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

<table>
<thead>
<tr>
<th>Requirement #: I.D.1.a)-I.D.1.a).(5)</th>
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<tbody>
<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 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; and, (Core)</td>
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<td>I.D.1.a).(5) access to updated teaching materials, such as interesting case files and archived conference materials, or study sets, such as glass slides, virtual study sets, flow cytometry histograms, and hemoglobin analyses. (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 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 that 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 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.

Requirement #: I.D.1.d)

Requirement Revision (significant change only):

Fellows must have access to laboratories or referral laboratories that perform all required tests, including flow cytometry, hematology, coagulation testing, cytogenetics, molecular diagnostics and genomics, histology, immunohistochemistry, and in situ hybridization. Laboratories must be equipped to perform all tests required for the education of fellows. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee recognizes that some hematopathology tests cannot be done on site, and therefore the laboratories would not be equipped to handle all testing. The requirement was revised to clarify that fellows must have access to laboratories equipped to perform these tests, whether they are on site or at referral laboratories.

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 testing relevant to hematopathology.

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 to perform these tests, they will need to establish relationships with referral laboratories that do perform them.

5. How will the proposed revision impact other accredited programs?
   This revision could have an impact on other accredited programs if they 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.

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 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 that 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.4.c) and II.B.4.c).(1)

Requirement Revision (significant change only):

II.B.4.c)  There must be at least two core faculty members, one of whom must be the program director. (Core)

II.B.4.c).(1) At least one core faculty member must be certified in hematopathology by the ABPath. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee felt hematopathology programs must have at least two core faculty members responsible for fellow education. Additionally, the Committee felt that at least one of those core faculty members should be certified in hematopathology by the American Board of Pathology.

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.

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Requirement #: II.C.2.a)-II.C.2.c)

Requirement Revision (significant change only):

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<tr>
<td>II.C.2.a)</td>
<td>Programs approved for three or fewer fellows must have at least 0.2 FTE program coordinator support. (Core)</td>
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<td>II.C.2.b)</td>
<td>Programs approved for four to nine fellows must have at least 0.3 FTE program coordinator support. (Core)</td>
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<tr>
<td>II.C.2.c)</td>
<td>Programs approved for 10 or more fellows must have at least 0.4 FTE program coordinator support. (Core)</td>
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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 on 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).(iv)-(v)

Requirement Revision (significant change only):

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<tr>
<td>IV.B.1.b).(1).(a)</td>
<td>Fellows must demonstrate diagnostic competence, including: <em>(Core)</em></td>
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<td>IV.B.1.a).(1).(a).(iv)</td>
<td>interpreting peripheral blood smears and body fluid examinations; and, <em>(Core)</em></td>
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<td>IV.B.1.a).(1).(a).(v)</td>
<td>other advanced diagnostic techniques as they become available. <em>(Core)</em></td>
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1. Describe the Review Committee’s rationale for this revision:
   The Review Committee felt these elements were essential to the education of a hematopathology fellow.

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 develop competence in all relevant patient-care-related areas of hematopathology.

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).(b)

Requirement Revision (significant change only):

Each fellow must perform at least five bone marrow aspirations/biopsies which are judged to be adequate for diagnosis. *(Core)*

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee has always required hematopathology fellows to record all bone marrow aspirations and biopsies they perform throughout the fellowship. The Review Committee decided to add a specific minimum number of required bone marrow aspirations/biopsies to ensure that fellows receive adequate exposure in performing these procedures.

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 develop competence in performing bone marrow aspirations/biopsies.

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 may impact other accredited programs. If those programs are also performing bone marrow aspirations/biopsies, then these procedures will need to be shared among the hematopathology fellows and residents/fellows in the other programs.

Requirement #: IV.B.1.b),(2).(c)

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 them 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 in which they are involved, 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.

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 which site
the rotation is at, to ensure that fellows are receiving adequate education and are being supervised during times of transition and hand-off.

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 of hematopathology 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.6.

**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 hematopathology 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 encourage programs to provide fellows with exposure to these key areas of laboratory management during the educational 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.E.-IV.E.2.

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

**IV.E.** Fellowship programs may assign fellows to engage in the independent practice of their core specialty during their fellowship program.

**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)*

**IV.E.2.** The assignment of independent practice must be designed to enhance fellows’ maturation and competence in their core specialty. *(Core)*

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, and to practice these learned skills alongside the development of skills specific to hematopathology.

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.