

## Frequently Asked Questions: Medical Genetics and Genomics

### Review Committee for Medical Genetics and Genomics

### ACGME

Question	Answer
<b>Oversight</b>	
Must there be a program letter of agreement (PLA) for the required two-week laboratory rotations?  <i>[Program Requirements: I.B.2., IV.C.5.b)]</i>	Yes, there must be a PLA for each site that provides a required experience. While each required laboratory experience is to be completed during a two-week rotation, the PLA is still essential for ensuring program director oversight and a quality educational experience for the residents.
Does the Review Committee expect all laboratory facilities to be located at the Sponsoring Institution or primary clinical site?  <i>[Program Requirement: I.D.1.a)]</i>	No. The three laboratory facilities do not need to be at the Sponsoring Institution or primary clinical site. Laboratories may be located at participating sites where residents are assigned for required diagnostic laboratory rotations.
<b>Personnel</b>	
How must a change in program director be reported to the Review Committee for approval?  <i>[Program Requirements: II.A.1.a), II.A.1.b)]</i>	A new program director must be reported electronically through the ACGME's Accreditation Data System (ADS). Once the required information has been submitted, ADS will generate a notice of the change to the Review Committee. The Committee reviews program director changes on an interim basis and will typically notify programs whether the request was approved or denied within two weeks of receiving the change notification.
What must a program do to ensure continuity of program leadership when the program director is on sabbatical or leave?  <i>[Program Requirement: II.A.1.]</i>	In order to ensure continued operation of the program, the Review Committee expects an interim program director to be appointed in the case of a temporary absence of the program director for one month or more. As with any program director change, this appointment must be reported in ADS and should include how long the interim program director will be in charge of the program.

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<p>Does the Review Committee accept credentials other than American Board of Medical Genetics and Genomics (ABMGG) certification for program directors?</p> <p><i>[Program Requirement: II.A.3.b).(1)]</i></p>	<p>The Committee does not consider exceptions to ABMGG certification and will withhold accreditation of a new program that is not led by an ABMGG-certified program director.</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.3.a)]</i></p>	<p>The Review Committee accepts hospital-approved credentialing or other equivalent qualifications for non-physician faculty members.</p>
<p>Is there a minimum amount of time each resident must work with genetic counselors, nurses, nutritionists, and other health care providers?</p> <p><i>[Program Requirement: II.D.1.]</i></p>	<p>No. The Review Committee does not specify a minimum amount of time to be spent with these practitioners, since these individuals are involved in the care of most medical genetics and genomics patients, and are part of the health care team with which each resident regularly works.</p>
<b>Resident Appointments</b>	
<p>Are residents who have completed an ACGME-accredited program in any specialty eligible for appointment to a medical genetics and genomics program?</p> <p><i>[Program Requirement: III.A.2.b)]</i></p>	<p>Residents who have completed at least 12 months of an ACGME-accredited residency program in any specialty with direct patient care experience are eligible for appointment to the program.</p>
<p>Can positions approved for core medical genetics and genomics residents be filled by residents in a combined program such as pediatrics/medical genetics and genomics?</p> <p><i>[Program Requirement: III.B.]</i></p>	<p>Positions that have been approved for core medical genetics and genomics 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 to the combined program or request an increase in resident complement for the core program. Because combined residents spend only part of their time in the medical genetics and genomics program (e.g., 50 percent for combined pediatrics-medical genetics programs), each position approved for a combined resident in the medical genetics and genomics program will permit two combined residents to be accepted</p>

