

**ACGME Program Requirements for Graduate Medical Education  
in Medical Genetics and Genomics  
Summary and Impact of Focused Requirement Revisions**

Requirement #: II.B.3.a).(1)

Requirement Revision (significant change only):

Faculty members responsible for resident education in biochemical genetics must have current ABMGG certification in clinical biochemical genetics or medical biochemical genetics. <sup>(Core)</sup>  
[Moved from II.B.2.a)]

1. Describe the Review Committee's rationale for this revision: **Now that clinical biochemical genetics is a specialty accredited by the ACGME, the Review Committee wanted to clarify that both clinical biochemical genetics and medical biochemical genetics certifications are acceptable.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **Allowing faculty members with either clinical biochemical genetics or medical biochemical genetics certification to be responsible for resident education in biochemical genetics will likely increase the pool of potential faculty members who can provide this education. Additionally, allowing both the clinical and medical certification will provide different perspectives on biochemical genetics, broadening the perspective of the residents.**
3. How will the proposed requirement or revision impact continuity of patient care? **Broadening the requirements allows a greater number of faculty members to contribute to the education of residents in biochemical genetics, allowing for more continuity of care.**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **The proposed revision will not necessitate additional institutional resources.**
5. How will the proposed revision impact other accredited programs? **The proposed revision will not impact other accredited programs.**

Requirement #: II.B.3.a).(2)

Requirement Revision (significant change only):

Faculty members responsible for resident education in molecular genetics and genomics must have current ABMGG certification in clinical molecular genetics and genomics or laboratory genetics and genomics by the ABMGG or current American Board of Pathology certification in molecular genetic pathology ~~the American Board of Pathology~~. <sup>(Core)</sup> [Moved from II.B.2.b)]

1. Describe the Review Committee's rationale for this revision: **Now that laboratory genetics and genomics is a specialty accredited by the ACGME, the Review Committee wanted to clarify that both clinical molecular genetics and genomics and laboratory genetics and genomics certifications are acceptable.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **Allowing faculty members with either clinical molecular genetics and genomics or laboratory genetics and genomics certification to be responsible for resident education in molecular genetics will likely increase the pool of potential faculty members who can provide this education. Additionally, allowing both certifications will provide different perspectives on molecular genetics and genomics, broadening the perspective of the residents.**
3. How will the proposed requirement or revision impact continuity of patient care? **Broadening the requirements allows a greater number of faculty members to contribute to the education of residents in molecular genetics and genomics, allowing for more continuity of care.**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **The proposed revision will not necessitate additional institutional resources.**
5. How will the proposed revision impact other accredited programs? **The proposed revision will not impact other accredited programs.**

Requirement #: II.B.3.a).(3)

Requirement Revision (significant change only):

Faculty members responsible for resident education in clinical cytogenetics and genomics must have current ABMGG certification in clinical cytogenetics and genomics or laboratory genetics and genomics. <sup>(Core)</sup> [Moved from II.B.2.c)]

1. Describe the Review Committee's rationale for this revision: **Now that laboratory genetics and genomics is a specialty accredited by the ACGME, the Review Committee wanted to clarify that both clinical cytogenetics and genomics and laboratory genetics and genomics certifications are acceptable.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **Allowing faculty members with either clinical cytogenetics and genomics or laboratory genetics and genomics certification to be responsible for resident education in molecular genetics will likely increase the pool of potential faculty members who can provide this education. Additionally, allowing both certifications will provide different perspectives on clinical cytogenetics and genomics, broadening the perspective of the residents.**
3. How will the proposed requirement or revision impact continuity of patient care? **Broadening the requirements allows a greater number of faculty members to contribute to the education of residents in clinical cytogenetics and genomics, allowing for more continuity of care.**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **The proposed revision will not necessitate additional institutional resources.**
5. How will the proposed revision impact other accredited programs? **The proposed revision will not impact other accredited programs.**

Requirement #: II.B.3.a).(5)

Requirement Revision (significant change only):

Associate program directors must be actively participating in the ABMGG Maintenance of Certification program in the specialty in which they are certified. <sup>(Core)</sup>

1. Describe the Review Committee's rationale for this revision: **In a previous focused revision, the Review Committee set as a standard that the program director must meet requirements for Maintenance of Certification. The Review Committee felt that associate program directors should be held to the same standard.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **Requiring associate program directors to actively participate in Maintenance of Certification ensures they are up to date on the certification and topics in the field. Since associate program directors are part of the program leadership, it sets a good example for residents and ensures that all members of the program's leadership are aware of the most relevant and recent topics and can educate residents in those areas.**
3. How will the proposed requirement or revision impact continuity of patient care? **Ensuring that program leadership (including associate program directors) are actively participating in Maintenance of Certification will likely ensure more active participation by these individuals in the educational program itself, leading to an increased awareness of and focus on patient safety and continuity of care.**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **The proposed requirement will not necessitate additional institutional resources.**
5. How will the proposed revision impact other accredited programs? **The proposed requirement will not impact other accredited programs.**

