

**ACGME Program Requirements for Graduate Medical Education
in Anatomic Pathology and Clinical Pathology
Summary and Impact of Major Requirement Revisions**

Requirement #: II.A.3.b).(1)-(3)	
Requirement Revision (major revisions only):	
II.A.3.b).(1)	<u>The program director must have current certification in anatomic and/or clinical pathology.</u> ^(Core)
II.A.3.b).(2)	<u>If the program director is not certified in both anatomic and clinical pathology, there should be an associate program director with certification in the complementary specialty area.</u> ^(Detail)
II.A.3.b).(3)	<u>The program director should participate in the American Board of Pathology's Maintenance of Certification program.</u> ^(Detail)
1.	Describe the Review Committee's rationale for this revision: The Committee agreed that the qualifications for program directors needed to be strengthened to ensure appropriate leadership staffing.
2.	How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? The Committee believes that the level of support for leadership for programs across the specialty will definitely improve the quality of education provided to residents.
3.	How will the proposed requirement or revision impact continuity of patient care? Ensuring qualified leadership is expected to result in a higher quality and continuity of patient care that is provided.
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? For programs whose current program director does not meet the qualifications specified, there may need to be budgetary adjustments to ensure the program is in compliance with the new requirements.
5.	How will the proposed revision impact other accredited programs? NA
Requirement #: Multiple changes in sections IV.A.6.	
Requirement Revision (major revisions only):	
IV.A. 6. Curriculum Organization and Resident Experiences	
IV.A.6.a)	APCP-4 <u>The educational program must include a minimum of 18 months of formal education in each of anatomic pathology and 18 months of formal education in clinical pathology.</u> ^(Core)
IV.A.6.b)	The AP-3 and CP-3 programs must include a minimum of 24 months of anatomic pathology (AP-3) or clinical pathology (CP-3) education

Deleted:

IV.A.6.b).(1)	The remaining 12 months of training education for APCP-4, AP-3, and CP-3 programs may should be a continuation of structured anatomic pathology or clinical pathology education, or may be devoted to a specialized facet of pathology, <u>which may include up to six-months of research, as determined by the resident in conjunction with the program director, Clinical Competency Committee, and/or a Pathology Education Committee.</u> ^(Detail)
IV.A.6.b).(2)	The program director must clearly define, as part of the program description, the available educational opportunities for the remaining 12 months of pathology education. ^(Detail)
IV.A.6.b).(3)	The program director must approve residents' participation in all such opportunities and monitor their progress. ^(Core)
IV.A.6.c)	All education must occur under the direction of the program director or a designated member of the <u>faculty teaching staff.</u> ^(Core)
IV.A.6.d)	<u>Resident education in anatomic pathology must include</u> will have education in anatomic pathology that must include instruction in autopsy and surgical pathology, cytogenetics, cytopathology, dermatopathology, forensic pathology, histochemistry, immunopathology, molecular <u>pathology biology, medical renal pathology,</u> neuropathology, pediatric pathology, ultrastructural pathology, and other advanced diagnostic techniques as they become available ^(Core)
IV.A.6.e)	<u>Resident education in clinical pathology must include</u> will have education in clinical pathology that must include instruction in aspiration techniques, blood banking/transfusion medicine, chemical pathology, coagulation, cytogenetics, hematology, immunopathology, medical microscopy (including urinalysis), microbiology (including bacteriology, mycology, parasitology, and virology), molecular <u>pathology biologic techniques,</u> toxicology, and other advanced diagnostic techniques as they become available. ^(Core)
IV.A.6.f)	<u>Each resident must perform at least 50 autopsies during the program.</u> Autopsies may be shared, but no more than two residents may count a shared case toward this standard. In a <u>To be counted as the required 50 cases, an complete autopsy this must include:</u> ^(Core)
IV.A.6.f).(1)	review of history and circumstances of death; ^(Core)
IV.A.6.f).(2)	external examination of the body; ^(Core)
IV.A.6.f).(3)	gross dissection, <u>including organ evisceration;</u> ^(Core)
IV.A.6.f).(4)	review of microscopic and laboratory findings <u>appropriate to the case;</u> ^(Core)
IV.A.6.f).(5)	preparation of written description of gross and microscopic findings. ^(Core)

