ACGME Program Requirements for Graduate Medical Education in Selective Pathology
Summary and Impact of Focused Requirement Revisions

<table>
<thead>
<tr>
<th>Requirement #: I.D.1.a)-I.D.1.a).(6)</th>
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<tr>
<td>Requirement Revision (significant change only):</td>
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<td>I.D.1.a) At the primary clinical site, the program must provide each fellow with:</td>
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<td>I.D.1.a).(1) a designated work area; (Core)</td>
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<td>I.D.1.a).(2) an individual computer with access to hospital and laboratory information systems, electronic health records, and the Internet; (Core)</td>
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<td>I.D.1.a).(3) an individual light microscope and access to a multi-headed light Microscope (Tracks A and B; Track C if applicable to the focused area of clinical pathology) for rotations on which microscopic evaluations account for a major portion of the clinical experience; (Core)</td>
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<td>I.D.1.a).(4) photomicroscopy and gross imaging technology; (Core)</td>
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<td>I.D.1.a).(5) radiographic imaging technology, when applicable to specimen type; and, (Core)</td>
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<td>I.D.1.a).(6) access to updated teaching materials, such as interesting case files and archived conference materials or study sets, such as glass slides and virtual study sets, encompassing the core curriculum areas of anatomic and/or clinical pathology, as matches the program's specialty concentration. (Core)</td>
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1. Describe the Review Committee’s rationale for this revision:
   The Review Committee added these to the core residency Program Requirements, and to all subspecialty Program Requirements (as applicable), to provide more consistency around the expectations for what resources must be available for fellow education.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This revision will improve fellow education by ensuring fellows have access to all resources and laboratory equipment needed to perform testing appropriate for the subspecialty, and that 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 items are common in pathology, so most Pathology Departments and/or Sponsoring Institutions should already have these items, and the change will simply be making them available to fellows.

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 subspecialty program and other accredited core or subspecialty programs using the equipment will have to share access for residents/fellows/other learners.

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**Requirement #: II.A.2.a)-II.A.2.a).(1).(c)**

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

II.A.2.a) The program director, and if applicable, the associate/assistant program director(s), must be provided with the minimum protected time for program administrative duties as specified below. *(Core)*

II.A.2.a).(1) This protected time must total:

II.A.2.a).(1).(a) 0.20 FTE for programs approved for one to three fellows; *(Core)*

II.A.2.a).(1).(b) 0.25 FTE for programs approved for four to six fellows; and, *(Core)*

II.A.1.a).(1).(c) 0.30 FTE for programs approved for seven or more fellows. *(Core)*

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee added this scale for program director support to all of its subspecialty Program Requirements. The Committee felt that program director support for subspecialty programs should be based on the size of the program, since more fellows 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 fellowship and the education of the fellows.

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 protected time for the program director if not already at the required number.

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):  
For programs that do not function as a dependent subspecialty of an ACGME-accredited pathology residency program, the program director must be given at least 0.20 FTE of additional protected time beyond the scale noted in II.A.2.a).(1).(a)-(c) for administration of the program in absence of a core pathology program.  

1. Describe the Review Committee’s rationale for this revision:  
The Review Committee felt that selective pathology programs that were not dependent on a core pathology program would not be able to benefit from the oversight relationship and sharing of knowledge and resources like a program that was dependent on a core program would. Therefore, the Committee felt that program directors in these types of programs needed additional protected time for oversight of the fellowship, since they would not have the benefit of shared resources.

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 fellowship and the education of the fellows.

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 protected time for the program director if not already at the required number.

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

Requirement #: II.B.3.b).(2)-II.B.3.b).(2).(c)  
Requirement Revision (significant change only):  
Subspecialty physician faculty members must:

II.B.3.b).(2)have completed a fellowship in the identified area of the program, or have at least three years of active participation as a specialist in the subspecialty area of the program.  
II.B.3.b).(2).(a)Track A: surgical pathology.
II.B.3.b).(2).(b)Track B: the identified area of focused anatomic pathology.
II.B.3.b).(2).(c)Track C: the identified area of focused clinical pathology.

