

ACGME Program Requirements for Graduate Medical Education in Anatomic Pathology and Clinical Pathology

Common Program Requirements are in BOLD

Effective: July 1, 2007

Introduction

A. Definition

1. Graduate medical education programs in pathology are accredited in the following categories:
 - a) APCP-4 Four-year programs in anatomic pathology and clinical pathology.
 - b) AP-3 Three-year programs in anatomic pathology.
 - c) CP-3 Three-year programs in clinical pathology.
 - d) PCP-1 One-year programs in cytopathology.
 - e) BB-1 One-year programs in blood banking/transfusion medicine.
 - f) DP-1 One-year programs in dermatopathology.
 - g) FP-1 One-year programs in forensic pathology.
 - h) HMP-1 One-year programs in hematology.
 - i) MM-1 One-year programs in medical microbiology.
 - j) NP-2 Two-year programs in neuropathology.
 - k) PP-1 One-year programs in pediatric pathology.
 - l) PCH-1 One-year programs in chemical pathology.

- m) SP One-year programs in selective pathology. (Selective pathology programs are typically sponsored by institutions that provide unique educational resources in a specialized area of pathology.)

B. Duration and Scope of Training

1. Graduate medical education programs in anatomic pathology and/or clinical pathology must provide an organized educational experience for qualified physicians seeking to acquire the basic competence of a pathologist.
2. Programs must offer residents a broad education in anatomic pathology and/or clinical pathology, the opportunity to acquire techniques and methods of those disciplines, and experience with the consultative role of the pathologist in patient-care decision making.
3. APCP-4 programs are accredited to offer four years of education/training in anatomic pathology and clinical pathology, three years of training in anatomic pathology (AP-3), and three years of training in clinical pathology (CP-3).
4. APCP-4 programs must include 18 months of formal education in anatomic pathology and 18 months of formal education in clinical pathology. The AP-3 and CP-3 programs must include 24 months of anatomic pathology (AP-3) or clinical pathology (CP-3) education. The remaining 12 months of training for APCP-4, AP-3, and CP-3 programs may be a continuation of structured anatomic pathology or clinical pathology education, or may be devoted to a specialized facet of pathology. The education must occur under the direction of the program director or designated member of the teaching staff. The program director must clearly define, as part of the program description, the available educational opportunities for the remaining 12 months of pathology education. The program director must approve residents' participation in all such opportunities and monitor their progress.

I. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating sites.

The sponsoring institution and the program must ensure that the program director has sufficient protected time and financial support for his or her educational and administrative responsibilities to the program.

1. As the presence of other residency programs may facilitate peer interchange and augment the breadth of the educational experience, institutions providing graduate medical education in anatomic pathology and/or clinical pathology should also sponsor at least three additional accredited residency programs. Programs considered to be most complementary to pathology education are internal medicine, family medicine, obstetrics and gynecology, general surgery, pediatrics, and radiology. The Review Committee will consider requests for exceptions to this requirement on a case-by-case basis.

B. Participating Sites

1. **There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment. The PLA must be renewed at least every five years.**

The PLA should:

- a) **identify the faculty who will assume both educational and supervisory responsibilities for residents;**
- b) **specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;**
- c) **specify the duration and content of the educational experience; and,**

- 4. The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas. The program director must:**
- a) oversee and ensure the quality of didactic and clinical education in all sites that participate in the program;**
 - b) approve a local director at each participating site who is accountable for resident education;**
 - c) approve the selection of program faculty as appropriate;**
 - d) evaluate program faculty and approve the continued participation of program faculty based on evaluation;**
 - e) monitor resident supervision at all participating sites;**
 - f) prepare and submit all information required and requested by the ACGME, including but not limited to the program information forms and annual program resident updates to the ADS, and ensure that the information submitted is accurate and complete;**
 - g) provide each resident with documented semiannual evaluation of performance with feedback;**
 - h) ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution;**
 - i) provide verification of residency education for all residents, including those who leave the program prior to completion;**
 - j) implement policies and procedures consistent with the institutional and program requirements for resident duty hours and the working environment, including moonlighting, and, to that end, must:**
 - (1) distribute these policies and procedures to the residents and faculty;**
 - (2) monitor resident duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME**

requirements;

