

Accreditation Council for Graduate Medical Education

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# Medical Genetics RRC Update

**Mira B. Irons MD, RRC Chair**

**Pamela L. Derstine PhD, RRC Executive Director**

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*Medical Genetics Program Directors Meeting  
Wednesday, May 4, 2011*



## Topics

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



## RRC Membership

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- 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

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- 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

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

**Welcome!!!!**



## Resident RRC Member

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- 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

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- 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

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<b>Medical Genetics</b>	<b>Approved</b>	<b>On Duty</b>
Total # Residents	210	89
Max # Residents/Program	17	9
Min # Residents/Program	1	0*
Average $\pm$ SD # Residents/Program	4.1 $\pm$ 3.0	1.7 $\pm$ 2.0
Total Programs = 51		* 13 programs



## Resident Complement

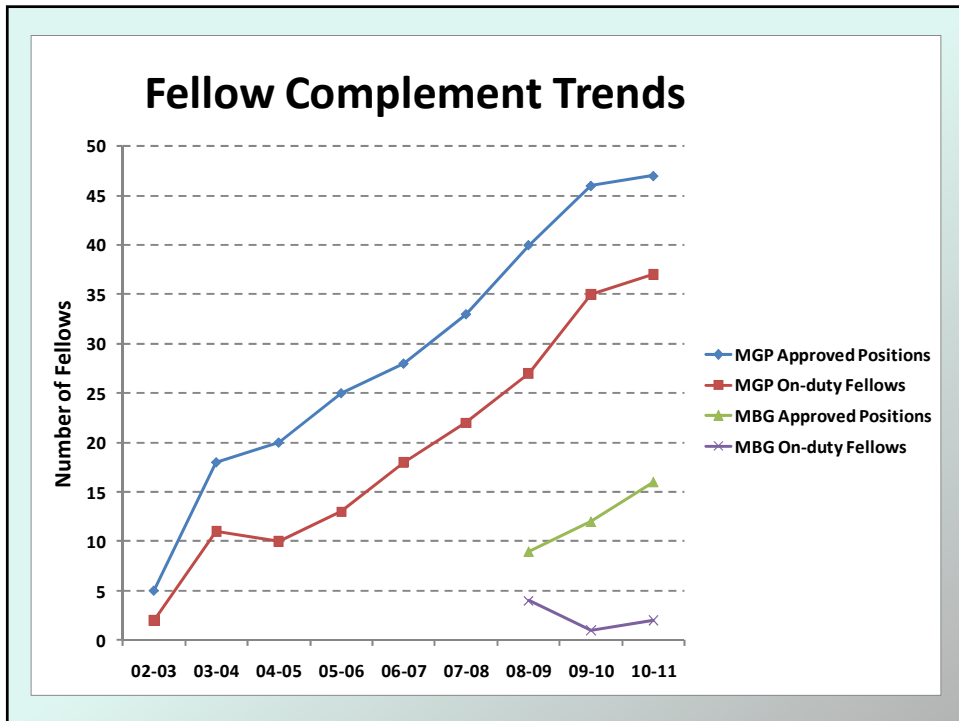
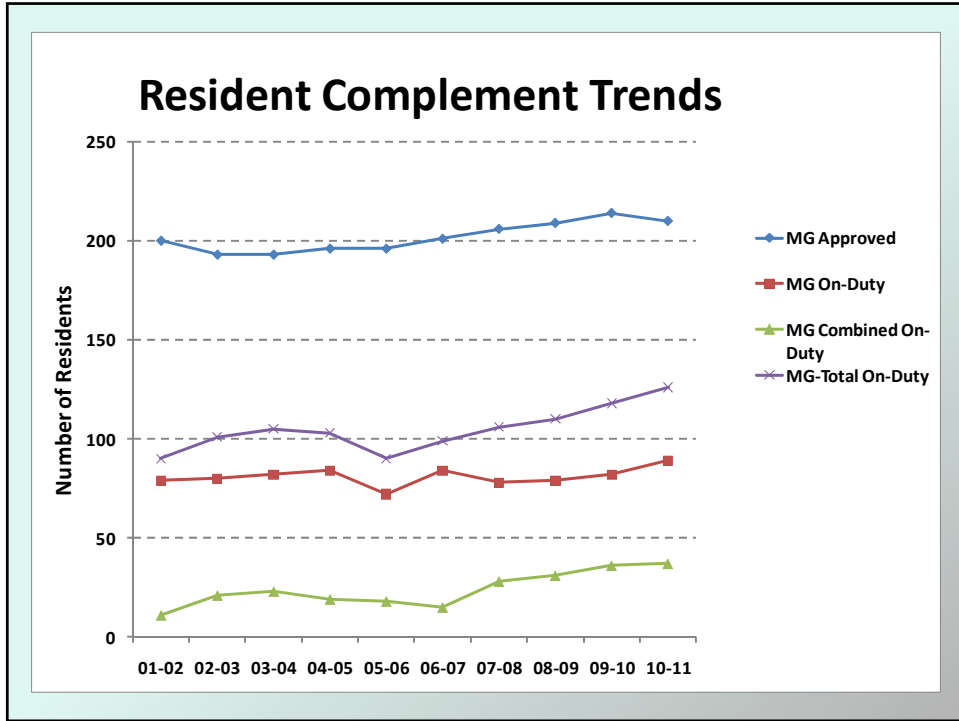
<b>MBG</b>	<b>Approved</b>	<b>On Duty</b>
Total # Residents	16	2
Max # Residents/Program	4	1
Min # Residents/Program	1	0*
Average $\pm$ SD # Residents/Program	$2 \pm 1.1$	<1
Total Programs = 8		* 6 programs

