

# HEMATOLOGY FELLOWSHIP PROGRAMS

## FREQUENTLY ASKED QUESTIONS

The Residency Review Committee for Internal Medicine has answered the following questions from hematology fellowship programs. The answers provided represent a summary of the actions previously taken by the Committee. You should not interpret the answers as a second set of standards. The RRC-IM provides these answers to give training programs insight on how the peer review process works. Each program reviewed is unique. The RRC-IM interprets substantial compliance with the Program Requirements that reflect the unique composite of a given program. The Requirements are as stated.

### **Abbreviations Used**

PR = Program Requirement  
PD = Program Director  
APD = Associate Program Director  
Sub = Internal Medicine subspecialty program  
Sub-sub = Subspecialty requiring completion of training in a parent subspecialty (i.e., clinical cardiac electrophysiology, interventional cardiology, transplant hepatology)  
RRC-IM = Residency Review Committee for Internal Medicine  
ACGME = Accreditation council of Graduate Medical Education  
DIO = Designated Institutional Official (usually serves as chair of GMCEC)  
GMCEC = Graduate Medical Education Committee, as required by the IRC  
IRC = Institutional Review Committee  
PIF = Program Information Form  
KCF = Key Clinical Faculty  
Pub = Peer-reviewed publication or other acceptable product of scholarship as defined by the RRC-IM  
Heme-Onc = Hematology-Oncology  
Heme = Hematology  
Onc = Oncology

### **Section I-VII General Subspecialty Program Requirements**

#### Question:

*“Do the General Subspecialty Program Requirements apply to hematology?”*

#### Program Requirements:

For Sections I. through VIII., see:

- **ACGME Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine**
- **RRC-IM Web Subspecialty FAQ**

#### Answer:

Absolutely

Hematology PDs should study carefully the General Subspecialty Program Requirements, and the FAQs related to these PRs. The requirements cover required structural elements in the program such as required institutional support, facilities and resources, key faculty and PD qualifications and responsibilities, conferences, continuity clinic, scholarship and research, evaluation, etc.

Subspecialty fellowship programs are expected to be in full compliance with both the General Subspecialty Program Requirements, and the Subspecialty Specific Program Requirements.

## **Section VIII - XI Hematology Program Requirements**

### **Section VIII. Educational Program**

#### **Clinical Training**

##### Question:

*“What does the Committee ‘count’ as clinical training?”*

##### Program Requirement:

The training program must be 2 years in duration. (Educational Program, Duration of Program, Section VIII.B.)

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##### 12 Months Clinical

At least 12 months of the program must be devoted to clinical training. (Educational Program, Clinical Training, Section VIII.C.)

##### Answer:

Continuity clinic time during research may not be used to reduce the 12 months of (block) clinical time.

Electives such as hematopathology, blood bank, coagulation and radiation therapy may be counted in the 12 months. These are necessary skills for the hem-onc specialty. However, these electives should not exceed 3 months of the total 12 months.

#### **Bone Marrow Transplant**

##### Question:

*“Will experience in autologous BMT fulfill the transplant requirement?”*

##### Program Requirement:

The program should provide at least 1 month of clinical experienced in autologous and allogeneic bone marrow transplantation. (Educational Program, Bone Marrow Transplant, Section VIII.D.)

##### Answer:

Experience should include both autologous and allogeneic bone marrow transplantation (including peripheral stem cell).

#### **Outpatient**

##### Question:

*“How will the RRC calculate the additional 10% ambulatory time?”*

##### Program Requirement:

In addition to continuity clinic, at least 10% of the required 12 months of clinical training must be spent in an ambulatory setting (i.e., the equivalent of 48 half-day sessions). (Educational Program, Ambulatory Clinics, Section VIII.E.2.)

##### Answer:

Programs must provide the equivalent of at least 48 ambulatory half-day sessions, in addition to continuity clinic (10% of 12 months = 48 half-day sessions). It may occur in blocks, or longitudinally, during either the required 12 months clinical, or during research time.

**Section IX. Faculty**

**Minimum Key Clinical Faculty**

Question:

*“What is the minimum number of ABIM-certified KCF for our program.”*

*“How many publications are required by KCF”*

Program Requirement:

See General Subspecialty FAQ for additional details and program requirement.

