

**ACGME Program Requirements for Graduate Medical Education
in Hematology and Medical Oncology
Summary and Impact of Major Requirement Revisions
(For second review and comment period April 3, 2023)**

Below are proposed changes to the Program Requirements for Graduate Medical Education in Hematology and Medical Oncology.

Requirement #: II.B.3.c).(1)	
Requirement Revision (significant change only):	
Faculty members who are ABIM- or AOBIM-certified in cardiovascular disease , endocrinology, gastroenterology, hospice and palliative medicine , infectious disease, nephrology, and pulmonary disease should be available to participate in the education of fellows. ^(Core)	
1.	Describe the Review Committee’s rationale for this revision: This requirement was updated based on feedback from the hematology community to include those faculty members who are essential participants in the education of fellows.
2.	How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? The faculty members in these subspecialties will ensure that fellows have adequate education in the multidisciplinary, quality care of hematology and medical oncology patients.
3.	How will the proposed requirement or revision impact continuity of patient care? N/A
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 addition of these faculty members may necessitate additional resources for Sponsoring Institutions/programs which do not presently include these members in the education of fellows. The impact of this change is not known at this time.
5.	How will the proposed revision impact other accredited programs? N/A

Requirement #: IV.B.1.b).(1).(d).(i).(h), IV.B.1.b).(1).(d).(i).(k), “New” IV.B.1.b).(1).(d).(ii), IV.B.1.b).(1).(d).(iii), “New” IV.B.1.b).(1).(d).(v) – (vii)	
Requirement Revision (significant change only):	
[Fellows must demonstrate competence in the:]	
IV.B.1.b).(1).(d).(i)	prevention, evaluation, diagnosis, cancer staging, and management of patients with hematologic and neoplastic malignant disorders of the:
IV.B.1.b).(1).(d).(i).(h)	hematopoietic system, including myeloproliferative neoplasms, myelodysplasias, acute and chronic leukemias, Castleman disease, and dendritic cell

	<u>disorders;</u> (Core)
IV.B.1.b).(1).(d).(i).(k)	<u>lymphoid organs, including lymphomas, myeloma, and plasma cell dyscrasias;</u> (Core)
IV.B.1.b).(1).(d).(ii)	<u>pathogenesis, diagnosis, prevention, evaluation, and management of patients with the following disorders whose characteristics overlap the areas of classical and malignant hematology including:</u> (Core)
IV.B.1.b).(1).(d).(ii).(a)	<u>myeloproliferative neoplasms;</u> (Core)
IV.B.1.b).(1).(d).(ii).(b)	<u>myelodysplastic syndromes;</u> (Core)
IV.B.1.b).(1).(d).(ii).(c)	<u>bone marrow failure syndromes; and,</u> (Core)
IV.B.1.b).(1).(d).(ii).(d)	<u>histiocytic disorders.</u> (Core)
IV.B.1.b).(1).(d).(iii)	<u>diagnosis and management of classical hematologic complications of malignant disorders, including:</u> (Core)
IV.B.1.b).(1).(d).(iii).(a)	<u>hemoglobin disorders, including sickle cell disease and thalassemia syndromes;</u> (Core)
IV.B.1.b).(1).(d).(iii).(b)	<u>inherited and acquired disorders of the red blood cell membrane and of red blood cell metabolism;</u> (Core)
IV.B.1.b).(1).(d).(iii).(c)	<u>autoimmune disorders, including hemolytic anemia, and other hematologic manifestations of autoimmune disorders;</u> (Core)
IV.B.1.b).(1).(d).(iii).(d)	<u>nutritional anemias;</u> (Core)
IV.B.1.b).(1).(d).(iii).(e)	<u>inherited and acquired disorders of white blood cells;</u> (Core)
IV.B.1.b).(1).(d).(iii).(f)	<u>hemophilias, von Willebrand disease, and other inherited and acquired hemorrhagic disorders, including platelet function defects;</u> (Core)
IV.B.1.b).(1).(d).(iii).(g)	<u>platelet disorders, including idiopathic thrombocytopenic purpura (ITP) and congenital thrombocytopenias;</u> (Core)
IV.B.1.b).(1).(d).(iii).(h)	<u>congenital and acquired thrombotic disorders;</u> (Core)
IV.B.1.b).(1).(d).(iii).(i)	<u>thrombotic microangiopathies; and,</u> (Core)
IV.B.1.b).(1).(d).(iii).(j)	<u>the porphyrias.</u> (Core)
IV.B.1.b).(1).(d).(v)	<u>hematologic care of pregnant patients and women of reproductive age;</u> (Core)
IV.B.1.b).(1).(d).(vi)	<u>hematologic care of transgendered patients;</u> (Core)
IV.B.1.b).(1).(d).(vii)	<u>hematologic complications of infectious diseases;</u> (Core)

1. Describe the Review Committee's rationale for this revision:
The patient care areas were updated to be consistent with and to reflect the curricular components that have been developed by the hematology subspecialty community. These components clarify the experiences required in classical hematology, malignant hematology, and medical oncology to ensure the specific skills required for education in hematology and medical oncology.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
These areas fall within the scope of the hematology and medical oncology specialist. Requiring fellows to demonstrate competence in these established areas will ensure that fellows have a standard minimum knowledge and level of competence required to provide quality patient care.
3. How will the proposed requirement or revision impact continuity of patient care?
N/A
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?
N/A
5. How will the proposed revision impact other accredited programs?
N/A

Requirement #: "New" IV.B.1.b).(2).(d).(ii) and "New" IV.B.1.b).(d).(xiii)
 Requirement Revision (significant change only):

[Fellows must demonstrate competence in the:]

IV.B.1.b).(2).(d).(ii) **indications for and application of immunophenotypic and molecular studies for patients with neoplastic and blood disorders; (Core)**

IV.B.1.b).(2).(d).(xiii) **assessment of hematologic disorder severity and/or stage, as measured by physical signs and laboratory evaluation; (Core)**

1. Describe the Review Committee's rationale for this revision:
The patient care areas were updated to be consistent with and to reflect the curricular components that have been developed by the hematology subspecialty community. These components clarify the experiences required in classical hematology, malignant hematology, and medical oncology to ensure the specific skills required for education in hematology and medical oncology.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
These areas fall within the scope of the hematology and medical oncology specialist. Requiring fellows to demonstrate competence in these established areas will ensure that fellows have a standard minimum knowledge and level of competence required to provide quality patient care.
3. How will the proposed requirement or revision impact continuity of patient care?
N/A

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

Requirement #: "New" IV.C.3.c)
Requirement Revision (significant change only):

The hematology clinical experience must include an appropriate balance of inpatient and outpatient hematology for fellows to become proficient in all curricular requirements for classical hematology. (Core)

1. Describe the Review Committee's rationale for this revision:
The proposed addition emphasizes the need to include all aspects of classical hematology in combined hematology and medical oncology fellowships.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The proposed addition will ensure that fellows have a standard minimum knowledge and level of competence required to provide quality patient care.
3. How will the proposed requirement or revision impact continuity of patient care?
N/A
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?
N/A
5. How will the proposed revision impact other accredited programs?
N/A