- (3) **adjust schedules as necessary to mitigate excessive service demands and/or fatigue; and,**
 - (4) **if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue.**
- k) **monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged;**
- l) **comply with the sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of residents, disciplinary action, and supervision of residents;**
- m) **be familiar with and comply with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures;**
- n) **obtain review and approval of the sponsoring institution's GMEC/DIO before submitting to the ACGME information or requests for the following:**
 - (1) **all applications for ACGME accreditation of new programs;**
 - (2) **changes in resident complement;**
 - (3) **major changes in program structure or length of training;**
 - (4) **progress reports requested by the Review Committee;**
 - (5) **responses to all proposed adverse actions;**
 - (6) **requests for increases or any change to resident duty hours;**
 - (7) **voluntary withdrawals of ACGME-accredited programs;**

- (8) requests for appeal of an adverse action;
 - (9) appeal presentations to a Board of Appeal or the ACGME; and,
 - (10) proposals to ACGME for approval of innovative educational approaches.
- o) obtain DIO review and co-signature on all program information forms, as well as any correspondence or document submitted to the ACGME that addresses:
- (1) program citations, and/or
 - (2) request for changes in the program that would have significant impact, including financial, on the program or institution.
- p) ensure that there are regularly-scheduled seminars and conferences devoted to the basic and applied medical sciences, as well as clinical correlation conferences; and,
- q) ensure that there are departmental conferences, in which both faculty and residents participate, for detailed discussion of difficult and unusual cases.
- (1) The program director and teaching staff should monitor and evaluate the residents' effectiveness as teachers.
 - (2) The program director should ensure that clinical correlation conferences (e.g., a pediatric mortality conference) be held with clinical services such as internal medicine, surgery, gynecology, radiology, pediatrics, and their subspecialties.

B. Faculty

1. **At each participating site, there must be a sufficient number of faculty with documented qualifications to instruct and supervise all residents at that location.**

The faculty must:

- a) **devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities;**

and to demonstrate a strong interest in the education of residents, and

b) administer and maintain an educational environment conducive to educating residents in each of the ACGME competency areas.

2. The physician faculty must have current certification in the specialty by the American Board of Pathology, or possess qualifications acceptable to the Review Committee.

3. The physician faculty must possess current medical licensure and appropriate medical staff appointment.

4. The nonphysician faculty must have appropriate qualifications in their field and hold appropriate institutional appointments.

5. The faculty must establish and maintain an environment of inquiry and scholarship with an active research component.

a) The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences.

b) Some members of the faculty should also demonstrate scholarship by one or more of the following:

(1) peer-reviewed funding;

(2) publication of original research or review articles in peer-reviewed journals, or chapters in textbooks;

(3) publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or,

(4) participation in national committees or educational organizations.

c) Faculty should encourage and support residents in scholarly activities.

C. Other Program Personnel

The institution and the program must jointly ensure the availability of all necessary professional, technical, and clerical personnel for the

effective administration of the program.

1. The laboratories providing patient-care services must be accredited by the appropriate organizations. The laboratories must be directed by a qualified physician who is licensed to practice medicine and is a member of the medical staff.
2. The number and qualifications of medical technologists and other support personnel must be adequate for the volume of work in the laboratory and the educational activities of the institution.

D. Resources

The institution and the program must jointly ensure the availability of adequate resources for resident education, as defined in the specialty program requirements.

1. Residents must be provided office and laboratory space for both patient-care work and participation in scholarly activities.
2. The patient material of the department must be indexed in such a way as to permit appropriate retrieval.
3. The audiovisual resources available for educational purposes should be adequate to meet the goals and objectives of the program.
4. The program must have sufficient volume and variety of material available to ensure that residents have broad exposure to both common conditions and unusual entities. This material should be sufficient for anatomic pathology and/or clinical pathology, as matches the program's specialty concentration. From this experience, residents should develop the necessary professional and technical skills to perform the functions of an anatomic and/or clinical pathologist.
5. The number and variety of tests performed in the program's laboratories should be sufficient to give residents experience of those tests typically available in a general hospital. Residents' experience should be augmented through the use of seminars, course materials, and laboratory indexes of unusual cases.

E. Medical Information Access

Residents must have ready access to specialty-specific and other appropriate reference material in print or electronic format. Electronic medical literature databases with search capabilities should be available.

III. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents

The program director may not appoint more residents than approved by the Review Committee, unless otherwise stated in the specialty-specific requirements. The program's educational resources must be adequate to support the number of residents appointed to the program.

1. Programs must have a sufficient number of residents to ensure that an intellectually-stimulating educational environment is maintained. There should be at least two residents enrolled in each year of a program. A lesser number is cause for concern by the Review Committee.