Requirement #: II.B.3.b).(2-3)

Requirement Revision (significant change only):

**[Physician faculty must:]**

have current medical licensure and appropriate medical staff appointment; and, (Core)

participate in ongoing clinical activity. (Core)

1. Describe the Review Committee's rationale for this revision: **These two proposed requirements are Common Program Requirements for program director qualifications, and the Review Committee felt strongly that all physician faculty members should be held to the same standard.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **Requiring all physician faculty members to participate in ongoing clinical activity will allow for more resident exposure to faculty member teaching in the clinical setting.**
3. How will the proposed requirement or revision impact continuity of patient care? **Requiring all physician faculty members to participate in ongoing clinical activity will ensure more faculty coverage in the clinical setting and more coverage during patient hand-offs.**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **The proposed revision will not necessitate additional institutional resources.**
5. How will the proposed revision impact other accredited programs? **The proposed revision will not impact other accredited programs.**

Requirement #: IV.B.1.b).(2).(a)

Requirement Revision (significant change only):

Residents must demonstrate competence in collection of tissues, including buckle smears and skin biopsies. <sup>(Core)</sup>

1. Describe the Review Committee's rationale for this revision: **The Review Committee wanted to provide clarification for the requirement above ([IV.B.1.b).(2)]), which states that residents must be able to perform all procedures considered essential for practice. The Review Committee felt collection of tissue was important enough to call out in its own requirement.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **Ensuring that all residents can completely and competently perform tissue collection will ensure a high quality of care for patients whose care requires tissue collection.**
3. How will the proposed requirement or revision impact continuity of patient care? **The proposed requirement will not impact continuity of patient care.**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **Institutions will have to ensure that residents have adequate exposure to collection of tissues for a variety of patients so they can demonstrate competence in this area.**
5. How will the proposed revision impact other accredited programs? **The proposed requirement will not impact other accredited programs.**

Requirement #: IV.C.1.a).(1-3)

Requirement Revision (significant change only):

[The program must ensure:]

adequate supervision during times of transition and hand-offs; (Core)

continuity of supervision at all participating sites; and, (Core)

exposure to and sufficient time in specialty clinics for residents. (Core)

1. Describe the Review Committee's rationale for this revision: **The Review Committee wanted to provide clarification for the requirement above ([IV.C.1.J]), which states that the curriculum must be structured to optimize resident experiences and supervisory continuity. The Review Committee feels strongly that there should be adequate supervision during hand-offs and other transitions to ensure no information is lost. The Review Committee also feels that clinics should be structured and scheduled in such a way to allow residents to perform adequate patient care.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **Minimizing or eliminating information lost during transitions of care and hand-offs of patient information positively impacts patient care by ensuring accuracy of information.**
3. How will the proposed requirement or revision impact continuity of patient care? **The proposed requirements will positively impact continuity of care by minimizing or eliminating unnecessary loss or transfer of information and encouraging continuity of patient care in specialty clinics.**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **The proposed requirements may necessitate an increase in faculty supervision to ensure adequate transitions and prevent unnecessary loss of information.**
5. How will the proposed revision impact other accredited programs? **The proposed requirement will not impact other accredited programs.**

Requirement #: VI.E.2.a)

Requirement Revision (significant change only):

Dietitians, genetic counselors, laboratory directors, nurses, technologists, and other providers and allied health professionals must be part of the interprofessional team. <sup>(Core)</sup>

1. Describe the Review Committee's rationale for this revision: **The Review Committee wanted to provide clarification for the requirement above ([VI.E.2.]), which states that residents must work in an environment that includes an opportunity to work as a member of an effective interprofessional team. The Review Committee wanted to clarify that for medical genetics and genomics, certain professionals must be a part of this interprofessional team, and indicated them in the proposed requirement.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **Effective interprofessional teams promote healthy communication, and including multiple perspectives in the care of patients should ensure the best and most accurate care possible.**
3. How will the proposed requirement or revision impact continuity of patient care? **Effective interprofessional teams promote healthy communication, and increased communication leads to smooth transitions and more effective longitudinal care.**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **Institutions that do not already have the individuals noted in the proposed requirement will have to ensure these individuals are available to interact with residents on interprofessional teams.**
5. How will the proposed revision impact other accredited programs? **If other accredited programs (for example, medical genetics and genomics subspecialties) require the presence of these individuals as part of their training, then these individuals may have to be 'shared' between or among multiple accredited programs at one institution.**