

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

Requirement #: I.D.1.d) – I.D.1.d).(1)

Requirement Revision (significant change only):

I.D.1.d) The clinical material must include:

I.D.1.d).(1) Track A: a wide and comprehensive variety of case types within general anatomic pathology ~~neoplastic and non-neoplastic pathology materials, including bone, breast, cardiovascular system, endocrine, female reproductive system, gastrointestinal system, gallbladder and extrahepatic biliary tract, head and neck, kidney, liver, lung, lymph nodes, male reproductive system, mediastinum, pancreas, peritoneum, pleural, products of conception and placenta, spleen, soft tissue, and urinary tract;~~ (Core)

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

The proposed revision was made to recognize that Track A programs have case mixes which may vary among institutions. While the revised requirement is less prescriptive in terms of specific content, Track A programs should still provide fellows with a comprehensive variety of case types within general anatomic pathology.

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

The proposed revision will allow programs to increase exposure to a vast and comprehensive variety of case types.

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.

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

No impact is anticipated.

Requirement #: I.D.1.e)

Requirement Revision (significant change only):

I.D.1.e) Laboratories ~~should~~ must be equipped to perform or provide access to all tests required for the education of fellows, ~~including:~~ (Core Detail)

~~I.D.1.e).(1) — Tracks A and B: gross, histochemical, immunohistochemical, molecular, and genomic techniques.~~ (Detail)

~~I.D.1.e).(2) — Track C: immunologic, molecular, genomic, proteomic, and metabolomic techniques.~~ (Detail)

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

Because not all programs perform diagnostic testing in house, the Review Committee noted fellows should have access to results from reference labs that are essential to the practice of their subspecialty focus area. The proposed revision was made to simplify this requirement and align the program requirements with other pathology subspecialties.

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

Fellow education will be improved, as the requirement ensures programs have access to and expose fellows to all testing relevant to the subspecialty, including both testing performed in house and testing sent to reference laboratories.

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.

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

The proposed revision was made to align this program requirement with the requirements of other pathology subspecialties.

Requirement #: II.A.3.e).(1)

Requirement Revision (significant change only):

[Qualifications of the program director:]

II.A.3.e).(1) For Track A programs, the fellowship ~~may~~ must have been completed in surgical pathology or in an area of focused anatomic pathology. ^(Core)

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

The proposed revision was made to clarify the expectation that program directors for Track A fellowships must have completed a fellowship in surgical pathology or in an area of focused anatomic pathology.

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

No impact is anticipated on patient safety or patient care quality. Fellow education may be impacted by ensuring qualified individuals in the program director position have experience training in a selective pathology 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?

No impact is anticipated.

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

No impact is anticipated.

Requirement #: IV.B.1.b).(2).(b).(ii).(a) - IV.B.1.b).(2).(b).(ii).(b).(i)

Requirement Revision (significant change only):

IV.B.1.b).(2).(b).(ii).(a) Each fellow must demonstrate competence in performing at least 2000 gross and/or histologic examinations of surgical pathology specimens. ^(Core)

IV.B.1.b).(2).(b).(ii).(a).(i) Each fellow should perform at least 2000 gross and/or histologic examinations of surgical pathology specimens. ^(Detail)

IV.B.1.b).(2).(b).(ii).(b) Each fellow must demonstrate competence in performing at least 100 intra-operative surgical pathology diagnostic consultations. ^(Core)

IV.B.1.b).(2).(b).(ii).(a).(ii)IV.B.1.b).(2).(b).(ii).(b).(i) Each fellow should perform 100 intra-operative surgical pathology diagnostic consultations. ^(Detail)

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

The Review Committee is introducing competency-based language by moving toward a model that requires fellows to demonstrate competence in procedures and allowing programs increased flexibility in the minimum number of required procedures.

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

The proposed revision shifts the focus from numbers-based acquisition to a competency-based model. This change will lead to improvements in fellow education, patient safety, and patient care quality by ensuring fellows achieve competence.

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.

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

No impact is anticipated.

Requirement #: IV.C.4. - IV.C.4.d)

Requirement Revision (significant change only):

IV.C.4. [Fellow experiences must include:]

IV.C.4.a) ~~supervision of residents, and with~~ graduated responsibility, including independent diagnoses and decision-making; ^(Core)

~~IV.C.4.a)~~IV.C.4.b) supervision of residents and/or other learners; and, ^(Detail)

~~IV.C.4.b)~~IV.C.4.c) laboratory management, quality assurance activities, and committee service; and, ^(Core)

~~IV.C.4.c)~~IV.C.4.d) use of laboratory information systems and database management. ^(Core)

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

The proposed revision was made to clarify that experiences should include supervision of residents and other learners, and it also standardizes program requirements across the pathology subspecialties.

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

No impact is anticipated.

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.

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

Residents and/or learners from other accredited programs may be supervised by fellows.

Requirement #: IV.C.5.b)

Requirement Revision (significant change only):

~~IV.C.5.b) Fellows must participate in conferences, on average, at least once per month, and must give a minimum of two presentations per year, including formal presentations (tumor boards, journal clubs, and educational conferences). Fellows must actively participate in conferences, at least once per month on average, in the identified area of the program. (Core)~~

~~IV.C.5.b).(1) Fellows should present a minimum of two conferences per year; and should be evaluated in their presentation skills. (Detail)~~

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

The proposed revision will ensure fellows' experiences in presenting scientific information and will maintain the monthly participation requirement. This change was made to align with the requirements of other pathology subspecialties.

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

No impact is anticipated.

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.

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

No impact is anticipated.

Requirement #: V.A.1.a).(1)

Requirement Revision (significant change only):

V.A.1.a).(1) The feedback, based on direct observation, should incorporate competency-based assessments. (Core)

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

The proposed revision is in alignment with the ongoing work toward the integration of competency-based medical education into ACGME-accredited programs and focuses on direct observation as a method to provide formative feedback.

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

The proposed revision will improve fellow education by moving toward competency-based medical education and focusing more on the individual fellow.

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

No impact 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?

Programs may need to consider additional institutional resources to implement competency-based education, specifically on direct observation and feedback. Additional institutional resources may include the possibility of further faculty development.

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

No impact anticipated.