Requirement #: I.B.6

Requirement Revision (significant change only):

All participating sites responsible for education and training of residents must maintain relevant certification and/or accreditation recognized at the state and/or national level. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee added this requirement to ensure that all sites where residents are being educated and trained have appropriate certification and/or accreditation.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Ensuring that all sites have the appropriate certification and/or accreditation will allow residents to learn and train in safe conditions with equipment and environments held to the highest applicable standards.

3. How will the proposed requirement or revision impact continuity of patient care?
   This revision will not impact continuity of patient care.

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?
   This requirement may necessitate additional resources for sites to gain appropriate certification and/or accreditation if they do not already have it.

5. How will the proposed revision impact other accredited programs?
   This revision will not impact other accredited programs.
## Requirement #: I.D.1.a)-I.D.1.a).(6)

### Requirement Revision (significant change only):

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.D.1.a)</td>
<td>At the primary clinical site, the program must provide each resident with:</td>
</tr>
<tr>
<td>I.D.1.a).(1)</td>
<td>a designated work area; and (Core)</td>
</tr>
<tr>
<td>I.D.1.a).(2)</td>
<td>an individual computer with access to hospital and laboratory information systems, electronic health records, and the Internet; access (Core)</td>
</tr>
<tr>
<td>I.D.1.a).(3)</td>
<td>an individual light microscope and access to multi-headed light microscopes for rotations on which microscopic evaluations account for a major portion of the clinical experience; (Core)</td>
</tr>
<tr>
<td>I.D.1.a).(4)</td>
<td>photomicroscopy and gross imaging technology for residents; (Core)</td>
</tr>
<tr>
<td>I.D.1.a).(5)</td>
<td>radiographic imaging technology, when applicable to specimen type; and, (Core)</td>
</tr>
</tbody>
</table>

1. **Describe the Review Committee's rationale for this revision:**
   - **The Review Committee revised these requirements, and added them to all subspecialty Program Requirements (as applicable), to provide more consistency around the expectations regarding the resources that must be available for resident education.**

2. **How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?**
   - **This will improve resident education by ensuring that residents have access to all resources and laboratory equipment needed to perform testing appropriate for the subspecialty, as well as by ensuring they have a designated work area and computer to complete their work.**

3. **How will the proposed requirement or revision impact continuity of patient care?**
   - **This revision will not impact continuity of patient care.**

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?**
   - **This revision may necessitate additional institutional resources if programs do not already have the required equipment and technology. However, these resources are common in pathology, so most Pathology Departments and/or Sponsoring Institutions should already have them, and the change will involve simply making them available to residents.**

5. **How will the proposed revision impact other accredited programs?**
This revision could have an impact on other accredited programs, if any of those programs also use the equipment listed in the requirements. If so, the residency program and other accredited programs using the equipment will have to share access for residents/fellows/other learners.

<table>
<thead>
<tr>
<th>Requirement #: II.A.2.a)-II.A.2.a).(1).(e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement Revision (significant change only):</td>
</tr>
<tr>
<td>II.A.2.a) The Review Committee requires that the program director, and if applicable the associate program director(s), must be provided with the minimum protected time for devote a minimum of 20 hours per week, averaged over four weeks, to the program administrative duties as specified below, to include clinical work and research project work with residents, teaching, and residency-related administration. (Core)</td>
</tr>
<tr>
<td>II.A.2.a).(1) This protected time must total at least:</td>
</tr>
<tr>
<td>II.A.2.a).(1).(a) 0.5 FTE for programs approved for eight to 15 residents; (Core)</td>
</tr>
<tr>
<td>II.A.2.a).(1).(b) 0.6 FTE for programs approved for 16 to 23 residents; (Core)</td>
</tr>
<tr>
<td>II.A.2.a).(1).(c) 0.7 FTE for programs approved for 24 to 31 residents; (Core)</td>
</tr>
<tr>
<td>II.A.2.a).(1).(d) 0.8 FTE for programs approved for 32 to 39 residents; and, (Core)</td>
</tr>
<tr>
<td>II.A.2.a).(1).(e) 0.9 FTE for programs approved for 40 or more residents. (Core)</td>
</tr>
</tbody>
</table>

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee felt that program director support should be based on the size of the program, since more residents means more work for the program director.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This revision will ensure the program director has enough protected time free from clinical and other duties to provide oversight of the residency and the education of the residents.

