



**ACGME International**

**Advanced Specialty Program Requirements for  
Graduate Medical Education in  
Hematology and  
Medical Oncology  
(Internal Medicine)**

Initial Approval:

1 **ACGME International Specialty Program Requirements for**  
2 **Graduate Medical Education**  
3 **in Hematology and Medical Oncology (Internal**  
4 **Medicine)**  
5

6 **Int. Introduction**  
7

8 *Background and Intent: Programs must achieve and maintain Foundational Accreditation*  
9 *according to the ACGME-I Foundational Requirements prior to receiving Advanced Specialty*  
10 *Accreditation. The Advanced Specialty Requirements noted below complement the ACGME-*  
11 *I Foundational Requirements. For each section, the Advanced Specialty Requirements*  
12 *should be considered together with the Foundational Requirements.*  
13

14 **Int. I. Definition and Scope of the Specialty**  
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16 Hematology is the internal medicine subspecialty that focuses on the care of patients  
17 with disorders of the blood and bone marrow and the lymphatic, immunologic,  
18 hemostatic, and vascular systems. Medical oncology is the internal medicine  
19 subspecialty that involves the diagnosis and management of benign and malignant  
20 neoplasms and disorders whose characteristics overlap the areas of classical and  
21 malignant hematology.  
22

23 **Int. II. Duration of Education**  
24

25 Int. II.A. The educational program in hematology and medical oncology must be 36 or 48  
26 months in length.  
27

28 **I. Institution**  
29

30 **I.A. Sponsoring Institution**  
31

32 I.A.1. A fellowship in hematology and medical oncology must function as an integral  
33 part of an ACGME-I-accredited residency in internal medicine.  
34

35 **I.B. Participating Sites**  
36

37 I.B.1. The program should ensure that fellows are not unduly burdened by required  
38 rotations at geographically distant sites.  
39

40 **II. Program Personnel and Resources**  
41

42 **II.A. Program Director**  
43

44 II.A.1. Programs must appoint at least one of the core faculty members to be associate  
45 program director.  
46

47 **II.B. Faculty**  
48

49 II.B.1. Among the program director and subspecialty core faculty members, 50  
50 percent must be hematologists, and 50 percent must be medical oncologists.  
51

51 II.B.2. Qualified faculty members in the following subspecialties should be available to

- 52 contribute to the education of the fellows:  
53  
54 II.B.2.a) cardiovascular disease;  
55  
56 II.B.2.b) endocrinology, diabetes, and metabolism;  
57  
58 II.B.2.c) gastroenterology;  
59  
60 II.B.2.d) hospice and palliative medicine;  
61  
62 II.B.2.e) infectious diseases;  
63  
64 II.B.2.f) nephrology; and,  
65  
66 II.B.2.g) pulmonary disease.  
67  
68 **II.C. Other Program Personnel**  
69  
70 II.C.1. The program must have access to other clinical specialists, including in  
71 dermatology, neurological surgery, neurology, obstetrics and gynecology,  
72 orthopaedic surgery, otolaryngology, and urology.  
73  
74 II.C.2. The program must have access to surgeons from both general surgery and  
75 surgical specialties and subspecialties, including those with a special interest  
76 in oncology.  
77  
78 II.C.3. Expertise in the following disciplines should be available to the program to  
79 provide multidisciplinary patient care and fellow education:  
80  
81 II.C.3.a) genetic counseling;  
82  
83 II.C.3.b) oncologic nursing;  
84  
85 II.C.3.c) pain management;  
86  
87 II.C.3.d) psychiatry; and,  
88  
89 II.C.3.e) rehabilitation medicine.  
90  
91 **II.D. Resources**  
92  
93 II.D.1. The program, in partnership with its Sponsoring Institution, must ensure the  
94 program has the following resources for fellow education:  
95  
96 II.D.1.a) adequate space, including meeting rooms, classrooms, examination  
97 rooms, computers, visual and other educational aids and office space;  
98  
99 II.D.1.b) appropriate in-person or remote/virtual consultations, including those  
100 done using telecommunication technology; and,  
101  
102 II.D.1.c) access to training using simulation.  
103