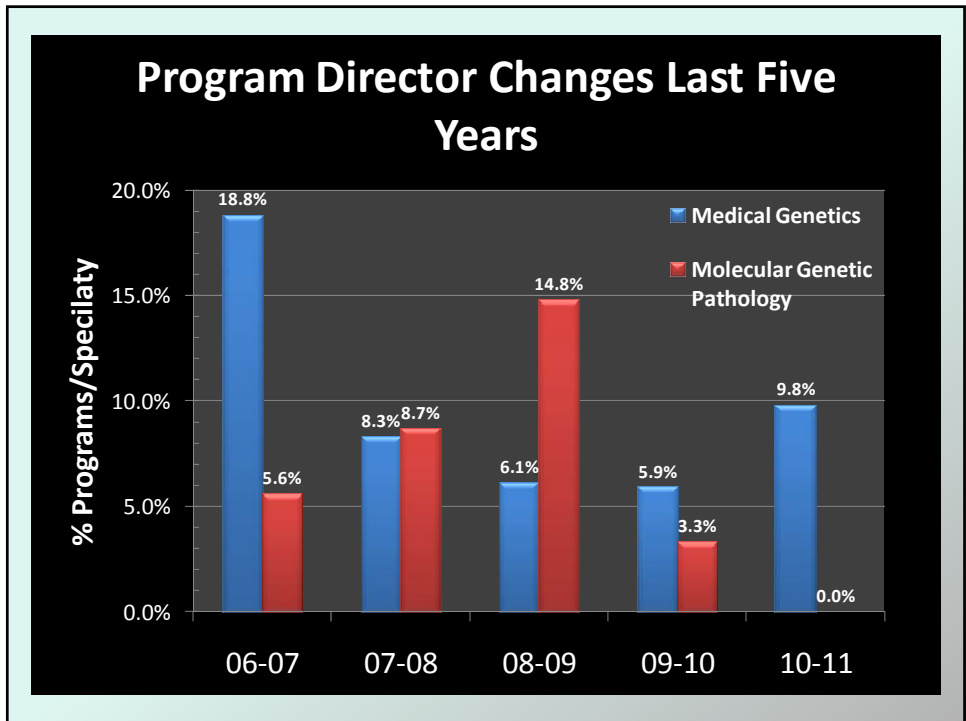
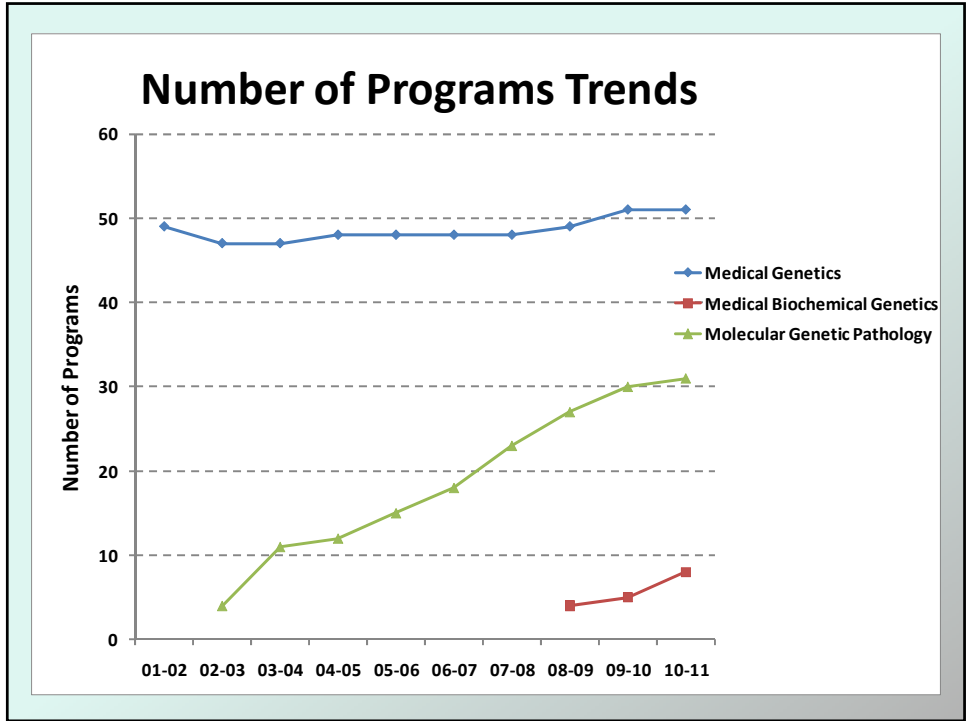
ACGME