3. How will the proposed requirement or revision impact continuity of patient care?
   This revision will not impact continuity of patient care.

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?
   This revision may necessitate more salary support for the program director if not already at the required amount of protected time for the program’s size.

5. How will the proposed revision impact other accredited programs?
   This revision will not impact other accredited programs.
Requirement #: II.A.2.b)

Requirement Revision (significant change only):

Programs with more than 16 or more residents should have an associate program director to assist the program director with program administration and management. (Detail/Core)

<table>
<thead>
<tr>
<th>1. Describe the Review Committee’s rationale for this revision:</th>
</tr>
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<tbody>
<tr>
<td>This revision was made to align with the newly-developed program director support scale (as noted in II.A.2.a). The requirement was recategorized as ‘Core’ to ensure that mid-to-larger-sized programs have adequate leadership support in the form of an associate program director.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>This revision will ensure the program has enough leadership and expertise to handle program administration and management.</td>
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</table>

<table>
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<tr>
<th>3. How will the proposed requirement or revision impact continuity of patient care?</th>
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<tbody>
<tr>
<td>This revision will not impact continuity of patient care.</td>
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</table>

<table>
<thead>
<tr>
<th>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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>This revision will likely necessitate additional resources for some programs if they were not required to have an associate program director under the current requirement but will now be required to have one.</td>
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</table>

<table>
<thead>
<tr>
<th>5. How will the proposed revision impact other accredited programs?</th>
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</thead>
<tbody>
<tr>
<td>This revision will not impact other accredited programs.</td>
</tr>
</tbody>
</table>
Requirement #: II.B.4.c)

Requirement Revision (significant change only):

There must be at least five core faculty members, one of whom must be the program director.

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee felt pathology residency programs must have at least five core faculty members responsible for resident education.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This revision will ensure there are enough core faculty members in the program to supervise residents and provide adequate education.

3. How will the proposed requirement or revision impact continuity of patient care?
   This revision will not impact continuity of patient care.

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?
   This revision may necessitate more core faculty members for the program if not already at the required amount.

5. How will the proposed revision impact other accredited programs?
   This revision will not impact other accredited programs.
Requirement #: II.C.2.a)-II.C.2.a).(4)

Requirement Revision (significant change only):

<table>
<thead>
<tr>
<th>II.C.2.a)</th>
<th>To ensure that the program coordinator has sufficient support to fulfill the responsibilities essential to meeting the educational goals and administrative duties of the program, program coordinator support must be provided as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>II.C.2.a).(1)</td>
<td>Programs approved for eight to 16 residents must have at least 0.8 FTE program coordinator support. (Core)</td>
</tr>
<tr>
<td>II.C.2.a).(2)</td>
<td>Programs approved for 17 to 24 residents must have at least 1.0 FTE program coordinator support. (Core)</td>
</tr>
<tr>
<td>II.C.2.a).(3)</td>
<td>Programs approved for 25 to 39 residents must have at least 1.5 FTE program coordinator support. (Core)</td>
</tr>
<tr>
<td>II.C.2.a).(4)</td>
<td>Programs approved for 40 or more residents must have at least 2.0 FTE program coordinator support. (Core)</td>
</tr>
</tbody>
</table>

1. Describe the Review Committee’s rationale for this revision:  
   The Review Committee felt that program coordinator support for residency programs should be based on program size, since more residents means more work for the program coordinator.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
   This revision will not impact resident education, patient safety, or patient care quality.

3. How will the proposed requirement or revision impact continuity of patient care?  
   This revision will not impact continuity of patient care.

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?  
   This revision may necessitate the reassignment of coordinator duties and/or hiring of additional program coordinators depending on how duties and FTE responsibilities are currently assigned at the Sponsoring Institution.

