they wish. Programs seeking to offer training outside of the 24-month accredited educational program should contact the ABMGG to determine a fellow’s eligibility for certification.
FAQ: Sleep/Rest Facilities

Q: What are the Review Committee’s expectations for the availability of private sleep/rest facilities?

A: The Review Committee expects that sleep/rest facilities be present within the Sponsoring Institution and be available if the post-doctoral fellow should become fatigued, but these facilities do not have to be located specifically within or adjacent to the laboratory facilities.
FAQ: Coordinator Support

**Q:** What are the Review Committee’s expectations for coordinator support at institutions that have both CBG and LGG programs?

**A:** Each program coordinator must be supported at 10 percent FTE for administrative time. However, if an institution has both CBG and LGG programs, the 10 percent time can be shared between both programs.
FAQ: Patient Case Conferences

**Q:** What are the Review Committee’s expectations for post-doctoral fellows’ participation in patient case conferences?

**A:** The Review Committee expects that this requirement be fulfilled through post-doctoral fellow participation in patient case conferences such as tumor boards or post-clinic conferences, and not in review of laboratory cases.
Q: How can small programs ensure that post-doctoral fellows’ annual written evaluations of faculty members remain confidential?

A: Small programs can combine evaluations with larger programs (like the MGG program, if applicable) or other learners rotating through the program and report aggregate results. The DIO should collect all evaluations and report the results with the evaluator de-identified to the program director.
FAQ: Patient Safety Events

Q: What are the Review Committee’s expectations regarding post-doctoral fellow education and participation in patient safety events and adverse events?

A: The Review Committee understands that post-doctoral fellows do not participate in patient safety in the same way that many other residents/fellows do. The Committee expects programs to focus education on patient safety around proper handling of biological samples and patient information, especially when working in interprofessional teams.
FAQ: Quality Improvement

Q: What are the Review Committee’s expectations regarding post-doctoral fellow education and participation in quality improvement activities?

A: The Review Committee understands that post-doctoral fellows have infrequent interactions with patients, so the opportunities for quality improvement may be different from other GME programs’ residents/fellows. Examples of quality improvement opportunities for post-doctoral fellows include improvement of lab processes and/or proper handling of biological samples.
FAQ: Transitions of Care

Q: How should programs handle transitions of care?

A: The Review Committee understands that post-doctoral fellows have infrequent interactions with patients, however, post-doctoral fellows should still be given education in how to maximize effective communication and minimize errors during hand-offs of biological samples and patient information.
FAQ: Clinical/Patient Care

Q: How will the Review Committee interpret requirements that mention clinical care and patient care, since post-doctoral fellows do not participate in direct patient or clinical care?

A: In the context of post-doctoral laboratory training, the terms “clinical care” and “patient care” will be interpreted to represent clinical laboratory training.
Helpful Resources

- ACGME website
  - MGG section of the website (Program Requirements, specialty-specific application forms, FAQs, agenda closing dates)
  - ACGME Glossary of Terms
- ACGME e-Communication
  - Sent out weekly, includes important updates about the ACGME as a whole as well as updates and announcements from the Review Committee
  - E-mail acgmecommunications@acgme.org to be added to list
We are here to help!

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