IV.A.6.f).(6)	development of opinion on cause of death. ^(Core)
IV.A.6.f).(7)	<u>clinicopathological correlation, as appropriate to the case, and;</u> ^(Core)
IV.A.6.f).(8)	review of autopsy report with teaching staff <u>a faculty member.</u> ^(Core)
IV.A.6.g)	Residents' education must include <u>have</u> exposure to forensic, pediatric, perinatal, and stillborn autopsies. ^(Core)
IV.A.6.h)	<u>Residents must document all autopsies performed in the ACGME Case Log System.</u> ^(Core)
IV.A.6.i)	<u>Each resident must</u> will examine and assess at least 2000 surgical pathology specimens during the program. ^(Core)
IV.A.6.i).(1)	This material must be from an adequate mix of cases to ensure exposure to both common and uncommon conditions. ^(Core)
IV.A.6.i).(2)	Residents should <u>must</u> formulate a microscopic diagnosis for <u>the majority of cases they</u> have examined grossly. ^(Core)
IV.A.6.i).(3)	Residents should <u>must</u> preview their cases with an attending pathologist prior to sign-out with an attending pathologist. ^(Core)
IV.A.6.j)	<u>Each resident must</u> perform at least 200 intra-operative consultations during the program; ^(Core)
IV.A.6.k)	<u>Each resident must</u> will examine at least 1,500 cytologic specimens during the program. This material must include <u>including</u> a variety of both exfoliative and aspiration specimens. and; ^(Core)
IV.A.6.l)	Residents <u>must</u> will participate in the regular, formal, clinical and teaching rounds corresponding to the laboratory services to which they are assigned. For example, residents should attend infectious disease service rounds while on assignment in microbiology. ^(Core)
IV.A.6.l).(1)	These educational experiences detailed above may be provided through <u>in</u> separate, exclusive rotations, by <u>in</u> rotations that combine more than one area, or by other means. However the experiences are provided, but all rotations and other assignments must conform to the educational goals and objectives of the program. ^(Detail)
IV.A.6.m)	Residents must participate in pathology conferences, rounds, teaching, and scholarly activity, as well as gain experience in the management and direction of a pathology laboratory. must have instruction and experience in the interpretation of laboratory data as part of patient care decision-making and patient care consultation. ^(Core)

IV.A.6.m).(1)	This laboratory experience should include education quality assurance, safety, regulations, and the use of hospital and laboratory information systems. ^(Core)
IV.A.6.n)	<u>Resident experience must include education in laboratory management, including coding and billing compliance, laboratory expense and revenue calculations and projections, laboratory inspections, method validation, principles of human resource management, proficiency testing, public health reporting, quality assurance, regulations, risk management, safety, and the use of hospital and laboratory information systems.</u> ^(Core)
IV.A.6.o)	<u>Residents must participate in laboratory inspections or mock inspections, method validation, review of proficiency testing results, quality assurance activities, and the use of hospital and laboratory information systems.</u> ^(Core)

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

The Residency Review Committee for Pathology monitors substantial compliance of ACGME-accredited programs, and does not provide specific oversight for individual candidate's completion of Board eligible requirements.

The Committee has developed the following FAQ to explain this revision to the pathology community:

FAQ:

Q: Why are references to AP-only and CP-only curricula not included in the current proposed revisions to the pathology program requirements?

A: The AP-only and CP-only requirements for individuals who plan to sit for the American Board of Pathology certification examination are available to potential candidates on the ABP website in the 'Booklet of Information'. The Credentials Committee of the ABP reviews each resident's application which includes curriculum components and rotations completed in an ACGME-accredited Anatomic Pathology and Clinical Pathology program, and determines eligibility for each candidate.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **The substantive changes to the patient care and medical knowledge sections of the requirements are expected to have a positive impact on the quality of patient care by shifting the focus from merely performing patient care activities to assessing residents' skills in providing care.**

The requirements that were judged to be curriculum-specific were moved to a new section IV.A.6 of the requirements, 'Curriculum Organization and Resident Experiences'. This reformatting is intended to clarify that these elements are directly related to the program curriculum. The Committee believes that this will be of help to the program directors in ensuring that each is included and documented subsequently as curriculum elements.

The substantive changes to the patient care and medical knowledge sections of the requirements are intended to support the transition to the Next Accreditation System (NAS) by shifting the focus of the requirements from required processes to required

outcomes. It is expected that the focus on resident outcomes rather than resident experiences will allow the Review Committee to provide a better assessment of program quality, while also creating greater opportunities for program innovation. Ultimately this is expected to have a positive impact on resident education. The addition of the Curriculum section will also clarify for residents what elements must be a part of the program structure provided.

3. How will the proposed requirement or revision impact continuity of patient care? **It is expected that the increased emphasis on outcomes, as well as opportunities for innovation that will be available in the NAS, will result in improvements in the way that residents, staff, and the service provide continuing care of patients.**
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 change is anticipated.**
5. How will the proposed revision impact other accredited programs? **No change is anticipated.**

Requirement #: V.C.2.d).(1), V.C.2.d).(2)

Requirement Revision (major revisions only):

V.C.2.d).(1) At least 80 percent of the program's graduates from the preceding five years must have taken the ABP certifying examination. ^(Core)

V.C.2.d).(2) At least 70 percent of the program's graduates from the preceding five years who take the ABP certifying examination for the first time must pass. ^(Outcome)

1. Describe the Review Committee's rationale for this revision: **In the past, the RRC has reviewed board pass rates, but this new requirement formalizes the criteria that will be used in the future. The Committee believes that defining set criteria in assessing programs is important, particularly as the specialty transitions to NAS.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **The proposed revision will provide clarity to both Program Directors and residents as to performance expectations. The Review Committee agrees that a high percentage of residents should pass the examination the first time. A defined quality level will indirectly serve both patient safety and patient care quality.**
3. How will the proposed requirement or revision impact continuity of patient care? **NA**
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? **NA**
5. How will the proposed revision impact other accredited programs? **NA**