5. How will the proposed revision impact other accredited programs?  
   This revision will not impact other accredited programs.
Requirement #: IV.B.1.b).1.(a).iii)-(iv)

Requirement Revision (significant change only):

Anatomic and Clinical Pathology (APCP-4, AP-3, and CP-3)

Residents must demonstrate competence in:

IV.B.1.b).1.(a).ii) interpreting laboratory tests, including; (Core)

IV.B.1.b).1.(a).ii.a) hematopathology (e.g. interpreting common laboratory tests, including peripheral smears, body fluids, bone marrow aspirations and biopsies, microbiology and chemistry tests, and transfusion medicine tests; lymph node biopsies, and peripheral smears); and, (Core)

IV.B.1.b).1.(a).ii.b) molecular pathology; (Core)

IV.B.1.b).1.(a).iv) providing appropriate and effective pathology services consultation; and, (Core)

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee felt that these added elements were essential to the education of all pathology residents, especially with regards to providing consultative care.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This revision will ensure that residents are able to develop competence in all relevant patient care-related areas of anatomic and clinical pathology, and will be prepared to function as consultants upon completion of the program. Additionally, this revision will improve patient care quality as residents will be required to focus on consultation with the goal of effective patient care.

3. How will the proposed requirement or revision impact continuity of patient care?
   This revision will not impact continuity of patient care.

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?
   This revision should not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs?
   This revision will not impact other accredited programs.
Requirement #: IV.B.1.b).(1).(b).(iii)

Requirement Revision (significant change only):

Anatomic Pathology (APCP-4 and AP-3)

Residents must demonstrate competence in:

IV.B.1.b).(1).(b).(iii) providing cytologic-histologic correlation; (Core)

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee felt that cytologic-histologic correlation is an essential part of anatomic pathology education.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This revision will ensure that residents in anatomic pathology tracks (APCP-4, and AP-3) are able to develop competence in cytologic-histologic correlation by completion of the program.

3. How will the proposed requirement or revision impact continuity of patient care?
   This revision will not impact continuity of patient care.

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?
   This revision should not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs?
   This revision will not impact other accredited programs.
Requirement #: IV.B.1.b).(1).(c).(i)-(ii)

Requirement Revision (significant change only):

Clinical Pathology (APCP-4 and CP-3)

Residents must demonstrate competence in:

IV.B.1.b).(1).(c).(i) interpreting laboratory tests, including: (Core)

IV.B.1.b).(1).(c).(i).(a) chemistry; (Core)

IV.B.1.b).(1).(c).(i).(b) hematology and coagulation; and, (Core)

IV.B.1.b).(1).(c).(i).(c) microbiology. (Core)

IV.B.1.b).(1).(c).(ii) transfusion medicine and histocompatibility. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee felt that these added elements are essential parts of clinical pathology education.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This revision will ensure that residents in clinical pathology tracks (APCP-4 and CP-3) are able to develop competence in these areas by completion of the program.

3. How will the proposed requirement or revision impact continuity of patient care?
   This revision will not impact continuity of patient care.

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?
   This revision should not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs?
   This revision will not impact other accredited programs.
Requirement #: IV.B.1.b).(2).(a).(i).(c)

Requirement Revision (significant change only):

Anatomic and Clinical Pathology (APCP-4 and AP-3)

Residents must demonstrate competence in:

IV.B.1.b).(2).(a).(i).(c) assessing the adequacy and appropriate triage of fine needle aspiration specimens (Core)

1. Describe the Review Committee's rationale for this revision:
The Review Committee felt that these elements of fine needle aspirations are essential parts of anatomic pathology education.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This revision will ensure that residents in anatomic pathology tracks (APCP-4, and CP-3) are able to develop competence in these areas by completion of the program.

3. How will the proposed requirement or revision impact continuity of patient care?
This revision will not impact continuity of patient care.

