

ACGME Program Requirements for Graduate Medical Education in Hematopathology

Summary and Impact of Focused Requirement Revisions

Due to the small number of changes, the full revised Program Requirements have not been posted on the Review and Comment page and the changes are noted only in this Impact Statement. Visit the link below to comment on the revision.

<https://forms.office.com/r/m74v819aLj>

Background

In June 2020, the ACGME Board approved formation of a special task force to examine the principles that should guide creation of requirements that quantify the effort required to participate in the educational programs of residents and fellows. The task force, comprised of representatives of the ACGME Board and ACGME leadership, reviewed more than 100 position papers submitted by representatives from across the medical community, data collected through the ACGME's Accreditation Data System, a comprehensive literature search, and feedback from internal and external stakeholder congresses.

The proposed requirements were posted for a 45-day public comment period in February 2021 and will be effective as of July 1, 2022.

To balance the unique needs of each specialty/subspecialty with the responsibility to maintain fair and equitable standards across specialties/subspecialties, in February 2021 the ACGME Board directed the Committee on Requirements to develop guidance for Review Committees to use in the development of specialty-specific requirements related to dedicated time for program leadership, program coordinators, and core faculty members.

The Review Committees have now been asked to review their existing requirements for consistency with the guidance from the Committee on Requirements and, where needed, to propose modifications needed to conform to the guidelines.

The guidelines for dedicated time requirements for specialties are consistent with the recent modifications to the Common Program Requirements, and take into account the minimum required for the smallest programs in each specialty, with the ability to scale up required dedicated time based on program size and complexity. It is important to note that while the Program Requirements specify the minimum dedicated time required, individual programs may determine that additional time and support is needed.

Requirement #: II.A.2.a)

Requirement Revision (significant change only):

II.A.2. The program director and, as applicable, the program’s leadership team, must be provided with support adequate for administration of the program based upon its size and configuration ^(Core)

At a minimum, the program director must be provided with the salary support required to devote 10 percent FTE of non-clinical time to the administration of the program. Additional support for the program director and the associate program director(s) must be provided based on program size as follows: ^(Core)

Number of Approved Fellow Positions	Minimum Aggregate Program Director/Associate Program Director FTE
1-3	0.1
4-6	0.2
≥7	0.3

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) for administration of the program. ^(Core)

Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time 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)

Programs with up to four approved fellow positions must be provided with a minimum of 10 percent time. Programs with five or six approved fellow positions must be provided with a minimum of 20 percent time. Programs with seven or more approved fellow positions must be provided with a minimum of 20 percent time and an additional 0.5 percent time for each approved position. ^(Core)

Specialty-Specific Background and Intent: The additional 0.5 percent time is for each approved fellow position in the program, not just the approved fellow positions over seven. For example, a program with an approved complement of seven fellow positions must be provided at least 23.5 percent time for program leadership. A program approved for ten fellow positions must be provided at least 25 percent time for program leadership; and a program approved for 18 fellow positions must be provided at least 29 percent time for program leadership.

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?
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 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.A.3.d)

Requirement Revision (significant change only):

Fellows must document all bone marrow aspirations/biopsies they ~~perform~~ participate in in the ACGME Case Log System. (Core)

1. Describe the Review Committee's rationale for this revision:
The proposed change clarifies the Review Committee's expectations that all bone marrow procedures in which fellows participate be logged in the Case Log System (even if the fellow is not performing the procedure).
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The proposed change will ensure that fellows are reporting all bone marrow procedures in which they are involved, not just those they perform, which will give the Review Committee a more accurate picture of the bone marrow procedure experience each program is providing to fellows. This will enable the Review Committee to give feedback to programs not providing fellows with sufficient exposure to these procedures.
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.