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	<p>into the combined program. (Note that in such an example, 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>Core programs should not list combined residents in the core program's Resident Roster; combined residents' information should only be entered in the combined program's roster in ADS.</p>
<b>Educational Program</b>	
<p>Does each resident need to have exposure to array-based testing in both the clinical cytogenetics and genomics and clinical molecular genetics and genomics laboratory rotations?</p> <p><i>[Program Requirements: IV.C.5.b).(2) and (3)]</i></p>	<p>No. The Review Committee recognizes that institutions may differ in which laboratories perform array-based testing. If a resident has exposure to array-based testing in the cytogenetics and genomics lab, this does not need to be duplicated in the molecular laboratory rotation, and vice versa.</p>
<p>What are the Review Committee's expectations for residents' logging of cases?</p> <p><i>[Program Requirement: IV.C.5.f)]</i></p>	<p>All residents must enter all cases in which they participated in the ACGME Case Log System. Cases do not need to be entered one at a time, as the system only asks for the total number of cases in which the resident participated for five categories: cancer genetics; metabolic genetics; reproductive genetics; other adult patients; and other pediatric patients. Residents can total cases in their ABMGG Logbook for each of these categories and enter those directly into the Case Log System. Programs should ensure residents have logged all cases prior to graduating, as cases cannot be added in the Case Log System once a resident has been archived in ADS.</p>
<b>Evaluation</b>	
<p>How can a small program ensure residents' annual written evaluations of faculty members remain confidential?</p> <p><i>[Program Requirement: V.B.1.b)]</i></p>	<p>Small programs may combine evaluations with larger programs or with those of other learners rotating through the program and report aggregated results. One suggestion is for the designated institutional official (DIO) of the program's Sponsoring Institution to collect all evaluations and report the results with the evaluator <i>de-identified</i> to the program director.</p>
<b>The Learning and Working Environment</b>	

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<p>Are there situations in which residents can be supervised by licensed independent practitioners?</p> <p><i>[Program Requirement: VI.A.2.a).(2)]</i></p>	<p>Genetic counselors may, on occasion, supervise residents in unique educational settings within their scope of practice. Note that 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.a)]</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 on the interprofessional health care team?</p> <p><i>[Program Requirement: VI.E.2.]</i></p>	<p>As a member of the interprofessional health care team, a resident must have a key role in diagnostic work-up, treatment decisions, measurement of treatment outcomes, and the communication and coordination of these activities with program faculty members and referring sources.</p>
<p>What are examples of circumstances when residents could stay or return to the clinical site with fewer than eight hours free of clinical experience and education?</p> <p><i>[Program Requirements: VI.F.2.a) and VI.F.4.a)]</i></p>	<p>Circumstances under which residents may stay or return with fewer than eight hours free include:</p> <ul style="list-style-type: none"> <li>a) providing care for acutely ill metabolic patients;</li> <li>b) delivering a child with multiple anomalies, such that emergent genetic evaluation is needed;</li> <li>c) providing end-of-life care for a patient assigned to the resident, including providing support to the patient’s family;</li> <li>d) a unique opportunity to learn about a rare genetic condition; or,</li> <li>e) an immediate need to obtain appropriate genetic or metabolic samples prior to or immediately after demise.</li> </ul>
<b>Other</b>	
<p>What is the timetable for submission of an application for accreditation of a new medical genetics and genomics program?</p>	<p>All medical genetics and genomics program applications require site visits before the Review Committee will review an application. The ACGME assigns a high priority to the processing of these applications, but programs should expect the process to take up to eight months, as the complete Site Visit Report must be received by the Review Committee prior to the agenda closing date to be included on a given agenda. The list of Review Committee meeting dates and agenda closing dates are available on the Medical Genetics and Genomics section of the ACGME website.</p>

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Can an applying program submit additional materials, such as program brochures, with the application documents?	No material beyond what is specified in the application should be submitted.
Can rotations be entered by weeks instead of by months on the block diagram in ADS?	Programs that organize their schedules by weeks may enter the “rotation months” in blocks of four full-time equivalent (FTE) weeks. Programs should indicate if the schedule is by months or weeks. If the total number of rotation “months” does not equal 12 months (52 weeks) for all sites combined per year, provide an explanation.
How do residents access the Case Log System?	Program directors or program coordinators must log into ADS and add each resident to the Resident Roster when they begin in the program. Each resident profile includes basic biodata, contact details, and resident status. Upon completion of the roster entry process, a username and password to access the Case Log System will be generated and sent directly to the email address on record for each resident.
How should cases be logged in the system?	Residents must log cases in five categories in the ACGME Case Log System: cancer genetics; metabolic genetics; reproductive genetics; other genetics (adult patient); and other genetics (pediatric patient). Each case should be counted only once in the system (for example, if a case is logged under cancer genetics it should not be logged again under other genetics). Each patient/case should be counted in one category, whichever is the most specific in corresponding to the reason for the visit. Examples of what may fall in the other genetics categories include developmental disabilities, birth defects, chromosomal abnormalities, connective tissue disease, and neurodegenerative disease.