ACGME Program Requirements for Graduate Medical Education
in Cytopathology
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) Laboratories must ~~be equipped to~~ perform or provide access to all tests required for the education of fellows. ~~One or more laboratories must be equipped to perform all tests required for the education of fellows.~~ (Core)

~~I.D.1.d).(1) This must include: equipment for processing gynecologic and non-gynecologic specimens; microscopes, including multi-headed microscopes; and computers with access to hospital and laboratory information systems and the Internet.~~ ~~(Core)~~

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.B.3.b) - II.B.3.b).(1).(a)

Requirement Revision (significant change only):

II.B.3.b) [Subspecialty physician faculty members must:]

II.B.3.b).(1) have current certification in the subspecialty by the American Board of Pathology **or possess qualifications judged acceptable to the Review Committee.** **(Core)**

[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty/subspecialty]

~~II.B.3.b).(1).(a) In addition to the program director, the faculty must include at least one core faculty member with demonstrated expertise in cytopathology with either cytopathology certification by the ABPath or qualifications judged acceptable to the Review Committee.~~ ~~(Core)~~

~~II.B.3.b).(1).(b)~~II.B.3.b).(1).(a) Core physician faculty members who are not currently certified in cytopathology must have either completed a cytopathology fellowship or have three years of practice experience in the subspecialty. (Core)

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

With this revision, the Review Committee is eliminating redundancy, as qualifications for core faculty members are addressed in II.B.4.b).(1).

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

Requirement Revision (significant change only):

IV.B.1.b).(1).(b) Fellows must demonstrate diagnostic competence. (Core)

IV.B.1.b).(1).(b).(i) Fellows should evaluate at least 2000 cytology specimens, including a diverse variety of FNAs, gynecologic, and non-gynecologic specimens. (Detail)

~~IV.B.1.b).(1).(b).(i) Fellows must evaluate at least 2000 cytology specimens, to include at least 500 gynecologic specimens, 500 non-gynecologic specimens, and 500 FNAs.~~ (Core)

~~IV.B.1.b).(1).(b).(ii) These must represent a variety of organs and a spectrum of pathologic entities.~~ (Core)

IV.B.1.b).(2) Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)

IV.B.1.b).(2).(a) Fellows must demonstrate competence in performing FNA procedures in a variety of organ sites. (Core)

IV.B.1.b).(2).(a).(i) Fellows must document all image guided and non-image guided FNA procedures they perform in the ACGME Case Log System. (Core)

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.B.1.b).(2).(a).(i)

Requirement Revision (significant change only):

IV.B.1.b).(2).(a).(i) Fellows must document all image guided and non-image guided FNA procedures they perform in the ACGME Case Log System. (Core)

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

The revision to IV.B.1.b).(2).(a).(i) was made to further specify which fine needle aspiration (FNA) procedures must be documented in the ACGME Case Log System.

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 #: IV.B.1.b).(2).(b)

Requirement Revision (significant change only):

IV.B.1.b).(2).(b) Fellows must demonstrate competence in obtaining informed consent. (Core)

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

The proposed revision was made to ensure fellows are competent in obtaining informed consent, which is a critical part of performing a procedure.

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

The proposed requirement will improve patient safety and care quality by ensuring fellows can obtain informed consent.

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.

Requirements #: IV.C.4.- IV.C.4.c)

Requirement Revision (significant change only):
IV.C.4. [Fellow experiences must include:]

IV.C.4.a) ~~supervision of trainees and/or laboratory personnel, and with~~ graduated responsibility, including independent diagnoses and decision-making; ~~and~~, (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) educational activities specific to cytopathology, review of the medical literature in the subspecialty area, and use of study sets of unusual cases. (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 #: 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.