Answer:

See below for calculation of minimum required key clinical faculty, and the scholarly productivity expected of the KCF.

<b>Hematology KCF and Research Productivity</b>				
<b>Minimum 3 KCF or 1:1.5 faculty-fellow ratio for programs with 5 or more fellows</b>				
<b>Approved Fellow Complement</b>	<b>Minimum Certified KCF (incl PD)</b>	<b>Majority of Minimum KCF (51%)</b>	<b><u>PARTICIPATION</u> KCF with at Least 1 Pub Past 3 Years</b>	<b><u>PRODUCTIVITY</u> Pubs All KCF Past 3 Years (1/yr x 3 yrs)</b>
2	3	2	2	6
3	3	2	2	6
4	3	2	2	6
5	4	3	3	9
6	4	3	3	9
7	5	3	3	9
8	6	4	4	12
9	6	4	4	12
10	7	4	4	12
11	8	5	5	15
12	8	5	5	15
13	9	5	5	15
14	10	6	6	18
15	10	6	6	18
16	11	6	6	18
17	12	7	7	21
18	12	7	7	21
19	13	7	7	21
20	14	8	8	24
21	14	8	8	24
22	15	8	8	24
23	16	9	9	27
24	16	9	9	27
25	17	9	9	27

- Publication = Research publication, review article, or editorial in a peer review journal (PRJ), funded peer-review grant, or book chapter.
- Scholarly case reports acceptable (Sept 2007) if indexed in Pub Med, and copy submitted with PIF
- Peer review publication = indexed in Pub Med (or Medline). If not in Pub Med, PD must supply evidence of peer

- review
- In press or accepted for publication counts. Submitted or in preparation does not count.
- Abstract, illustration, letter to the editor, presentation, or publication in non-PRJ does not count.
- Peer-reviewed funding (NIH, NCI, or other government-funded or national-foundation funded) counts
- Industry, pharmaceutical, or other non-peer-review grant does not count.
  - Exception: Pharmaceutical studies in which the KCF is the overall PI (lead investigator) for all sites will be accepted as counting as one product of scholarship
- 1 paper = 1 paper; Do not count multi-author papers more than once.
- Count the last three calendar years prior to PIF submission. If site visit is in Sep. 2008, count publications from 2005, 2006, and 2007 as well as 2008.
- Contribute to participation: Only ABIM certified KCF
- Contribute to productivity:
  - Certified KCF
  - Additional sub-specialty KCF (above minimum required, certified or non-certified)
  - Non-physician faculty and faculty in other specialties IF:
    - Contribute to fellow education
    - Devote at least 10 hours/ week to the program

## **Section X. Facilities and Resources**

### **Required Radiation Oncology Facilities**

#### Question:

*“Can our program use off-site radiation oncology facilities?”*

#### Program Requirement:

[In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:] Radiology and Imaging: radiation oncology facilities. (Facilities and Resources, Radiology and Imaging, Section X.B.2.)

#### Answer:

Radiation Oncology facilities may be “off site” if the institution:

1. Is using a shared regional facility, and
2. There are radiation oncology faculty present on site that participate in the training program and multidisciplinary tumor boards.

### **Oncology Clinical Program**

#### Question:

*“What does the Committee mean by a ‘a medical oncology clinical program’?”*

#### Program Requirement:

[In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:] There should be a medical oncology clinical program with which hematology fellows may interact formally in an educational experience. (Facilities and Resources, Other Facilities, Resources, or Support Services, Section X.D.3.)

#### Answer:

A medical oncology clinical program refers to facilities, faculty, staff for the care of medical oncology patients. The primary training site must have a clinical oncology program, but not a necessarily a fellowship program. Hematology fellows must interact with the faculty of this program in conferences and in clinical care.

**Section XI. Specific Program Content**

**Procedures**

Question:

*“What procedures does the program need to track for Hematology fellows?”*

Program Requirement:

[Fellows must demonstrate competence in the performance of and/or (where applicable) interpretation of:] bone marrow aspiration and biopsy. (Specific Program Content, Technical and Other Skills, Section XI.B.1.a))

Answer:

<b>Hematology Procedures that Must be Documented In Fellow' Procedure Log</b>
1. Bone Marrow aspirate and Biopsy