- 104 II.D.2. A hematology laboratory must be located at the primary clinical site.  
105
- 106 II.D.3. Imaging services must be present at the primary clinical site or at a participating  
107 site offering a required rotation, including:  
108
- 109 II.D.3.a) cross-sectional imaging, including computed tomography (CT) and  
110 magnetic resonance imaging (MRI); and,  
111
- 112 II.D.3.b) nuclear medicine imaging.  
113
- 114 II.D.4. Advanced pathology services must be available, including:  
115
- 116 II.D.4.a) blood banking;  
117
- 118 II.D.4.b) immunopathology;  
119
- 120 II.D.4.c) specialized coagulation laboratory; and,  
121
- 122 II.D.4.d) transfusion and apheresis.  
123
- 124 II.D.5. Radiation oncology facilities must be available.  
125
- 126 II.D.6. Positron emission tomography (PET) scan imaging must be available.  
127
- 128 **III. Fellow Appointment**  
129
- 130 **III.A. Eligibility Criteria**
- 131 III.A.1. Prior to appointment in the program, fellows should have completed an  
132 ACGME-I-accredited residency program in internal medicine, or an internal  
133 medicine residency program acceptable to the Sponsoring Institution's  
134 Graduate Medical Education Committee.
- 135 **III.B. Number of Fellows**  
136
- 137 See International Foundational Requirements, Section III.B.  
138
- 139 **IV. Specialty-Specific Educational Program**  
140
- 141 **IV.A. ACGME-I Competencies**  
142
- 143 IV.A.1. The program must integrate the following ACGME-I Competencies into the  
144 curriculum.  
145
- 146 IV.A.1.a) Professionalism  
147
- 148 IV.A.1.a).(1) Fellows must demonstrate a commitment to  
149 professionalism and an adherence to ethical principles.  
150
- 151 IV.A.1.b) Patient Care and Procedural Skills  
152
- 153 IV.A.1.b).(1) Fellows must provide patient care that is compassionate,

154		appropriate, and effective for the treatment of health
155		problems and the promotion of health. Fellows must
156		demonstrate competence in managing the care of patients:
157		
158	IV.A.1.b).(1).(a)	in a variety of health care settings, including
159		inpatient and various ambulatory settings;
160		
161	IV.A.1.b).(1).(b)	using critical thinking and evidence-based tools;
162		
163	IV.A.1.b).(1).(c)	using population-based data; and,
164		
165	IV.A.1.b).(1).(d)	with whom they have limited or no physical contact,
166		through the use of telemedicine.
167		
168	IV.A.1.b).(2).	Fellows must demonstrate competence in prevention,
169		evaluation, diagnosis, cancer staging, and management of
170		patients with malignant disorders of the:
171		
172	IV.A.1.b).(2).(a)	breast;
173		
174	IV.A.1.b).(2).(b)	cancer family syndromes;
175		
176	IV.A.1.b).(2).(c)	central nervous system;
177		
178	IV.A.1.b).(2).(d)	gastrointestinal tract (esophagus, stomach, colon,
179		rectum, anus);
180		
181	IV.A.1.b).(2).(e)	genitourinary tract;
182		
183	IV.A.1.b).(2).(f)	gynecologic malignancies;
184		
185	IV.A.1.b).(2).(g)	head and neck;
186		
187	IV.A.1.b).(2).(h)	hematopoietic system, including myeloproliferative
188		neoplasms, myelodysplasias, acute and chronic
189		leukemias, Castleman disease, and dendritic cell
190		disorders;
191		
192	IV.A.1.b).(2).(i)	liver;
193		
194	IV.A.1.b).(2).(j)	lung;
195		
196	IV.A.1.b).(2).(k)	lymphoid organs, including lymphomas, myelomas, and
197		plasma cell dyscrasias;
198		
199	IV.A.1.b).(2).(l)	pancreas;
200		
201	IV.A.1.b).(2).(m)	skin, including melanoma;
202		
203	IV.A.1.b).(2).(n)	testes; and,
204		
205	IV.A.1.b).(2).(o)	thyroid and other endocrine organs, including multiple

