Specialty Update: Medical Genetics and Genomics

SES079

2021 ACGME Annual Educational Conference
VIRTUAL EXPERIENCE
#ACGME2021
Conflict of Interest Disclosure

Speaker(s):
Fuki Hisama, MD – Chair, Review Committee for Medical Genetics and Genomics
Kate Hatlak, MSEd, PMC – Executive Director, Review Committee for Medical Genetics and Genomics

Disclosure to the Learner:
None of the above speakers or planners have any conflicts of interest to report.
# Review Committee Membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution/Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fuki Hisama, MD (Chair)</td>
<td>University of Washington</td>
</tr>
<tr>
<td>Dusica Babovic-Vuksanovic, MD (Vice Chair)</td>
<td>Mayo Clinic (Rochester)</td>
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<tr>
<td>Scott Hickey, MD, FACMG</td>
<td>Nationwide Children’s Hospital</td>
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<tr>
<td>Azra Ligon, PhD</td>
<td>Brigham and Women’s Hospital</td>
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<tr>
<td>George Anderson, EdD, MBA (Public Member)</td>
<td>Synchrony Financial</td>
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<tr>
<td>Melissa Merideth, MD, MPH</td>
<td>National Institutes of Health</td>
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<tr>
<td>Donald Basel, MD</td>
<td>Medical College of Wisconsin</td>
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<tr>
<td>Dan Sharer, PhD</td>
<td>University of Alabama at Birmingham</td>
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<tr>
<td>Michael Gambello, MD</td>
<td>Emory University</td>
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<tr>
<td>K. Taylor Wild, MD (Resident Member)</td>
<td>Children’s Hospital of Philadelphia</td>
</tr>
<tr>
<td>Mimi Blitzer, PhD, FACMG (Ex-Officio)</td>
<td>American Board of Medical Genetics and Genomics (ABMGG)</td>
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Welcome!

Frances Van Beek, MSHA, MBA
(Public Member)

• Wellstar Health System
Review Committee Staff

Kate Hatlak, EdD – Executive Director

- khatlak@acgme.org 312.755.7416

Natochia Lewis, MS, PMP – Associate Executive Director

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<table>
<thead>
<tr>
<th>Accreditation Decisions – December 2020</th>
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<tbody>
<tr>
<td>Continued Accreditation</td>
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<tr>
<td>Continued Accreditation with Warning</td>
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<tr>
<td>Probation</td>
</tr>
<tr>
<td>Initial Accreditation</td>
</tr>
<tr>
<td>Site Visit Requested</td>
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</tbody>
</table>
Medical Biochemical Genetics Program Review

| Accreditation Decisions – December 2020          |  
|-----------------------------------------------|---|
| Continued Accreditation                       | 14 |
| Continued Accreditation with Warning          | 0  |
| Probation                                     | 0  |
| Initial Accreditation                         | 0  |
| Site Visit Requested                          | 1  |
# Molecular Genetic Pathology Program Review

## Accreditation Decisions – December 2020

<table>
<thead>
<tr>
<th>Accreditation Type</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Continued Accreditation</td>
<td>8</td>
</tr>
<tr>
<td>Continued Accreditation with Warning</td>
<td>0</td>
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<tr>
<td>Probation</td>
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<tr>
<td>Initial Accreditation</td>
<td>0</td>
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<tr>
<td>Site Visit Requested</td>
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Lab Fellowship Transition

• 42 programs have achieved ACGME accreditation as of December 2020!
  • 11 Clinical Biochemical Genetics
  • 31 Laboratory Genetics and Genomics
• The Review Committee will continue to review lab fellowship applications as they are received. Please check the website or contact ACGME staff members for agenda closing dates.
Common Citations

• Clinical and Educational Work Hours
• Board Pass Rate
• Minimum Number of Core Faculty Members
• Goals and Objectives
• Final/Summative Evaluations
Common Areas for Improvement

• Failure to Provide Required Information
• Clinical Experience (Case Logs)
• Faculty Teaching and Supervision (Resident Survey)
• Educational Content (Resident Survey)
• Professionalism (Resident Survey)
Case Logs

• Review Committee is still seeing programs with residents not logging cases
• Aggregate entry method
  • Residents only have to type in five numbers
  • Can pull right from their ABMGG logbooks
• *All* residents must log cases in ACGME Case Log System
  • This includes residents in combined programs
### Case Log Entry

#### Add Cases

<table>
<thead>
<tr>
<th>Area</th>
<th>Type</th>
<th>Keyword</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Genetics</td>
<td>All</td>
<td></td>
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</tbody>
</table>

#### Code Description

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Area</th>
<th>Type</th>
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</thead>
<tbody>
<tr>
<td>10</td>
<td>Metabolic Genetics</td>
<td>Medical Genetics</td>
<td>Metabolic Genetics</td>
</tr>
<tr>
<td>30</td>
<td>Cancer Genetics</td>
<td>Medical Genetics</td>
<td>Cancer Genetics</td>
</tr>
<tr>
<td>16</td>
<td>Reproductive Genetics</td>
<td>Medical Genetics</td>
<td>Reproductive Genetics</td>
</tr>
<tr>
<td>35</td>
<td>Adult Patient</td>
<td>Medical Genetics</td>
<td>Other</td>
</tr>
<tr>
<td>32</td>
<td>Pediatric Patient</td>
<td>Medical Genetics</td>
<td>Other</td>
</tr>
</tbody>
</table>

