

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

Requirement #: II.A.2.a)

Requirement Revision (significant change only):

II.A.2.a) Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time as specified below for administration of the program. This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors. ^(Core) At a minimum, the program director must be provided with the salary support required to devote 20 percent FTE of non-clinical time to the administration of the program. ^(Core)

II.A.2.a).(1) Programs with up to seven approved resident positions must be provided with a minimum of 20 percent time. Programs with seven or more approved resident positions must be provided with a minimum of 20 percent time plus an additional two percent time for each approved position. ^(Core) Additional support for the program director and associate program director(s) must be provided based on program size as follows: ^(Core)

Number of Approved Resident Positions	Minimum Program Director FTE	Minimum Additional Aggregate Program Director/Associate Program Director FTE
8-15	0.2	0.3
16-23	0.2	0.4
24-31	0.2	0.5
32-39	0.2	0.6
40 or more	0.2	0.7

Specialty-Specific Background and Intent: The additional two percent time is for each approved resident position in the program, not just the approved resident positions over seven. For example, a program with an approved complement of eight resident positions must be provided at least 36 percent time for program leadership. A program approved for 20 resident positions must be provided with at least 60 percent time for program leadership; and a program approved for 40 resident positions must be provided with at least 100 percent time for program leadership.

- Describe the Review Committee's rationale for this revision:
The proposed change is in alignment with the ACGME's new guidance related to dedicated administrative time.
- How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
As reflected in the Background and Intent for Common Program Requirement II.A.2., the ultimate outcome of graduate medical education is excellence in resident/fellow education and patient care. The Common and specialty-specific Program

Requirements related to administrative time and support are intended to ensure that the program director and, as applicable, the program leadership team, are able to devote a sufficient portion of their professional effort to oversight and management of the program to ensure an effective and high-quality educational program.

3. How will the proposed requirement or revision impact continuity of patient care?

No impact is anticipated.

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?

The requirements define the required minimum dedicated time for administration of the program based on program size. For some programs, the new requirements represent a decrease in the minimum administrative time and support required for program leadership, while for others they represent an increase.

Programs for which the required minimum has decreased are encouraged to consider whether additional time and support should be provided based on factors such as program complexity and level of experience among the members of the program leadership team. It is anticipated that some programs may choose to decrease administrative time and support to the level specified in the new requirements if that is sufficient to meet the administrative requirements of the program. Other programs may determine that the time and support currently provided is optimal and elect not to make a change.

Programs for which the requirements for administrative time and support have increased will need, in partnership with their Sponsoring Institution, to provide additional support for administrative time as specified in the requirements.

Both provision of support for the time required for the leadership effort and flexibility regarding how this support is provided are important. Programs, in partnership with their Sponsoring Institution, may provide support for this time in a variety of ways. Examples include, but are not limited to, salary support, supplemental compensation, educational value units, or relief of time from other professional duties. Program directors and, as applicable, members of the program leadership team, who are new to the role may need to devote additional time to program oversight and management initially as they learn and become proficient in administering the program. It is suggested that during this initial period, the support described above be increased as needed.

5. How will the proposed revision impact other accredited programs?

Not applicable

Requirement #: II.C.2.a)

Requirement Revision (significant change only):

The program coordinator(s) must be provided with support equal to a dedicated minimum of 50 percent time for administration of the program. Programs with seven or more approved resident positions must be provided with an additional two percent time for each approved

~~position. (Core) At a minimum, the program coordinator must be supported at 50 percent FTE for the administration of the program. (Core) Additional support must be provided based on program size as follows: (Core)~~

Number of Approved Resident Positions	Minimum FTE Coordinator(s) Required
8-16	80 percent FTE
17-24	100 percent FTE
25-39	150 percent FTE
40 or more	200 percent FTE

1. Describe the Review Committee's rationale for this revision:
The proposed change is in alignment with the ACGME's new guidance related to dedicated administrative time.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The program coordinator plays a key role in developing and maintaining a high-quality educational program, and the Common and specialty-specific Program Requirements are intended to ensure the FTE support for the coordinator is sufficient to meet the administrative needs of the program.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
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?
The requirements define the required minimum dedicated time for administration of the program based on program size. For some programs, the new requirements represent a decrease in the required FTE support for the coordinator, while for others they represent an increase. It is important to note that the FTE support defined in the requirements must be devoted exclusively to responsibilities related to the accredited program. Time spent by a coordinator related to other duties, such as providing support for unaccredited fellowships or other departmental responsibilities, must not be counted toward the required FTE. Coordinators may support more than one accredited program only if the total FTE required across programs does not exceed 1.0 FTE.

Programs for which the required minimum has decreased are encouraged to consider whether additional time and support should be provided based on factors such as program complexity, the administrative responsibilities delegated to the coordinator, and the coordinator's level of experience. It is anticipated that some programs may choose to decrease administrative time and support to the level specified in the new requirements if that is sufficient to meet the administrative requirements of the program. Other programs may determine that the time and support currently provided is optimal and elect not to make a change.

Programs for which the requirements for administrative time and support have increased will need, in partnership with their Sponsoring Institution, to provide additional support for administrative time as specified in the requirements.

5. How will the proposed revision impact other accredited programs?
Not applicable

Requirement #: IV.C.11.b)-IV.C.11.b).(2).(h)

Requirement Revision (significant change only):

- IV.C.11.b) Each resident must perform at least ~~50~~ 30 autopsies. Autopsies may be shared, but no more than two residents may count a shared case toward this requirement. (Core)
- IV.C.11.b).(1) The number of limited autopsies (e.g., chest or abdomen only), including single-organ autopsies (e.g., brain only, heart only) used to meet this requirement must not exceed five and must not be shared. (Core)
- IV.C.11.b).(42) To be counted as one of the required ~~50~~ 30 cases, an autopsy must include, as appropriate to the case: (Core)
- IV.C.11.b).(42).(a) review of the clinical history and circumstances of death; (Core)
- IV.C.11.b).(42).(b) external examination of the body; (Core)
- IV.C.11.b).(42).(c) gross dissection, including organ evisceration; (Core)
- IV.C.11.b).(42).(d) review of microscopic and laboratory findings; (Core)
- IV.C.11.b).(42).(e) preparation of written description of gross and microscopic findings; (Core)
- IV.C.11.b).(42).(f) development of opinion ~~on~~ as to the cause of death; (Core)
- IV.C.11.b).(42).(g) clinical pathologic clinicopathological correlation; and, (Core)
- IV.C.11.b).(42).(h) review of the autopsy report with a faculty member. (Core)

1. Describe the Review Committee's rationale for this revision:
The proposed revisions are in alignment with changes made by the American Board of Pathology, which lowered the required number of autopsies for graduates to sit for the certifying examination from 50 to 30 and clarified other autopsy requirements.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

While the minimum number of required autopsies was lowered from 50 to 30, residents must still demonstrate competence in all aspects of an autopsy. Therefore, this will not impact education, patient safety, or patient care quality because residents will still have to perform a sufficient number of autopsies to develop and demonstrate competence in their performance.

3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
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?
No impact is anticipated since the required number of autopsies decreased.
5. How will the proposed revision impact other accredited programs?
Not applicable