

Hematology Fellowship Programs FAQ	
General Subspecialty Program Requirements	
Question	Answer
Do the General Subspecialty Program Requirements apply to hematology? [see ACGME Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine] [see RRC-IM General Subspecialty FAQ]	<ul style="list-style-type: none"> Absolutely. Hematology program directors should study carefully the General Subspecialty Program Requirements, and the FAQs related to these program requirements. The requirements cover required structural elements in the program such as required institutional support, facilities and resources, key faculty and program director qualifications and responsibilities, conferences, continuity clinic, scholarship and research, evaluation, etc. Subspecialty fellowship programs are expected to be in full compliance with <u>both</u> the General Subspecialty Program Requirements, and the Subspecialty Specific Program Requirements.
Question	Answer
What does the Committee 'count' as clinical training? [Program Requirement VIII.C.]	<ul style="list-style-type: none"> 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.
Will experience in autologous BMT fulfill the transplant requirement? [Program Requirement VIII.D.]	Experience should include <u>both</u> autologous and allogeneic bone marrow transplantation (including peripheral stem cell).
How will the RRC calculate the additional 10% ambulatory time? [Program Requirement VIII.E.2.]	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.
Facilities and Resources	
Question	Answer
What laboratory facilities are required at the primary training site? [Program Requirement X.A.1.)] [Program Requirement X.A.2.)] [Program Requirement X.C.1.a)] [Program Requirement X.B.1.)] [Program Requirement X.C.1.b)]	<ul style="list-style-type: none"> There must be a Hematology lab, transfusion services, and apheresis support at the primary training site. The fellows must have ready access to a specialized coagulation laboratory, nuclear imaging, immunopathology, and blood banking services if these services are located at an outside facility.
Can our program use off-site radiation oncology facilities? [Program Requirement X.B.2.]	Radiation Oncology facilities may be off site <u>if the institution</u> : <ul style="list-style-type: none"> Is using a shared regional facility, and There are radiation oncology faculty present on site that participate in the training program and multidisciplinary tumor boards.
What other ABIM certified faculty in Internal Medicine must be present at the primary training site? [Program Requirement X.D.1.]	Faculty members who are subspecialty certified by the American Board of Internal Medicine in their respective disciplines in infectious disease, pulmonary disease, endocrinology, gastroenterology, and oncology must be available for consultation and teaching.
Can a tumor board or multi-disciplinary case management conference count as one of the mandatory case conferences? [Program Requirement X.D.2.]	Yes. The committee considers these types of conferences as important to the fellow's education. These will be counted as a case conference.
What does the Committee mean by a "medical oncology clinical program?" [Program Requirement X.D.3.]	A medical oncology clinical program refers to facilities, faculty, staff for the care of medical oncology patients. The primary training site must have a <u>clinical</u> 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.

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Specific Program Content	
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What procedures does the program need to track for Hematology fellows? [Program Requirement XI.B.1.a)]	Hematology procedures that must be documented in fellow's <u>procedure log</u> : <ul style="list-style-type: none"> • Bone Marrow aspirate and Biopsy
Can the required one month of outpatient post transplant complication experience be done during the required one month rotation in bone marrow transplantation? [Program Requirement XI.B.2.e)]	In addition to the one month transplant experience, the post transplant experience should be obtained by outpatient follow-up during that one month transplant experience.

Appendix I

RRC-IM Calculation of Minimum Key Clinical Faculty (KCF) and Key Clinical Faculty (KCF) Scholarship Participation/Productivity Hematology				
Minimum 3 KCF or 1:1.5 faculty-fellow ratio for programs with 6 or more fellows				
Approved Fellow Complement	Minimum Certified KCF (incl PD)	Majority of Minimum KCF (50%)	<u>PARTICIPATION</u> KCF with at Least 1 Pub Past 3 Years [259]	<u>PRODUCTIVITY</u> Pubs All KCF Past 3 Years (1/yr x 3 yrs) [259]
2	3	2	2	6
3	3	2	2	6
4	3	2	2	6
5	3	2	2	6
6	4	2	2	6
7	5	3	3	9
8	6	3	3	9
9	6	3	3	9
10	7	4	4	12
11	8	4	4	12
12	8	4	4	12
13	9	5	5	15
14	10	5	5	15
15	10	5	5	15
16	11	6	6	18
17	12	6	6	18
18	12	6	6	18
19	13	7	7	21
20	14	7	7	21
21	14	7	7	21
22	15	8	8	24
23	16	8	8	24
24	16	8	8	24
25	17	9	9	27
26	18	9	9	27
27	18	9	9	27
28	19	10	10	30
29	20	10	10	30
30	20	10	10	30

- 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