- **Add** 10
- **Add** 30
- **Add** 16
- **Add** 35
- **Add** 32

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Reminder: Program Requirement Revisions

- Associate program directors must be actively participating in ABMGG Continuing Certification (II.B.3.a).(5))
  - Was already required of program directors
  - Be sure Accreditation Data System (ADS) accurately reflects this information
- There must be at least three core faculty members (II.B.4.c))
  - At least two must have ABMGG clinical genetics certification
  - The program director can be one of the three
  - Programs must designate core faculty members in ADS

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Reminder: Program Requirement Revisions

• The residency program coordinator must be supported at 50 percent FTE (II.C.2.)
  • This is just for program-related duties, does not include other responsibilities
• Board pass rate must be above bottom fifth percentile of all programs in a (sub)specialty (V.C.3.b))
  • No more 75 percent pass rate
Required Program Director
FTEs

- Medical Genetics and Genomics: 20 percent
- Medical Biochemical Genetics: 10 percent
- Clinical Biochemical Genetics: 10 percent
- Laboratory Genetics and Genomics: 10 percent
- Molecular Genetic Pathology: 10 percent *
  ✴ Increases based on program size
Combined Programs

- Programs offering combined training are strongly encouraged to have and use a combined program profile in ADS
- Once combined educational program is approved by both boards, programs can have a profile which has a separate program number identifying the combined program
  - Not accredited by the ACGME

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Combined Programs

- Able to monitor combined residents/fellows in one program
  - No longer need to “move” residents/fellows from one program profile to the other
- Ensure resident survey and scholarly activity data is credited to both programs
- Only report Milestones for each resident/fellow once a year (for both specialties at once)
Combined Program Profiles
In ADS

Pediatrics/Medical Genetics and Genomics: 21
Internal Medicine/Medical Genetics and Genomics: 7
Medical Genetics and Genomics/Maternal-Fetal Medicine: 5
Reproductive Endocrinology and Infertility/Medical Genetics and Genomics: 1

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Clinical Year Requirement

- All prerequisite postgraduate clinical education required for entry into an ACGME-accredited residency program must be completed in an ACGME-, Royal College of Physicians and Surgeons of Canada-, or College of Family Physicians of Canada-accredited program, or in a residency program with ACGME International Advanced Specialty accreditation. (see III.A.2.)
Clinical Year Requirement

• Prior to appointment, residents must have successfully completed at least 12 months of direct patient care experience in a residency that satisfies III.A.2. (see III.A.2.b))
Clinical Year Requirement

- ABMGG waiver for certification eligibility does *not* apply to ACGME requirements.
- MGG is defined as a residency program by ACGME; therefore, fellow eligibility exception option does not apply.
- International education experience must be in an ACGME-I-accredited program with Advanced Specialty accreditation.
- Review Committee continues to have discussions on this issue.

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Milestones 2.0

• Medical Genetics and Genomics went into effect July 1, 2020
• Clinical Biochemical Genetics and Laboratory Genetics and Genomics went into effect July 1, 2020
• Medical Biochemical Genetics and Molecular Genetic Pathology will go into effect July 1, 2021 or July 1, 2022
• Resources available in the Milestones section of the ACGME website
  • Email milestones@acgme.org with questions

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Supplemental Guide

Use the Word version of the guide to fill in curriculum mapping for your program and create a shared mental model of the new Milestones

| Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice |
|---------------------------------|---------------------------------|---------------------------------|
| Overall Intent: To incorporate evidence and patient values into clinical practice |

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 2. Articulates clinical questions and elicits patient preferences and values in order to guide evidence-based care.</td>
<td>In a patient with hyperlipidemia, identifies and discusses potential evidence-based treatment options, and solicits patient perspective.</td>
</tr>
<tr>
<td>Level 4. Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patient.</td>
<td>Accesses the primary literature to identify alternative treatments to bisphosphonates for osteoporosis.</td>
</tr>
<tr>
<td>Level 5. Coaches others to critically appraise and apply evidence to patient care.</td>
<td>Loads clinical teaching on application of best practices in critical appraisal of sapsis criteria.</td>
</tr>
</tbody>
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**Assessment Models or Tools**
- Chart stimulated recall
- Direct observation
- Evaluation of a presentation
- Journal club and case-based discussion
- Multisource feedback
- Oral or written examination
- Portfolio
- Simulation

**Curriculum Mapping**

**Notes or Resources**
- Local Institutional Review Board (IRB) guidelines.
Site Visits/Self-Studies

- All site visits conducted virtually through at least June 2021
- Self-Studies postponed indefinitely for now
  - Programs who have already completed self-studies may have 10-Year Accreditation Site Visit
- ACGME COVID-19 section of website contains FAQs, guidance statements, Letters to the Community, Pandemic Emergency Status forms, and more
COVID-19 Disruptions

- It is ultimately up to the program director to determine a resident’s readiness for autonomous practice
  - See the ACGME’s guidance on competency-based medical education during program disruptions
  - Some residents may require additional education and training to make up missed experiences
  - Contact Review Committee staff members and ABMGG with questions
- Programs should report disruptions or modifications of resident experiences or curricula in the “Major Changes” section of ADS
Questions?
Thank You