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?
This revision should not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs?
This revision will not impact other accredited programs.
### Requirement #: IV.B.1.c).(1).(b)

#### Requirement Revision (significant change only):

**Anatomic and Clinical Pathology (APCP-4, AP-3, and CP-3)**

Residents must demonstrate knowledge in:

| IV.B.1.c).(1).(b) | statistical concepts used in the evaluation of testing procedures and test results, including sensitivity, specificity, predictive value, correlation studies, and reference range determination; and, (Core) |

1. Describe the Review Committee's rationale for this revision:
   - **The Review Committee felt that statistical concepts were an essential part of anatomic and clinical pathology education and a resident's knowledge base.**

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   - **This revision will ensure that all residents are able to develop knowledge in statistical concepts by completion of the program.**

3. How will the proposed requirement or revision impact continuity of patient care?
   - **This revision will not impact continuity of patient care.**

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?
   - **This revision should not necessitate additional institutional resources.**

5. How will the proposed revision impact other accredited programs?
   - **This revision will not impact other accredited programs.**
Requirement #: IV.C.1.a)

Requirement Revision (significant change only):

Each rotation or experience should have one faculty member who is responsible for the educational experience on that rotation, to ensure supervisory continuity of the experience. (Core)

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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<tbody>
<tr>
<td>1. Describe the Review Committee’s rationale for this revision:</td>
<td>The Review Committee felt it was important that residents have a designated faculty member they can approach on each rotation or experience, regardless of the site at which the rotation takes place, to ensure they are receiving adequate education and are being supervised during transitions and hand-offs.</td>
</tr>
<tr>
<td>2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?</td>
<td>This revision will ensure supervisory continuity at every rotation/experience at every site.</td>
</tr>
<tr>
<td>3. How will the proposed requirement or revision impact continuity of patient care?</td>
<td>This revision will not impact continuity of patient care.</td>
</tr>
<tr>
<td>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?</td>
<td>This revision will not necessitate additional institutional resources.</td>
</tr>
<tr>
<td>5. How will the proposed revision impact other accredited programs?</td>
<td>This revision will not impact other accredited programs.</td>
</tr>
</tbody>
</table>
Requirement #: IV.C.3

Requirement Revision (significant change only):

Resident experiences must be designed to allow appropriate faculty supervision such that residents progress to the performance of assigned clinical responsibilities under oversight in order to demonstrate their ability to enter the autonomous practice of anatomic and/or clinical pathology prior to completion of the program. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The curriculum should be designed so residents are able to sign out reports with very little oversight prior to completion of the program so they are adequately prepared to do independent sign-out once employed.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This revision will encourage programs to work with residents to develop the skills necessary to be able to do independent sign-out upon completion of the program.

3. How will the proposed requirement or revision impact continuity of patient care?
   This revision will not impact continuity of patient care.

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?
   This revision will not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs?
   This revision will not impact other accredited programs.

Requirement #: IV.C.4.

Requirement Revision (significant change only):

The program must provide instruction and experience in statistical concepts used in the evaluation of testing procedures and test results, including sensitivity, specificity, predictive value, correlation studies, and reference range determination. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee felt that statistical concepts were essential to the education of all pathology residents.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This revision will ensure that residents receive adequate instruction in statistical concepts so they can develop knowledge of these concepts by completion of the program.

3. How will the proposed requirement or revision impact continuity of patient care?
   This revision will not impact continuity of patient care.
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?
   This revision should not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs?
   This revision will not impact other accredited programs.
Requirement #: IV.C.6.a)

Requirement Revision (significant change only):

Of the remaining 12 months, a minimum of six months should be structured education in one or more highly integrated areas of pathology (e.g., clinical informatics, laboratory management, hematopathology, molecular pathology, cytopathology, microbiology).

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee determined that residents receive adequate exposure to structured areas of pathology throughout residency and did not need to carve out an additional six months for these topics, so programs should be free to set their own curriculum for each resident.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This revision will allow residents to work with the program directors and faculty members to structure their educational experience in a way that maximizes their interests.