206		endocrine neoplasia (MEN) syndromes.
207		
208	IV.A.1.b).(3)	Fellows must demonstrate competence in pathogenesis, diagnosis, prevention, evaluation, and management of patients with the following disorders whose characteristics overlap the areas of classical and malignant hematology:
209		
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211		
212		
213	IV.A.1.b).(3).(a)	bone marrow failure syndromes;
214		
215	IV.A.1.b).(3).(b)	histiocytic disorders;
216		
217	IV.A.1.b).(3).(c)	myelodysplastic syndromes; and,
218		
219	IV.A.1.b).(3).(d)	myeloproliferative neoplasms.
220		
221	IV.A.1.b).(4)	Fellows must demonstrate competence in the diagnosis and management of classical hematologic complications of malignant disorders, including:
222		
223		
224		
225	IV.A.1.b).(4).(a)	autoimmune disorders, to include hemolytic anemia;
226		
227	IV.A.1.b).(4).(b)	congenital and acquired thrombotic disorders;
228		
229	IV.A.1.b).(4).(c)	hemoglobin disorders;
230		
231	IV.A.1.b).(4).(d)	inherited and acquired hemorrhagic disorders
232		
233	IV.A.1.b).(4).(e)	inherited and acquired red cell disorders;
234		
235	IV.A.1.b).(4).(f)	inherited and acquired white cell disorders;
236		
237	IV.A.1.b).(4).(g)	nutritional anemias;
238		
239	IV.A.1.b).(4).(h)	platelet disorders;
240		
241	IV.A.1.b).(4).(i)	porphyrias; and,
242		
243	IV.A.1.b).(4).(j)	thrombotic microangiopathies.
244		
245	IV.A.1.b).(5)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice of hematology and medical oncology, including demonstrating competence in:
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250	IV.A.1.b).(5).(a)	performing diagnostic and therapeutic procedures relevant to their specific career path, to include care and management of venous access devices;
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252		
253		
254	IV.A.1.b).(5).(b)	treating their patients' conditions with practices that are patient-centered, safe, scientifically based, effective, timely and cost-effective, to include:
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258	IV.A.1.b).(5).(b) (i)	care and management of hematologic disorders in pregnant patients and women of reproductive age;
259		
260		
261	IV.A.1.b).(5).(b) (ii)	care and management of the geriatric patient with malignancy and hematologic disorders;
262		
263		
264	IV.A.1.b).(5).(b).(iii)	care of patients with human immunodeficiency virus (HIV)-related malignancies;
265		
266		
267	IV.A.1.b).(5).(b).(iv)	diagnosis and management of hematologic issues associated with hormone therapies, including their use as treatment for infertility and gender affirmation, as well as care of transgender individuals and other populations;
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272		
273	IV.A.1.b).(5).(b).(v)	in the role of a consultant;
274		
275	IV.A.1.b).(5).(b).(vi)	management of pain, anxiety, and depression in patients with cancer;
276		
277		
278	IV.A.1.b).(5).(b).(vii)	management of the neutropenic and the immunocompromised patient;
279		
280		
281	IV.A.1.b).(5).(b).(viii)	palliative care, including hospice and home care;
282		
283	IV.A.1.b).(5).(b).(ix)	rehabilitation and psychosocial care of patients with cancer;
284		
285		
286	IV.A.1.b).(5).(b).(x)	treatment and diagnosis of paraneoplastic disorders;
287		
288		
289	IV.A.1.b).(5).(b).(xi)	use of chemotherapeutic agents and biological products through all therapeutic routes; and,
290		
291		
292	IV.A.1.b).(5).(b).(xii)	use of systemic therapies through all therapeutic routes.
293		
294		
295	IV.A.1.b).(5).(c)	the use of chemotherapeutic drugs, biologic products, and growth factors, their mechanisms of action, pharmacokinetics, clinical indications, and limitations, to include their effects, toxicity, and interactions;
296		
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300	IV.A.1.b).(5).(d)	the use of immunotherapeutic drugs, their mechanisms of action, pharmacokinetics, clinical indications, and limitations, and their effects, toxicity, and interactions, to include the use of cellular immunotherapies (e.g., CAR-T therapies);
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306	IV.A.1.b).(5).(e)	using multi-agent chemotherapeutic protocols and combined modality therapy of neoplastic disorders;
307		
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309	IV.A.1.b).(5).(f)	using hematologic, infection, and nutrition support;

