SES094 Specialty Update: Medical Genetics and Genomics

Melissa Merideth, MD, MPH
Chair, Review Committee for Medical Genetics and Genomics
March 9, 2024 | 12:45 p.m.-2:00 p.m.
Conflict of Interest Disclosure

Speaker:
Melissa Merideth, MD, MPH – Chair, Review Committee for Medical Genetics and Genomics

Disclosure
The speaker for this educational activity does not have relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
Session Objectives

1. Review Committee Statistics
2. Annual Program Review
3. Frequently Asked Questions
4. ACGME/Review Committee Updates
### Review Committee Membership

<table>
<thead>
<tr>
<th>Membership Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Melissa Merideth, MD, MPH, FACMG</strong>&lt;br&gt;(Chair)&lt;br&gt;<em>National Institutes of Health</em></td>
</tr>
<tr>
<td><strong>Azra Ligon, PhD</strong>&lt;br&gt;<em>Brigham and Women’s Hospital</em></td>
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<tr>
<td><strong>Donald Basel, MD</strong> (Vice Chair)&lt;br&gt;<em>Medical College of Wisconsin</em></td>
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<tr>
<td><strong>Anna L. Mitchell, MD, PhD</strong>&lt;br&gt;<em>Case Western Reserve University</em></td>
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<tr>
<td><strong>Sanmati Cuddapah, MD</strong>&lt;br&gt;<em>Children’s Hospital of Philadelphia</em></td>
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<tr>
<td><strong>Dan Sharer, PhD, FACMG</strong>&lt;br&gt;<em>University of Alabama at Birmingham</em></td>
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<tr>
<td><strong>Michael Finkel, DO, MPH</strong> (Resident Member)&lt;br&gt;<em>Detroit Medical Center</em></td>
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<tr>
<td><strong>Lois Starr, MD, PhD, FAAP, FACMG</strong>&lt;br&gt;<em>University of Nebraska Medical Center</em></td>
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<tr>
<td><strong>Michael Gambello MD, PhD, FACMG</strong>&lt;br&gt;<em>Emory University</em></td>
</tr>
<tr>
<td><strong>Frances van Beek, MSHA, MBA</strong> (Public Member)&lt;br&gt;<em>Wellstar Health System</em></td>
</tr>
</tbody>
</table>
Ex-Officio

Miriam Blitzer, PhD

• American Board of Medical Genetics and Genomics
Welcome Incoming Members!
Term begins July 1, 2024

Jessica Barsano, DO (Resident Member)
• University of Washington

Nicole Hoppman, PhD, FACMG
• Mayo Clinic
Review Committee Staff

Cindy Riyad, PhD
Executive Director
criyad@acgme.org | 312.755.7416

Rebecca Fessler
Associate Executive Director
rfessler@acgme.org | 312.755.7056

Rebecca Houston, MA
Accreditation Administrator
Start date: March 19, 2024
Annual Program Review
# September and December 2023 Accreditation Decisions

<table>
<thead>
<tr>
<th>Medical Genetics and Genomics</th>
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<th>Laboratory Genetics and Genomics</th>
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</table>
Common Citations

- Board Pass Rate (3)
- Case Logs (3)
- Clinical and Educational Work Hours (2)
- Faculty Evaluations (4)
- Patient Safety
- Interprofessional Patient Safety Activities (5)
- Professionalism
  - Process for Reporting Concerns (2)
- Program Director/Program Coordinator Dedicated Time (5)
- Resident/Fellow Evaluations (3)
- Supervision and Accountability
  - Levels of Supervision (3)
Common Areas for Improvement

- Board Passage Rate (4)
- Case Logs (4)
- Clinical and Educational Work Hours (1)
- Educational Content (7)
- Evaluation (8)
- Faculty Scholarly Activity (4)
- Faculty Supervision and Teaching (5)
- Patient Safety (7)
- Professionalism (5)
- Resident/Fellow Scholarly Activity (1)
- Resources (6)
What Is a Citation?

• Area of non-compliance with a program requirement
• Something the program doesn’t have, doesn’t do, or didn’t clearly describe
• Citations *must* be responded to in ADS
• Reviewed by the Review Committee each year until determined issue is resolved
What Is an Area for Improvement?

