

Frequently Asked Questions: Cytopathology
(FAQs related to Cytopathology Program Requirements effective July 1, 2025)
Review Committee for Pathology
ACGME

Question	Answer
Personnel	
<p>What work counts towards the aggregated minimum of 20 hours per week required for physician and non-physician faculty members and the program director?</p> <p><i>[Program Requirement: 2.7.f.]</i></p>	<p>The following work counts toward the aggregated minimum of 20 hours per week that physician and non-physician faculty members must devote to the program:</p> <ul style="list-style-type: none"> • Clinical work with fellows • Teaching • Fellowship-related administration <ul style="list-style-type: none"> ○ Recruitment process ○ Scheduling and oversight of rotations ○ Program Evaluation Committee (PEC) ○ Clinical Competency Committee (CCC) <p>Faculty members from participating sites may be included in the aggregated count.</p>
<p>Does the program coordinator need to be employed full-time by the program?</p> <p><i>[Program Requirement: 2.11.]</i></p>	<p>No. The program coordinator does not need to be employed full-time by the program, but must devote a minimum of 0.2 FTE for programs with one to three approved fellow positions, 0.3 FTE for four to nine approved fellow positions, or 0.4 FTE for 10 or more approved fellow positions.</p>
Fellow Appointments	
<p>If a program accepts a fellow through the fellow eligibility exception, does that mean the fellow will be eligible for certification by the American Board of Pathology upon completion?</p> <p><i>[Program Requirement: 3.2.b.]</i></p>	<p>No, acceptance of a fellow through the fellow eligibility exception does not guarantee eligibility for certification. The eligibility criteria outlined in Section III of the Program Requirements sets the requirements for entering a program, not for certification. Programs and program candidates should always check directly with the American Board of Pathology regarding an individual's eligibility for certification.</p>
Educational Program	
<p>What are the Review Committee's expectations for the faculty member</p>	<p>The Review Committee expects that one faculty member is responsible for the longitudinal oversight of the experience on each rotation. This faculty member will</p>

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<p>responsible for the educational experience of each rotation?</p> <p><i>[Program Requirement: 4.10.a.]</i></p>	<p>ensure supervisory continuity as faculty members and fellows come on and off the rotation. This requirement does not mean that only one faculty member can provide day-to-day teaching of residents, as that can still be shared among faculty members in a particular specialty/subspecialty area; however, one individual must take charge of the overall, longitudinal experience on that rotation to ensure continuity.</p>
<p>How can fellows be expected to perform independent sign-out when other program requirements stipulate that fellows must always have some form of supervision?</p> <p><i>[Program Requirement: 4.11.a.]</i></p>	<p>The intent of this requirement is not that fellows perform independent sign-out during their fellowship, but rather that fellows gain experiences in their fellowship that enable them to effectively perform independent sign-out once they complete the program. The program must be designed to allow fellows to progress appropriately through the levels of supervision, ultimately working under oversight supervision so they may gain confidence and experience in independent decision-making with minimal faculty member oversight.</p>
<p>How does the committee qualify/define supervision with regards to the role of the supervision of residents and/or other learners?</p> <p><i>[Program Requirement: 4.11.c.]</i></p>	<p>The fellow is able to supervise residents, medical students, or other personnel specifically in performing patient care tasks related to the fellow's patient care activities.</p>
<p>Why should fellows participate in scholarship?</p> <p><i>[Program Requirement: 4.15.]</i></p>	<p>Scholarly activity by fellows is a quality indicator reported annually to the ACGME as a marker for an environment of inquiry and scholarship within the program, and as an indicator of ongoing self-directed learning and practice improvement. It is evaluated, along with other markers, such as scholarly activity by faculty members and responses to the annual Resident/Fellow and Faculty Survey questions related to the learning environment, in assessing program quality.</p> <p>Examples of scholarly activity include: quality improvement initiatives, teaching, participation in multidisciplinary conferences and journal clubs, abstract presentations at national meetings, or peer-reviewed journal/web publications.</p> <p>Completeness and accuracy of reporting fellow scholarly activity by the program is essential to the accurate assessment of program compliance with the applicable requirements. Programs in which ongoing scholarly activity by all fellows cannot be extrapolated from the Annual Update may be considered for more in-depth review by the Committee to investigate the quality of the learning environment.</p>
Evaluation	

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<p>How can a small program ensure that fellows' annual written evaluations of faculty members remain confidential?</p> <p><i>[Program Requirement: 5.4.b.]</i></p>	<p>Small programs may combine evaluations with larger programs or other learners rotating through the program and report aggregated results. One suggestion is for the designated institutional official (DIO) to collect all evaluations and report the results with the evaluator <i>de-identified</i> to the program director.</p>
The Learning and Working Environment	
<p>What does the Review Committee consider an optimal clinical workload for fellows?</p> <p><i>[Program Requirement: 6.17.]</i></p>	<p>The program director must make an assessment of the learning environment with input from faculty members and fellows. There must be an adequate clinical workload to develop competence in all areas specified in the Program Requirements. Optimal workload may vary from program to program, and will depend on the patients, patient material, program resources, and testing/consultations/procedures done in the primary and participating sites. Clinical workload should include patients and patient material for testing, while additional educational materials should include study sets and other case-based teaching tools.</p>