3. How will the proposed requirement or revision impact continuity of patient care?
   This revision will not impact continuity of patient care.

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?
   This revision will not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs?
   This revision will not impact other accredited programs.
Requirement #: IV.C.10.a) – IV.C.10.b).(6)

Requirement Revision (significant change only):

Anatomic and Clinical Pathology APCP-4, AP-3, and CP-3)

IV.C.10.a) Resident education experiences in anatomic pathology must include instruction education in:

IV.C.10.a).(1) aspiration techniques, autopsy and surgical pathology,

IV.C.10.a).(2) clinical informatics; (Core)

IV.C.10.a).(3) cytogenetics; (Core)

IV.C.10.a).(4) cytopathology flow cytometry; (Core)

IV.C.10.a).(5) dermatology, forensic pathology, histochemistry, immunopathology,

IV.C.10.a).(6) laboratory accreditation and inspections; (Core)

IV.C.10.a).(7) laboratory budgeting, including expense and revenue calculations and projections; (Core)

IV.C.10.a).(8) laboratory management, including coding and billing compliance; (Core)

IV.C.10.a).(9) medical renal pathology;

IV.C.10.a).(10) molecular pathology; (Core)

IV.C.10.a).(11) patient, provider, and laboratory safety; (Core)

IV.C.10.a).(12) principles of human resource management; (Core)

IV.C.10.a).(13) proficiency testing; (Core)

IV.C.10.a).(14) public health reporting; (Core)

IV.C.10.a).(15) test method validation and verification; (Core)

IV.C.10.a).(16) the use of hospital and laboratory information systems; (Core)

IV.C.10.a).(17) quality assurance; (Core)

IV.C.10.a).(18) quality improvement; (Core)

IV.C.10.a).(19) laboratory regulations and regulatory compliance; (Core)

IV.C.10.a).(20) risk management; and, (Core)

IV.C.10.a).(21) neuropathology, pediatric pathology, ultrastructural pathology, and
IV.C.10.a). (22) other diagnostic techniques as they become available. *(Core)*

IV.C.10.b) Residents must participate in:

<table>
<thead>
<tr>
<th>IV.C.10.b). (1)</th>
<th>a quality improvement project; <em>(Core)</em></th>
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<tbody>
<tr>
<td>IV.C.10.b). (2)</td>
<td>laboratory accreditation inspections or mock inspections; <em>(Core)</em></td>
</tr>
<tr>
<td>IV.C.10.b). (3)</td>
<td>review of laboratory proficiency testing process, including review of results; <em>(Core)</em></td>
</tr>
<tr>
<td>IV.C.10.b). (4)</td>
<td>test method validation and verification; <em>(Core)</em></td>
</tr>
<tr>
<td>IV.C.10.b). (5)</td>
<td>the application of clinical informatics, including hospital, laboratory, and pathology information systems; and, <em>(Core)</em></td>
</tr>
<tr>
<td>IV.C.10.b). (6)</td>
<td>quality assurance activities. <em>(Core)</em></td>
</tr>
</tbody>
</table>

1. Describe the Review Committee’s rationale for this revision: 
   Most of the deleted elements were moved to other sections due to restructuring of the Curriculum Organization and Experiences section. The Review Committee made additions to clarify expectations for resident education based on program graduates currently in practice.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? 
   This revision will improve resident education by ensuring residents receive education in all topics relevant to pathology practice, as well as participation in areas that will prepare them for practice after completion of the program.

3. How will the proposed requirement or revision impact continuity of patient care? 
   This revision will not impact continuity of patient care.