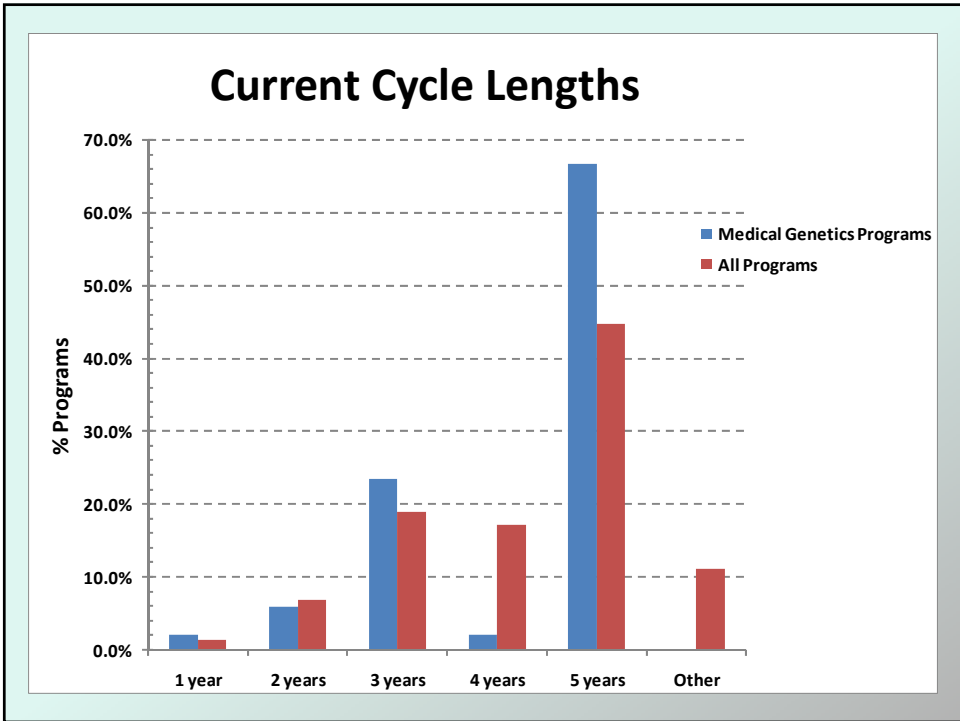
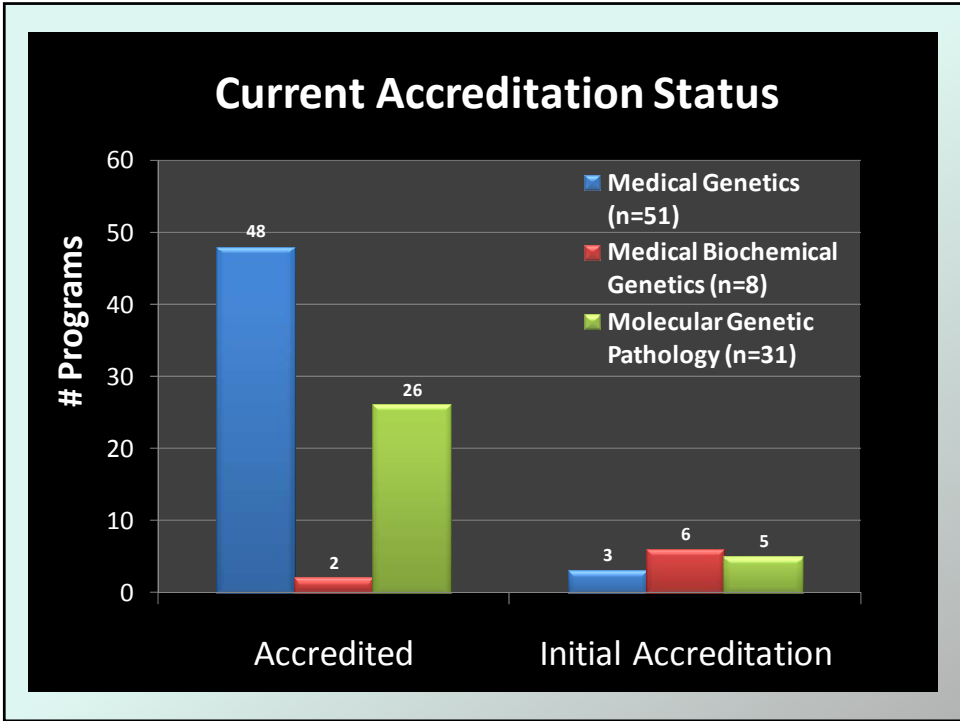
## Resident Complement