C. Resident Transfers

1. **Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident.**
2. **A program director must provide timely verification of residency education and summative performance evaluations for residents who leave the program prior to completion.**

D. Appointment of Fellows and Other Learners

The presence of other learners (including, but not limited to, residents from other specialties, subspecialty fellows, PhD students, and nurse practitioners) in the program must not interfere with the appointed residents' education. The program director must report

the presence of other learners to the DIO and GMEC in accordance with sponsoring institution guidelines.

IV. Educational Program

A. The curriculum must contain the following educational components:

- 1. Overall educational goals for the program, which the program must distribute to residents and faculty annually;**
- 2. Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to residents and faculty annually, in either written or electronic form. These should be reviewed by the resident at the start of each rotation;**
- 3. Regularly scheduled didactic sessions;**
- 4. Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program; and,**
- 5. ACGME Competencies**

The program must integrate the following ACGME competencies into the curriculum:

a) Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents:

- (1) will have education in anatomic pathology that must include instruction in autopsy and surgical pathology, cytopathology, pediatric pathology, dermatopathology, forensic pathology, immunopathology, histochemistry, neuropathology, ultrastructural pathology, cytogenetics, molecular biology, aspiration techniques, and other advanced diagnostic techniques as they become available;**

- (2) will have education in clinical pathology that must include instruction in microbiology (including bacteriology, mycology, parasitology, and virology), immunopathology, blood banking/transfusion medicine, chemical pathology, cytogenetics, hematology, coagulation, toxicology, medical microscopy (including urinalysis), molecular biologic techniques, aspiration techniques, and other advanced diagnostic techniques as they become available;
- (3) will demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective pathology services consultation.
- (4) will perform at least 50 autopsies during the program. Autopsies may be shared, but no more than two residents may count a shared case toward this standard. Further, programs must ensure that residents participate fully in all aspects of an autopsy as appropriate to the case. In a complete autopsy, this includes:
 - (a) review of history and circumstances of death;
 - (b) external examination of the body;
 - (c) gross dissection;
 - (d) review of microscopic and laboratory findings;
 - (e) preparation of written description of gross and microscopic findings;
 - (f) development of opinion on cause of death; and,
 - (g) review of autopsy report with teaching staff.
 - (i) Resident education must include exposure to forensic, pediatric, perinatal and stillborn autopsies.

- (5) will examine and assess at least 2,000 surgical pathology specimens during the program. This material must be from an adequate mix of cases to ensure exposure to both common and uncommon conditions. Residents should formulate a microscopic diagnosis for cases they have examined grossly. Residents should preview their cases prior to sign out with an attending pathologist;
- (6) will examine at least 1,500 cytologic specimens during the program. This material must include a variety of both exfoliative and aspiration specimens; and,
- (7) will participate in the regular formal clinical and teaching rounds corresponding to the laboratory services to which they are assigned. For example, residents should attend infectious disease service rounds while on assignment in microbiology.
- (8) The educational experiences detailed above may be provided through separate, exclusive rotations, by rotations that combine more than one area, or by other means. However the experiences are provided, all rotations and other assignments must conform to the educational goals and objectives of the program.

b) Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents:

- (1) Programs must provide residents with instruction and experience in the interpretation of laboratory data as part of patient-care decision-making and patient-care consultation.
- (2) Programs must also ensure that residents participate in pathology conferences, rounds,

teaching and scholarly activity, as well as gain experience in the management and direction of a pathology laboratory. This laboratory experience should include education in quality assurance, safety, regulations, and the use of hospital and laboratory information systems.

c) Practice-based Learning and Improvement

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:

- (1) identify strengths, deficiencies, and limits in one's knowledge and expertise;**
- (2) set learning and improvement goals;**
- (3) identify and perform appropriate learning activities;**
- (4) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;**
- (5) incorporate formative evaluation feedback into daily practice;**
- (6) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;**
- (7) use information technology to optimize learning; and,**
- (8) participate in the education of patients, families, students, residents and other health professionals.**

d) Interpersonal and Communication Skills

Residents must demonstrate interpersonal and

communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- (1) communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;**
- (2) communicate effectively with physicians, other health professionals, and health related agencies;**
- (3) work effectively as a member or leader of a health care team or other professional group;**
- (4) act in a consultative role to other physicians and health professionals; and,**
- (5) maintain comprehensive, timely, and legible medical records, if applicable.**
- (6) along with faculty, be regularly involved in consultative activity;
- (7) provide patient-care consultations which should be both intra- and interdepartmental;
- (8) perform at least 200 intraoperative consultations during the program;
- (9) be considered integral members of the staff of the Department of Pathology, and must have the opportunity to participate in discussions related to management of the department; and,
- (10) when operating under appropriate supervision, be given direct responsibility to make decisions in the laboratory.

e) Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

- (1) compassion, integrity, and respect for others;**
- (2) responsiveness to patient needs that supersedes self-interest;**
- (3) respect for patient privacy and autonomy;**
- (4) accountability to patients, society and the profession; and,**
- (5) sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.**

f) Systems-based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

- (1) work effectively in various health care delivery settings and systems relevant to their clinical specialty;**
- (2) coordinate patient care within the health care system relevant to their clinical specialty;**
- (3) incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;**
- (4) advocate for quality patient care and optimal patient care systems;**

- (5) work in interprofessional teams to enhance patient safety and improve patient care quality; and,**
- (6) participate in identifying system errors and implementing potential systems solutions.**

B. Residents' Scholarly Activities

- 1. The curriculum must advance residents' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.**
- 2. Residents should participate in scholarly activity.**
 - a) Throughout their time in the program, residents should be exposed to and encouraged to participate in clinical or laboratory research, research seminars, work-in-progress sessions, and organized reviews of intradepartmental research.
 - b) The program should provide an environment that promotes research and scholarly activity by the residents. Resident participation in research may involve methods development, clinical or basic research, or literature surveys.
- 3. The sponsoring institution and program should allocate adequate educational resources to facilitate resident involvement in scholarly activities.**

V. Evaluation

A. Resident Evaluation

- 1. Formative Evaluation**
 - a) **The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.**
 - b) **The program must:**

- (1) provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;
 - (2) use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff);
 - (3) document progressive resident performance improvement appropriate to educational level; and,
 - (4) provide each resident with documented semiannual evaluation of performance with feedback.
- c) The evaluations of resident performance must be accessible for review by the resident, in accordance with institutional policy.

2. Summative Evaluation

The program director must provide a summative evaluation for each resident upon completion of the program. This evaluation must become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy. This evaluation must:

- a) document the resident's performance during the final period of education, and
- b) verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.

B. Faculty Evaluation

1. At least annually, the program must evaluate faculty performance as it relates to the educational program.
2. These evaluations should include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.

3. This evaluation must include at least annual written confidential evaluations by the residents.

C. Program Evaluation and Improvement

1. The program must document formal, systematic evaluation of the curriculum at least annually. The program must monitor and track each of the following areas:
 - a) resident performance;
 - b) faculty development;
 - c) graduate performance, including performance of program graduates on the certification examination; and,
 - d) program quality. Specifically:
 - (1) Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and
 - (2) The program must use the results of residents' assessments of the program together with other program evaluation results to improve the program.
2. If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance in the areas listed in section V.C.1. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

VI. Resident Duty Hours in the Learning and Working Environment

A. Principles

1. The program must be committed to and be responsible for promoting patient safety and resident well-being and to providing a supportive educational environment.
2. The learning objectives of the program must not be compromised by excessive reliance on residents to fulfill service obligations.

3. **Didactic and clinical education must have priority in the allotment of residents' time and energy.**
4. **Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.**

B. Supervision of Residents

The program must ensure that qualified faculty provide appropriate supervision of residents in patient care activities.

C. Fatigue

Faculty and residents must be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning.

D. Duty Hours (the terms in this section are defined in the ACGME Glossary and apply to all programs)

Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.

1. **Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.**
2. **Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.**
3. **Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.**

E. On-call Activities

1. **In-house call must occur no more frequently than every third night, averaged over a four-week period.**

- 2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.**
- 3. No new patients may be accepted after 24 hours of continuous duty.**
 - a) A new patient is defined as any patient for whom the resident has not previously provided care.
- 4. At-home call (or pager call)**
 - a) The frequency of at-home call is not subject to the every-third-night, or 24+6 limitation. However at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident.
 - b) Residents taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period.
 - c) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

F. Moonlighting

- 1. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.**
- 2. Internal moonlighting must be considered part of the 80-hour weekly limit on duty hours.**

G. Duty Hours Exceptions

A Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale.

1. In preparing a request for an exception the program director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures.
2. Prior to submitting the request to the Review Committee, the program director must obtain approval of the institution's GMEC and DIO.

VII. Experimentation and Innovation

Requests for experimentation or innovative projects that may deviate from the institutional, common and/or specialty specific program requirements must be approved in advance by the Review Committee. In preparing requests, the program director must follow Procedures for Approving Proposals for Experimentation or Innovative Projects located in the ACGME Manual on Policies and Procedures. Once a Review Committee approves a project, the sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

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