1. Describe the Review Committee’s rationale for this revision:
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<th>Requirement #: II.B.4.c)</th>
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<td>Requirement Revision (significant change only):</td>
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<td>II.B.4.c) There must be at least two core faculty members, one of whom must be the program director. (Core)</td>
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1. Describe the Review Committee's rationale for this revision:
   The Review Committee felt selective pathology programs must have at least two core faculty members responsible for fellow 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 fellows 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.c)

Requirement Revision (significant change only):

II.C.2.a) Programs approved for three or fewer fellows must have at least 0.2 FTE program coordinator support. *(Core)*

II.C.2.b) Programs approved for four to nine fellows must have at least 0.3 FTE program coordinator support. *(Core)*

II.C.2.c) Programs approved for 10 or more fellows must have at least 0.4 FTE program coordinator support. *(Core)*

1. Describe the Review Committee’s rationale for this revision:
The Review Committee felt there should be defined amounts of time that coordinators have to spend supporting each subspecialty program. Since the amount of work increases with the number of fellows in each program, the Committee developed a sliding scale based on program size.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This revision will not impact fellow 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).(i)-IV.B.1.b).(1).(a).(v).(a)

Requirement Revision (significant change only):

IV.B.1.b).(1).(a) Fellows must demonstrate competence in:

IV.B.1.a).(1).(a).(i) advocating for quality patient care and optimal patient care systems; *(Core)*

IV.B.1.a).(1).(a).(ii) communicating pathology results directly to patients if approached by the patient; *(Core)*

IV.B.1.a).(1).(a).(iii) educating others in the knowledge, skills, and abilities related to patient care in:
IV.B.1.a).(1).(a).(iii).(a) **Track A: surgical pathology.** *(Core)*

IV.B.1.a).(1).(a).(iii).(b) **Track B: the identified area of focused anatomic pathology.** *(Core)*

IV.B.1.a).(1).(a).(iii).(c) **Track C: the identified area of focused clinical pathology.** *(Core)*

IV.B.1.a).(1).(a).(iv) preparing and presenting pathology material at clinicopathologic correlation conferences and/or tumor boards; and, *(Core)*

IV.B.1.a).(1).(a).(v) providing appropriate and effective consultations to physicians and other health professionals, both intra- and inter-departmentally. *(Core)*

IV.B.1.a).(1).(a).(v).(a) Consultations must include providing medical advice on the diagnosis and management of patients whose specimens are received and interpreted on the anatomic pathology or clinical pathology service, as applicable to the identified area of the program. *(Core)*

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

   The Review Committee felt these added elements were essential to the education of a selective pathology fellow, especially with regards to providing consultation and communicating with patients.

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

   This revision will ensure fellows are able to demonstrate competence in all relevant patient-care related areas of selective pathology and be prepared to be consultants upon completion of the educational program. Additionally, this revision will improve patient care quality as fellows 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).(2).(a)

Requirement Revision (significant change only):

Fellows should be able to perform the patient and laboratory procedures for which they supervise ancillary staff members. *(Core)*

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee felt that if fellows were supervising ancillary staff members performing certain procedures, the fellows themselves should be familiar with those procedures and how to perform so they may provide appropriate oversight and guidance to the ancillary staff members.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This revision will ensure that fellows are able to perform all procedures they are involved in, even if only in a supervisory capacity to ancillary staff members.

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.

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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)*

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee felt it was important that fellows have a designated faculty member they can approach on each rotation or experience, regardless of site, to ensure that fellows are receiving adequate education and are being supervised during transitions and hand-offs.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This revision will ensure that fellows have supervisory continuity at every rotation/experience at every site, since there must be a faculty member overseeing each experience.

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.3.

Requirement Revision (significant change only):

Fellow experiences must be designed to allow appropriate faculty supervision such that fellows progress to the performance of assigned clinical responsibilities under oversight in order to demonstrate their ability to enter the autonomous practice in the identified area of the program prior to completion of the program. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The curriculum should be designed so fellows are able to sign out reports with very little oversight prior to completion of the program so that 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 fellows 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.7.

Requirement Revision (significant change only):

Fellows should participate in laboratory quality assurance activities and inspections. (Detail)

1. Describe the Review Committee’s rationale for this revision:
   Since selective pathology fellows are expected to demonstrate competence in facets of laboratory management, the Review Committee felt they should gain experience in laboratory quality assurance activities and laboratory inspections.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This revision will ensure programs provide fellows with exposure to these key areas of laboratory management during their fellowship.

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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<th>Requirement #: IV.E.-IV.E.2.</th>
<th>Requirement Revision (significant change only):</th>
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<tr>
<td>IV.E Fellowship programs may assign fellows to engage in the independent practice of their core specialty during their fellowship program.</td>
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<tr>
<td>IV.E.1 If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year. (Core)</td>
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<tr>
<td>IV.E.2 The assignment of independent practice must be designed to enhance fellows' maturation and competence in their core specialty. (Core)</td>
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1. Describe the Review Committee’s rationale for this revision:
The Review Committee decided to allow independent practice to allow fellows to continue to hone the skills learned in residency. The Committee feels this option should only be utilized for educational purposes, and not simply to fill a service need.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This revision will allow fellows to continue to develop and mature the skills learned during residency, as well as to practice these learned skills alongside the development of skills specific to selective pathology.

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 may impact accredited core pathology residency programs, as these fellows would be allowed to practice alongside the residents.