- Often referred to as “AFIs”
- Areas of concern or repeat trends/issues
- May or may not be tied to program requirement
- ‘Heads up’ to the program before it becomes serious
- Do not have to respond to in ADS
  - Can provide updates to Review Committee via ‘Major Changes’ section
- Repeat areas may become citations
Case Logs

• Review Committee is *still* seeing programs with residents not logging cases

• Aggregate entry method started in fall 2018
  • Residents only have to type five numbers
  • Can pull right from their ABMGG logbooks

• *All* residents must log all cases in the ACGME Case Log System
  • This includes residents in combined programs

• Programs with repeat non-compliance may be subject to citation
# Case Log Entry

## Add Cases

<table>
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<tr>
<th>Area/Type/Keyword</th>
<th>Selected Codes</th>
<th>Lock</th>
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## Selected Codes

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<tr>
<td>Medical Genetics</td>
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## Table

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<th>Code</th>
<th>Description</th>
<th>Area</th>
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<tr>
<td>Metabolic Genetics</td>
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<td>Medical Genetics</td>
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<td>Adult Patient</td>
<td>Medical Genetics</td>
<td>Other</td>
<td>35 Add</td>
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<tr>
<td>Pediatric Patient</td>
<td>Medical Genetics</td>
<td>Other</td>
<td>32 Add</td>
</tr>
</tbody>
</table>
Case Log Entry Expectations

• Each patient/case should only be logged *once*
  • Select specific category that most closely corresponds to reason for visit

• “Other” categories should *not* include cancer, metabolic, or reproductive cases/patients

• Examples of what would be logged as “Other Patient”
  • Developmental disability, birth defects, chromosomal abnormalities, connective tissue disease, or neurodegenerative disease
Resident/Fellow and Faculty Survey

- Programs receive results if:
  - There are at least four respondents
  - The response rate is at least 70%
- Programs that do not receive annual results will receive multi-year results once enough data is collected
- Important to preserve anonymity
How to Use Survey Results

• Review results with Program Evaluation Committee (PEC)
  • Program should still do ‘internal’ survey

• Review areas of concern with residents
  • Try to identify source of problem
  • Solicit specific improvement suggestions

• Use the ‘Major Changes’ section of ADS to proactively communicate how you are addressing poor survey results

• Poor Resident/Fellow Survey results alone will not cause the Review Committee to withdraw accreditation
Residents' overall evaluation of the program

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Very negative</th>
<th>Somewhat negative</th>
<th>Neutral</th>
<th>Somewhat positive</th>
<th>Very positive</th>
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</thead>
<tbody>
<tr>
<td>Residents</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
</tr>
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</table>

Residents' overall opinion of the program

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Definitely not choose again</th>
<th>Probably not choose again</th>
<th>Might or might not choose again</th>
<th>Probably choose again</th>
<th>Definitely choose again</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
</tr>
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</table>

Resources

- Education compromised by non-physician obligations
- Impact of other learners on education
- Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care
- Faculty members discuss cost awareness in patient care decisions
- Time to interact with patients
- Protected time to participate in structured learning activities
- Able to attend personal appointments
- Able to access confidential mental health counseling or treatment
- Satisfied with safety and health conditions

Total Percentage of Compliance by Category

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<thead>
<tr>
<th>Category</th>
<th>AY1818</th>
<th>AY1920</th>
<th>AY2021</th>
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<tr>
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<tr>
<td>Professionalism</td>
<td>98.9</td>
<td>98.9</td>
<td>98.9</td>
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<tr>
<td>Patient Safety and Teamwork</td>
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<td>100.0</td>
<td>100.0</td>
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<tr>
<td>Faculty Teaching and Supervision</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
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<td>Evaluation</td>
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<td>Diversity and Inclusion</td>
<td>97.2</td>
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<tr>
<td>Clinical Experience and Education</td>
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Program Percentage at-a-glance

<table>
<thead>
<tr>
<th>Category</th>
<th>Program Percentage</th>
<th>National Means</th>
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<tr>
<td>Resources</td>
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<td>Professionalism</td>
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<tr>
<td>Clinical Experience and Education</td>
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Frequently Asked Questions
Clinically Oriented Experiences

• Q: Does having an MGG resident perform inpatient consults during a research experience/rotation fulfill the requirement for at least 18 months of broad-based, clinically oriented medical genetics and genomics experiences? (*Program Requirement IV.C.5.a*)

• A: No, a rotation or experience focused primarily on research with residents taking some inpatient consults does not count as a broad-based, clinically oriented experience. Using this approach to fulfill the requirement could dilute the research experience, and such rotations are not fully dedicated to clinical time and experiences.
Resident Appointments

• Q: Are residents who have completed an ACGME-accredited program in any specialty eligible for appointment to a medical genetics and genomics program? *(Program Requirement III.A.2.b)*

• A: 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.
Length of Education for LGG Programs

• Q: Does the Review Committee allow laboratory genetics and genomics programs to be longer than 24 months in length? *(Program Requirement Int.C.)*

• A: The Review Committee understands that historically the American Board of Medical Genetics and Genomics (ABMGG) allowed programs in both the 24-month and 36-month formats. The Review Committee determined that the accredited length of the educational program will be 24 months, but programs are free to offer additional education and training to post-doctoral fellows if they wish. Programs seeking to offer education and training outside of the 24-month accredited educational program should contact the ABMGG to determine a fellow’s eligibility for certification.
Non-Accredited Combined Programs

• Q: When needing a complement increase for a non-accredited combined program, are both programs required to increase their complement, or will the residents of the combined program be counted 100% to the combined program?