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? 
   This revision will not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs? 
   This revision will not impact other accredited programs.
Requirement #: IV.C.11.a)-IV.C.11.a).(14)

Requirement Revision (significant change only):

Anatomic Pathology (APCP-4, and AP-3)

IV.C.11.a) Resident education experiences in anatomic pathology must include education in:

[Former IV.C.8.a) broken out and modified as shown below]

IV.C.11.a).(1) instruction in aspiration techniques,

IV.C.11.a).(2) autopsy and surgical pathology; (Core)

IV.C.11.a).(3) clinical informatics, cytogenetics,

IV.C.11.a).(4) cytopathology (including cytopreparatory techniques); (Core)

IV.C.11.a).(5) dermatopathology; (Core)

IV.C.11.a).(6) fine needle aspiration techniques; (Core)

IV.C.11.a).(7) forensic pathology; (Core)

IV.C.11.a).(8) histochemistry; (Core)

IV.C.11.a).(9) immunopathology; (Core)

IV.C.11.a).(10) lab management, medical renal pathology, molecular pathology,

IV.C.11.a).(11) neuropathology; (Core)

IV.C.11.a).(12) pediatric pathology; and, (Core)

IV.C.11.a).(13) ultrastructural pathology, (Core)

IV.C.11.a).(14) and other advanced diagnostic techniques as they become available. (Core)

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

   The Review Committee felt that fine needle aspirations were an essential element of anatomic pathology education and training. Additionally, most of the deleted elements were moved to other sections due to restructuring of the Curriculum Organization and Experiences section.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

   This revision will improve resident education by ensuring that residents receive education and experience in fine needle aspirations.

3. How will the proposed requirement or revision impact continuity of patient care?
This revision will not impact continuity of patient care.

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?
   **This revision will not necessitate additional institutional resources.**

5. How will the proposed revision impact other accredited programs?
   **This revision will not impact other accredited programs.**
Requirement #: IV.C.12.a)-IV.C.12.a).(11)

Requirement Revision (significant change only):

Clinical Pathology (APCP-4 and CP-3)

IV.C.12.a) Resident education experiences in clinical pathology must include instruction education in: [Former IV.C.9.a) broken out and modified as shown below]

IV.C.12.a).(1) bone marrow aspiration techniques; (Core)
IV.C.12.a).(2) blood banking/transfusion medicine; (Core)
IV.C.12.a).(3) chemical pathology; (Core)
IV.C.12.a).(4) clinical informatics,
IV.C.12.a).(5) coagulation; (Core)
IV.C.12.a).(6) cytogenetics,
IV.C.12.a).(7) hematology; (Core)
IV.C.12.a).(8) immunopathology, lab management,
IV.C.12.a).(9) medical microscopy (including urinalysis); and, (Core)
IV.C.12.a).(10) microbiology (including bacteriology, mycology, parasitology, and virology). (Core)
IV.C.12.a).(11) molecular pathology, toxicology, and other advanced diagnostic techniques as they become available. (Core)

1. Describe the Review Committee’s rationale for this revision:
   Most of the deleted elements were moved to other sections due to restructuring of the Curriculum Organization and Experiences section. The Review Committee made additions to clarify expectations for resident education based on pathology program graduates currently in practice.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This revision will improve resident education by ensuring that residents receive education in all topics relevant to clinical pathology, as well as participation in areas that will prepare them for practice after completion of the program.

3. How will the proposed requirement or revision impact continuity of patient care?
   This revision will not impact continuity of patient care.
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?
   **This revision will not necessitate additional institutional resources.**

5. How will the proposed revision impact other accredited programs?
   **This revision will not impact other accredited programs.**

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<tr>
<th>Requirement #: IV.D.3.a.(1)</th>
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<tbody>
<tr>
<td>Requirement Revision (significant change only):</td>
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<td>Each resident should participate in at least one of the following:</td>
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6. Describe the Review Committee’s rationale for this revision:
   - **The Review Committee changed the categorization of this requirement to elevate the importance of resident participation in scholarly activity, since all programs will have to ensure all resident participate in some form of scholarly work.**

7. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   - **This revision will improve resident education by ensuring residents participate in scholarly work, augmenting the clinical and laboratory skills they learn throughout residency.**

8. How will the proposed requirement or revision impact continuity of patient care?
   - **This revision will not impact continuity of patient care.**

9. 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?
   - **This revision will not necessitate additional institutional resources.**

10. How will the proposed revision impact other accredited programs?
    - **This revision will not impact other accredited programs.**