310	IV.A.1.b).(5).(g)	conducting specific cancer prevention and screening for high-risk individuals, to include genetic testing;
311		
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313	IV.A.1.b).(5).(h)	assessing hematologic disorder severity and/or stage as measured by physical signs and laboratory evaluation;
314		
315		and,
316		
317	IV.A.1. b).(5).(i)	using diagnostic and/or imaging studies relevant to the care of patients with neoplastic and blood disorders, to include:
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319		
320	IV.A.1.b).(5).(i).(i)	assessing and interpreting complete blood count;
321		
322	IV.A.1.b).(5).(i).(ii)	assessing indications for and application of imaging techniques in patients with neoplastic and blood disorders;
323		
324		
325		
326	IV.A.1.b).(5).(i).(iii)	assessing malignant hematologic disorders by CT, MRI, PET scanning, and nuclear imaging techniques;
327		
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329		
330	IV.A.1.b).(5).(i).(iv)	assessing tumor burden and response as measured by physical and radiologic exam and tumor markers;
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334	IV.A.1.b).(5).(i).(v)	correlating clinical information with cytology, histology, and immunodiagnostic imaging techniques;
335		
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337		
338	IV.A.1.b).(5).(i).(vi)	determining indications for and application of immunophenotypic and molecular studies for patients with neoplastic and blood disorders;
339		
340		
341		
342	IV.A.1.b).(5).(i).(vii)	interpreting peripheral blood smears;
343		
344	IV.A.1.b).(5).(i).(viii)	performing bone marrow biopsies and aspirations; and,
345		
346		
347	IV.A.1.b).(5).(i).(ix)	using tests of hemostasis and thrombosis for both congenital and acquired disorders and regulation of antithrombotic therapy.
348		
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351	IV.A.1.c)	Medical Knowledge
352		
353	IV.A.1.c).(1)	Fellows 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. Fellows must demonstrate knowledge of:
354		
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358		
359	IV.A.1.c).(1).(a)	the scientific method of problem solving and evidence-based decision-making;
360		
361	IV.A.1.c).(1).(b)	indications, contraindications, and techniques for, and

362		limitations, complications, and interpretation of results
363		of those diagnostic and therapeutic procedures
364		integral to the discipline, including the appropriate
365		indications for and use of screening tests and
366		procedures;
367		
368	IV.A.1.c).(1).(c)	acquired and congenital disorders of red cells, white
369		cells, platelets, and stem cells;
370		
371	IV.A.1.c).(1).(d)	basic principles of laboratory and clinical testing, quality
372		control, quality assurance, and proficiency standards;
373		
374	IV.A.1.c).(1).(e)	clinical epidemiology and biostatistics, including
375		clinical study and experimental protocol design, data
376		collection, and analysis;
377		
378	IV.A.1.c).(1).(f)	effects of systemic disorders and drugs on the blood,
379		blood-forming organs, and lymphatic tissue;
380		
381	IV.A.1.c).(1).(g)	functional characteristics, indications, risks, and
382		process of using indwelling venous access devices;
383		
384	IV.A.1.c).(1).(h)	gene therapy;
385	IV.A.1.c).(1).(i)	genetics and developmental biology, including;
386	IV.A.1.c).(1).(i).(i)	cytogenetics;
387	IV.A.1.c).(1).(i).(ii)	molecular genetics;
388		
389	IV.A.1.c).(1).(i).(iii)	prenatal diagnosis; and,
390		
391	IV.A.1.c).(1).(i).(iv)	the nature of oncogenes and their products.
392		
393	IV.A.1.c).(1).(j)	hematopoietic and lymphopoietic malignancies,
394		including disorders of plasma cells;
395		
396	IV.A.1.c).(1).(k)	immune markers, immunophenotyping, flow cytometry,
397		cytochemical studies, and cytogenetic and DNA
398		analysis of neoplastic disorders;
399		
400	IV.A.1.c).(1).(l)	indications, risks, and process of performing
401		therapeutic phlebotomy;
402		
403	IV.A.1.c).(1).(m)	indications for, complications of, and risks and
404		limitations associated with:
405		
406	IV.A.1.c).(1).(m).(i)	lesion biopsy for detection of circulating DNA for
407		disease-specific markers;
408		
409	IV.A.1.c).(1).(m).(ii)	paracentesis;
410		