• A: Each core program must include .5 of a resident for each combined resident in its total complement. The core programs’ total filled resident positions plus combined positions (0.5 per combined resident) should not exceed the total approved resident complement. If exceeded, the core program will need to request a complement increase.
ACGME / Review Committee Updates
Combined Programs

• Programs offering combined education and training are strongly encouraged to have and use combined program profiles in ADS

• Once combined education and training is approved by both certifying boards, programs can have a profile that has a separate program number identifying the combined program
  • Not accredited by the ACGME
  • Can receive feedback from Review Committee
Combined Programs

• Able to monitor combined residents/fellows in one program
  • No longer need to ‘move’ residents/fellows from one program profile to another

• Ensures Resident/Fellow and Faculty Surveys and scholarly activity are 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: 25
- Internal Medicine/Medical Genetics and Genomics: 7
- Medical Genetics and Genomics/Maternal-Fetal Medicine: 5
- Reproductive Endocrinology and Infertility/Medical Genetics and Genomics: 1
Complement versus Filled Positions

• Programs are encouraged to have a program complement that closely reflects the number of residents in the program
  • 2022-2023: total of 194 approved residency positions, only 65 were filled

• Programs should request decrease in complement if needed to better align filled positions versus approved positions
  • Programs can always request a temporary increase in complement for a year or two if needed
Clinical Year Requirement for Medical Genetics and Genomics Residency Programs

• All prerequisite post-graduate 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 Program Requirement III.A.2.)
Clinical Year Requirement for Medical Genetics and Genomics Residency Programs

• 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 Pogram Requirement III.A.2.b))
Clinical Year Requirement for Medical Genetics and Genomics Residency Programs

- ABMGG waiver for certification eligibility does not apply to ACGME requirements
- Medical Genetics and Genomics is defined as a residency program by the ACGME
  - Fellow eligibility exception option does not apply
- International educational experience must be in an ACGME-I-accredited program with Advanced Specialty Accreditation
Site Visits for Programs on Continued Accreditation Statuses

• 10-Year Accreditation Site Visits have ended since COVID-19 temporarily paused all in-person site visits

• Program Self-Studies will continue to be a requirement (Program Requirement V.C.2.) but will no longer be linked to or reviewed during site visits

• Starting in 2024, the ACGME will conduct site visits for one to two percent of programs with Continued Accreditation status that have not had a site visit in approximately 10 years
Program Self-Studies

• The ACGME encourages programs to incorporate a self-study into their Annual Program Evaluation process and track ongoing progress and improvements as outlined in Program Requirement V.C.2.

• For questions regarding Graduate Medical Education Committee oversight related to the program self-study, contact the Institutional Review Committee (IRC@acgme.org)

• Questions regarding accreditation/recognition site visits and self-studies: accreditation@acgme.org
Back to Bedside empowers residents and fellows to create projects that foster meaning and joy in work

- Funding opportunity for resident/fellow-led teams
- Builds deeper connections with patients

Scan the QR code for more information and to download the Request for Proposals.

DEADLINE: APRIL 22, 2024
2025 ACGME Awards Nominations

The ACGME is now accepting nominations for the 2025 ACGME Awards.

Deadline: Wednesday, March 27, 2024

For additional information and to download nomination materials: https://www.acgme.org/initiatives/awards/
Learn at ACGME Redesign Coming Soon!

Visit dl.acgme.org or scan the QR code.

Have a question or need assistance? Contact us! desupport@acgme.org
Remediation Toolkit

If You Build It, They Will Come:
Designing a Centralized Remediation Program

Karen M. Warburton, MD, FACP, FASN
Associate Professor of Medicine
Director, Clinician Wellness Program
Director, GME Advancement
University of Virginia School of Medicine

- 11 modules authored by renowned experts in the field
- Equip participants with tools for addressing needs of struggling learners
- CME offered after completion

The ACGME designates this enduring material for a maximum of 5.25 AMA PRA Category 1 Credits.™
Applying for Program Accreditation Course

- Three-part course and step-by-step guide

- For those new to the process, as well as a refresher for experienced users

- Explanation of key steps, timeline, and the review process after submission
Faculty Development Toolkit: Improving Assessment Using Direct Observation

- Faculty development materials around direct observation and feedback
- Evidence-based video prompts
- Answer keys and facilitator guides
- Microlearning lessons with associated slides and guides
Program Coordinator Course

- For new and seasoned coordinators
- Covers a wide range of topics important to program coordinators
- Videos from working coordinators
- Summer 2024
Virtual Workshop
Self-Empowerment for Program Coordinators

- Seven-day workshop for **new and experienced** program coordinators
- Interactive activities and virtual **synchronous workshop**
  - Leadership **strategies**
  - Networking opportunities
  - Asserting your **professionalism**
- April 15-21, 2024
- Registration required
Questions?
Thank You