

HEMATOLOGY-ONCOLOGY FELLOWSHIP PROGRAMS

FREQUENTLY ASKED QUESTIONS

The Residency Review Committee for Internal Medicine has answered the following questions from Hematology-Oncology 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 GMEC)
GMEC = 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-Oncology?”

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-Oncology 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-Oncology Program Requirements

Section VIII. Educational Program

Mono-Specialty Training

Question:

“Can we offer a Hematology or an Oncology track in the Heme-Onc program?”

Program Requirement:

A subspecialty educational program in combined hematology and oncology must be organized to provide training and supervised experience at a level sufficient for the fellow to acquire the competency of a specialist in the field. (Educational Program, Definition and Scope of Hematology and Medical Oncology, Section VIII.A.)

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Duration of Program

The training program must be 3 years in duration. (Educational Program, Section VIII.B.)

Answer:

Yes

A three-year combined subspecialty training program in hematology and oncology can provide two-year training in either hematology or oncology by developing a curriculum and rotation schedule that meets the published program requirements for the specialty training, as stated in the Program Requirements for Fellowship Education in Hematology and Program Requirements for Fellowship Education in Oncology.

- If the endeavor is to be a routine track (i.e., 2 or more fellows in 3 years), the program director must submit the didactic and rotation schedules and narrative that describes the educational and clinical experience for the track(s) to the RRC-IM for approval.
- If the accommodation is only for individual fellows on request (i.e., one fellow every 3 years), then RRC approval of the curriculum is not required.

At all times, programs must stay within their approved complement.

- Programs must request a temporary complement increase (via Web ADS) if the addition of a hematology or oncology fellow will cause the program to exceed their approved complement.
- The RRC-IM will grant temporary increases to accommodate additional hematology or oncology trainees. If it becomes more than occasional (i.e., one fellow every 3 years), then the program should request a permanent complement increase and have the hematology or oncology track approved.

Clinical Training

Question:

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

Program Requirement:

At least 18 months of the program must be devoted to clinical training. (Educational Program, Section VIII.D.)

Answer:

Continuity clinic time during research, or the additional 72 sessions of ambulatory clinic (if it occurs during research time) may not be used to reduce the 18 months of (block) clinical time.

Electives such as hematopathology, blood bank, coagulation and radiation therapy may be counted in the 18 months. These are necessary skills for the hem-onc specialty. However, these electives should not exceed 3 months of the total 18 months.

Bone Marrow Transplant

Question:

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

Program Requirement:

The program must provide at least 1 month of clinical experience in autologous and allogeneic bone marrow transplantation. (Educational Program, Section VIII.G., CAAR-1106, CIT:4.D;)

Answer:

Experience must 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 18 months of clinical training must be spent in an ambulatory setting (i.e., the equivalent of 72 half-day sessions). (Educational Program, Section VIII.H.2., CAAR-1108, CIT:4.D;)

Answer:

Programs must provide the equivalent of at least 72 ambulatory half-day sessions, in addition to continuity clinic (10% of 18 months = 72 half-day sessions). It may occur in blocks, or longitudinally, during either the required 18 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:

The combined subspecialty program faculty must include a minimum of 6 qualified key clinical teaching faculty members, including the program director. (Faculty, Section IX.A.)

At least 3 of the key clinical faculty members must be certified in hematology and at least 3 must be certified in oncology. (Faculty, Section IX.B.)

In programs with an approved fellow complement of more than 9 fellows, a ratio of key clinical faculty to fellows of at least 1:1.5 must be maintained. (Faculty, Section IX.C.)

Answer:

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

Heme-Onc KCF and Research Productivity

Minimum 6 KCF or 1:1.5 faculty-fellow ratio for programs with 10 or more fellows

Approved Fellow Complement	Minimum Certified KCF (incl PD)	Minimum Certified <u>Heme</u> KCF (incl PD)	Minimum Certified <u>Onc</u> KCF (incl PD)	Majority Minimum KCF (51%)	<u>PARTICIPATION</u> KCF with at Least 1 Pub Past 3 Years	<u>PRODUCTIVITY</u> Pubs All KCF Past 3 Years (1/yr x 3 yrs)
3	6	3	3	4	4	12
4	6	3	3	4	4	12
5	6	3	3	4	4	12
6	6	3	3	4	4	12
7	6	3	3	4	4	12
8	6	3	3	4	4	12
9	6	3	3	4	4	12
10	7	3	3	4	4	12
11	8	3	3	5	5	15
12	8	3	3	5	5	15
13	9	3	3	5	5	15
14	10	3	3	6	6	18
15	10	3	3	6	6	18
16	11	3	3	6	6	18
17	12	3	3	7	7	21
18	12	3	3	7	7	21
19	13	3	3	7	7	21
20	14	3	3	8	8	24
21	14	3	3	8	8	24
22	15	3	3	8	8	24
23	16	3	3	9	9	27
24	16	3	3	9	9	27
25	17	3	3	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.

Multispecialty Tumor Boards

Question:

“Does Tumor Board ‘count’ as a clinical case conference?”

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:] The program must also participate in multidisciplinary case management or tumor conference and cancer protocol studies (Facilities and Resources, Other Facilities, Resources, and Support Services, Section X.D.3.)

Answer:

Fellows must participate in a multidisciplinary case management or tumor conference. This can “count” as one of the four required case conferences per month.

Section XI. Specific Program Content

Procedures

Question:

“What procedures does the program need to track for Hematology-Oncology 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.e))

Answer:

Heme-Onc Procedures that Must be Documented In Fellow’ Procedure Log
1. Bone Marrow aspirate and Biopsy

