



**AGS/ADGAP AIRE Medicine-Geriatrics Integrated Residency and Fellowship**  
**FAQ**

- 1) Is there a maximum number of spots that our program could take in the combined program?**  
The number of slots available is at the discretion of the applying program's institution.
- 2) Are applicants required to include the number of slots available for the pathway in the application?**  
No.
- 3) Does the Medicine-Geriatrics Integrated Residency and Fellowship participate in the match?**  
Yes, the pathway is part of the IM/FM match. However, some programs will have a separate NRMP number from their categorical IM or FM program. This way applicants can rank both programs in order of preference. Please discuss this with the sponsoring Department Program Director and then to DIO.
- 4) Does the resident have to attend the longitudinal continuity experience on a weekly basis or may the 1/3 of training involving ambulatory with a minimum of 130 continuity clinics be spread out in a different fashion?**  
It is not required to have continuity on a weekly basis. As long as the ACGME requirements are being met, this would be permitted.
- 5) Does the institution need an already established geriatric fellowship in order to apply?**  
Yes, there needs to be an established fellowship program, in good standing, for the past three years.
- 6) If no applications are received for a particular year, can the slot be transferred back to a regular residency slot?**  
Yes. A program may fold their spots back into categorical if they don't fill for Med-Geriatrics. However, this may be up to local agreements and if there is a desire for the integrated program to participate in the SOAP (scramble).

**7) Can a resident transfer into this program?**

Yes, residents can transfer at any time during their first year.

**8) Do the Med-Geri positions come from the residency positions or the fellowship positions?**

How the program positions are allocated may depend on local agreements and how the arrangement is structured at each institution. Generally, the residency program provides a slot(s) for PGY1-PGY3 years, but it can be transferred back to a categorical spot (see question 6). A fellowship slot is used for the PGY4 year.

Slots are generally taken from existing positions, but this is based on both ACGME approval for spots and the internal funding situation.

**9) How does having a Med-Geri program affect an institution's traditional geriatric medicine fellowship?**

Institutions with a Med-Geri program may choose to have a traditional geriatric medicine fellowship as well. For example, if there are two geriatric medicine fellows, one may have come through the Med-Geri Pathway (now a PGY4) and the other may match traditionally. Alternatively, a program may choose to have all their fellowship spots (as approved by the ACGME) filled through the Med-Geri trainees maturing into PGY4s. Finally, a program may choose to open for a traditional geriatric fellowship match depending on if the spots have been filled through the Med-Geri Pathway. Even if all geriatric medicine fellows come through the Med-Geri Pathway, the fourth year would still be considered a geriatric medicine fellowship by the ACGME.

**10) Can we recruit both IM and FM into the program?**

Yes, a program can recruit either IM/FM. Programs should track the program numbers and curriculum grids (if any) separately. Programs would still need to meet their specialty specific program requirements as outlined by the ACGME.

**11) Do the residents need to have defined continuity clinics for both IM/FM and Geriatrics, or will one continuity clinic suffice?**

Residents must have a geriatrics continuity clinic to be a participant of this AIRE pilot. However, each IM or FM program can determine additional continuity clinic needs based on specialty specific program requirements and the discretion of the program director for meeting required competency for the specialty.