

ACGME Program Requirements for Graduate Medical Education in Medical Biochemical Genetics

Summary and Impact of Focused Requirement Revisions

Background

In June 2020, the ACGME Board approved formation of a special task force to examine the principles that should guide creation of requirements that quantify the effort required to participate in the educational programs of residents and fellows. The task force, comprised of representatives of the ACGME Board and ACGME leadership, reviewed more than 100 position papers submitted by representatives from across the medical community, data collected through the ACGME's Accreditation Data System, a comprehensive literature search, and feedback from internal and external stakeholder congresses.

The proposed requirements were posted for a 45-day public comment period in February 2021 and will be effective as of July 1, 2022.

To balance the unique needs of each specialty/subspecialty with the responsibility to maintain fair and equitable standards across specialties/subspecialties, in February 2021 the ACGME Board directed the Committee on Requirements to develop guidance for Review Committees to use in the development of specialty-specific requirements related to dedicated time for program leadership, program coordinators, and core faculty members.

The Review Committees have now been asked to review their existing requirements for consistency with the guidance from the Committee on Requirements and, where needed, to propose modifications needed to conform to the guidelines.

The guidelines for dedicated time requirements for specialties are consistent with the recent modifications to the Common Program Requirements, and take into account the minimum required for the smallest programs in each specialty, with the ability to scale up required dedicated time based on program size and complexity. It is important to note that while the Program Requirements specify the minimum dedicated time required, individual programs may determine that additional time and support is needed.

Requirement #: II.A.2.a)

Requirement Revision (significant change only):

Program leadership, in aggregate, must be provided with support equal to a dedicated minimum of 20 percent time for administration of the program, which may be time spent by the program director only or divided among the program director and one or more associate (or assistant) program directors. At a minimum, the program director must be provided with the salary support required to devote 10 percent FTE of non-clinical time to the administration of the program. (Core)

1. Describe the Review Committee's rationale for this revision:

The proposed change is in alignment with the ACGME's new guidance related to dedicated administrative time.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

As reflected in the Background and Intent for Common Program Requirement II.A.2., the ultimate outcome of graduate medical education is excellence in resident/fellow education and patient care. The Common and specialty-specific Program Requirements related to administrative time and support are intended to ensure that the program director and, as applicable, the program leadership team, are able to devote a sufficient portion of their professional effort to oversight and management of the program to ensure an effective and high-quality educational program.

3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.

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 requirements define the required minimum dedicated time for administration of the program. The new requirements represent an increase in the minimum administrative time and support required for program leadership.

Programs for which the requirements for administrative time and support have increased will need, in partnership with their Sponsoring Institution, to provide additional support for administrative time as specified in the requirements.

Both provision of support for the time required for the leadership effort and flexibility regarding how this support is provided are important. Programs, in partnership with their Sponsoring Institution, may provide support for this time in a variety of ways. Examples include, but are not limited to, salary support, supplemental compensation, educational value units, or relief of time from other professional duties. Program directors and, as applicable, members of the program leadership team, who are new to the role may need to devote additional time to program oversight and management initially as they learn and become proficient in administering the program. It is suggested that during this initial period, the support described above be increased as needed.

5. How will the proposed revision impact other accredited programs?
Not applicable

Requirement #: II.A.3.b).(1)

Requirement Revision (significant change only):

[Qualifications of the program director must include current certification in the subspecialty for which they are the program director by the American Board of Medical Genetics and Genomics or subspecialty qualifications that are acceptable to the Review Committee. ^(Core)]

II.A.3.b).(1) The Review Committee will also accept current ABMGG certification in ~~either~~ both clinical genetics and genomics ~~or~~ and clinical biochemical genetics. ^(Core)

1. Describe the Review Committee's rationale for this revision:
The proposed change clarifies the Review Committee's expectations for who may qualify to serve as program director of a medical biochemical genetics program.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The proposed change requires a program director not certified in medical biochemical genetics to have certification in both clinical genetics and genomics. This ensures the program director is certified in biochemical genetics and is also certified in a clinical specialty.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
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?
No impact is anticipated.
5. How will the proposed revision impact other accredited programs?
Not applicable

Requirement #: II.A.3.b).(2)

Requirement Revision (significant change only):

The program director must be actively participating in the ABMG's Continuing Certification program in the specialty(ies) in which they are certified. ^(Core)

1. Describe the Review Committee's rationale for this revision:
The proposed change clarifies the Review Committee's expectation that the program directors participate in continuing certification for all specialties in which they are certified.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The proposed change ensures that program directors are keeping up with continuous certification in all specialties, which will, in turn, allow them to pass this knowledge on to fellows.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
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?
No impact is anticipated.
5. How will the proposed revision impact other accredited programs?
Not applicable

Requirement #: II.C.2.a)

Requirement Revision (significant change only):

The program coordinator(s) must be provided with support equal to a dedicated minimum of 20 percent time for administration of the program. (Core)

1. Describe the Review Committee's rationale for this revision:
The proposed change is in alignment with the ACGME's new guidance related to dedicated administrative time.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The program coordinator plays a key role in developing and maintaining a high quality educational program, and the Common and specialty-specific Program Requirements are intended to ensure that the FTE support for the coordinator is sufficient to meet the administrative needs of the program.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
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 requirements define the required minimum dedicated time for administration of the program based on program size. The new requirements represent an increase in the required FTE support for the coordinator. It is important to note that the FTE support defined in the requirements must be devoted exclusively to responsibilities related to the accredited program. Time spent by a coordinator related to other duties, such as providing support for unaccredited fellowships or other departmental responsibilities, must not be counted toward the required FTE. Coordinators may support more than one accredited program only if the total FTE required across programs does not exceed 1.0 FTE.
Programs for which the requirements for administrative time and support have increased will need, in partnership with their Sponsoring Institution, to provide additional support for administrative time as specified in the requirements.
5. How will the proposed revision impact other accredited programs?
Not applicable