<b>MGP</b>	<b>Approved</b>	<b>On Duty</b>
Total # Residents	47	37
Max # Residents/Program	4	3
Min # Residents/Program	1	0
Average $\pm$ SD # Residents/Program	$1.5 \pm 0.7$	$1.2 \pm 0.7$
Total Programs = 31		

ACGME







## Summary: RRC Accreditation Decisions 01/06 – 12/10

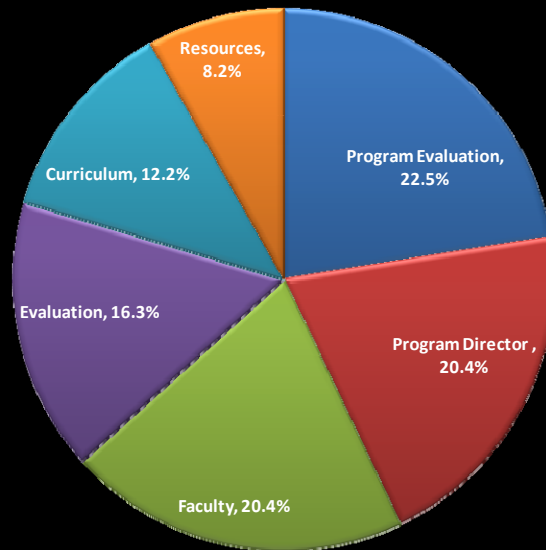
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	Medical Genetics	National
# Accreditation Decisions	112	10,954
# Programs Reviewed	73	8,516
Mean Cycle Length ± SD	4.3 ± 1.21	4.0 ± 1.11
Mean # Citations/Program ± SD	1.7 ± 1.76	3.5 ± 3.23
Min/Max # Citations/Program	0/6	0/25
Programs Without Citations*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

\* % of Programs Reviewed

ACGME

### Recent Common Citations



## Recent Common Citation Areas

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### 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



## Recent Common Citation Areas

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### 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

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### 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

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### 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

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### 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



## 2011 Duty Hours

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### 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)

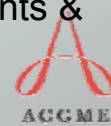


## 2011 Duty Hours

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### 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

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### 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

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### 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

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### 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

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### 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

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### 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

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### 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

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### 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



## 2011 Duty Hours

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*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*



## 2011 Duty Hours

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### **Work Hours**

- In-house Night Float\*

*\* Residents must not be assigned night float duties*



# Compliance

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## Data Reviewed by RRCs

- Resident Survey (see handouts)
  - results aggregated into 5 areas (duty hours, faculty, evaluation, educational content, resources)
  - results compared to established national thresholds for each area
  - 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)
  - programs with site visits July-August use current PIF, complete DH section of new PIF describing plans for complying



# Compliance

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## 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](http://www.acgme.org/acWebsite/RRC_130_News/MedGen_Newsletter_Dec10.pdf)
- Sample 2011 Resident Survey Report (see handouts):  
[http://www.acgme.org/acWebsite/Resident\\_Survey/samplegeneralsurveyreport2011.pdf](http://www.acgme.org/acWebsite/Resident_Survey/samplegeneralsurveyreport2011.pdf)



## Current RRC Projects

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



## PR Revision Timelines

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Specialty	Post for Public Review and Comment	ACGME Board Review & approval	Anticipated Effective Date
Medical Genetics	12/2011	2/2013	7/2014
Medical Biochemical Genetics*	12/2011	2/2013	7/2014
Molecular Genetic Pathology*	12/2011	2/2013	7/2014

\* 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

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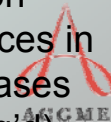
- Program Length: 24 months only
- Program Director
  - 0.1 FTE protected time
  - must have ABMG certification clinical genetics
  - must meet ABMG MOC requirements
  - min. 4 yr attending level faculty appt in specialty
  - current full-time faculty appt
  - interim needed if PD absent  $\geq$  1 mo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



## Major Proposed Revisions

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- 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

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- 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

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### 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

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- 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

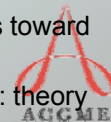


# Milestones

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## References

- Nasca, TJ (2008) The next step in the outcomes-based accreditation project. *ACGME Bulletin*, May: 2-4.
- Nasca, TJ (2008) Where will the "milestones" take us? The Next Accreditation System. *ACGME Bulletin*, September: 3-5.
- Green, ML, et. al. (2009) charting the road to competence: developmental milestones for internal medicine residency training. *JGME* 1 (2): 5-18.
- Hicks, PJ, et. al. (2010) The pediatrics milestones: conceptual framework, guiding principles, and approach to development. *JGME* 2 (3): 410-418.
- Hicks, PJ, et. al. (2010) Pediatrics milestone project: next steps toward meaningful outcomes measurement. *JGME* 2 (4): 577-584.
- Frank, JR, et. al. (2010) Competency-based medical education: theory to practice. *Medical Teacher* 32 (8): 638-645.



# Your Turn!

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