

<b>Oncology Fellowship Programs FAQ</b>	
<b>General Subspecialty Program Requirements</b>	
<b>Question</b>	<b>Answer</b>
Do the General Subspecialty Program Requirements apply to Oncology? [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"> <li>Absolutely. Oncology 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.</li> <li>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.</li> </ul>
<b>Educational Program</b>	
<b>Question</b>	<b>Answer</b>
What is the required clinical training for a single specialty training program in Oncology? [Program Requirement VIII.C.]	Trainees in Oncology only programs must have a minimum of 12 months of clinical experience. It is expected that all programs will have the required 24 months of continuity clinic. An additional 48 half days of ambulatory experience are required and these may be distributed throughout the duration of the program. Continuity clinics attended during the research block do not count toward this minimum of 12 months.
Will experience in autologous BMT fulfill the transplant requirement? [Program Requirement VIII.G.]	No, it will not. Fellows should have clinical experience in both autologous and allogeneic bone marrow transplantation (including peripheral stem cells).
How will the RRC calculate the additional 10% ambulatory time? [Program Requirement VIII.H.2.]	In order to meet this requirement, programs must provide the equivalent of at least 48 ambulatory half-day sessions, in addition to continuity clinic. (i.e., 10% of 12 months = 48 half-day sessions). The ambulatory experiences may be comprised of blocks, longitudinal experiences or a combination.
What procedures does the program need to track for Oncology fellows? [Program Requirement XI.B.1.]	<u>Oncology procedures that must be documented in fellow's procedure log:</u> <ul style="list-style-type: none"> <li>Bone Marrow aspirate and Biopsy</li> </ul>
<b>Facilities and Resources</b>	
<b>Question</b>	<b>Answer</b>
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"> <li>Is using a shared regional facility, and</li> <li>There are radiation oncology faculty present on site that participate in the training program and multidisciplinary tumor boards.</li> </ul>
What does the Committee mean by a hematology clinical program? [Program Requirement X.D.4.]	Hematology clinical program refers to facilities, faculty, staff for the care of hematology patients. The primary training site must have a <u>clinical</u> hematology program, but not a necessarily a fellowship program. Oncology fellows must interact with the faculty of this program in conferences and in clinical care.

# Appendix I

RRC-IM Calculation of Minimum Key Clinical Faculty (KCF) and Key Clinical Faculty (KCF) Scholarship Participation/Productivity Oncology				
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