411	IV.A.1.c).(1).(m).(iii)	skin biopsies; and,
412		
413	IV.A.1.c).(1).(m).(iv)	thoracentesis.
414		
415	IV.A.1.c).(1).(n)	malignant and hematologic complications of organ transplantation;
416		
417		
418	IV.A.1.c).(1).(o)	management of post-transplant complications;
419		
420	IV.A.1.c).(1).(p)	mechanisms of action, pharmacokinetics, clinical indications for, and limitations of chemotherapeutic drugs, biologic products, and growth factors, including their effects, toxicity, and interactions;
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424		
425	IV.A.1.c).(1).(q)	mechanisms of action, pharmacokinetics, clinical indications, and limitations of immunotherapeutic drugs, including their effects, toxicity, and interactions, including cellular immunotherapies (e.g., CAR-T therapies);
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430		
431	IV.A.1.c).(1).(r)	multidisciplinary management of organ-specific cancers;
432		
433		
434	IV.A.1.c).(1).(s)	preparation of blood smears, bone marrow aspirates, and touch preparations;
435		
436		
437	IV.A.1.c).(1).(t)	pathogenesis, diagnosis, and treatment of disease, including basic molecular and pathophysiologic mechanisms, diagnosis, and therapy of diseases of the blood, to include anemias, diseases of white blood cells and stem cells, and disorders of hemostasis and thrombosis;
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444	IV.A.1.c).(1).(u)	pathogenesis, diagnosis, and treatment of disease, including etiology, epidemiology, natural history, diagnosis, pathology, staging, and management of neoplastic diseases of the blood, blood-forming organs, and lymphatic tissues;
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449	IV.A.1.c).(1).(v)	physiology and pathophysiology, including:
450	IV.A.1.c).(1).(v).(i)	basic and clinical pharmacology, pharmacokinetics, and toxicity;
451		
452		
453	IV.A.1.c).(1).(v).(ii)	cell and molecular biology;
454		
455	IV.A.1.c).(1).(v).(iii)	hematopoiesis;
456		
457	IV.A.1.c).(1).(v).(iv)	molecular mechanisms of hematopoietic and lymphopoietic malignancies;
458		
459	IV.A.1.c).(1).(v).(v)	pathophysiology and patterns of tumor metastases;
460		

461		
462	IV.A.1.c).(1).(v).(vi)	principles of oncogenesis; and,
463		
464	IV.A.1.c).(1).(v).(vii)	tumor immunology.
465		
466	IV.A.1.c).(1).(w)	transfusion medicine, including the evaluation of
467		antibodies, blood compatibility, and the indications for and
468		complications of blood component therapy and methods of
469		apheresis procedures;
470		
471	IV.A.1.c).(1).(x)	principles of, indications for, and complications of:
472		
473	IV.A.1.c).(1).(x).(i)	peripheral blood stem cell transplantation;
474		
475	IV.A.1.c).(1).(x).(ii)	peripheral stem cell harvests;
476		
477	IV.A.1.c).(1).(x).(iii)	radiation therapy in the treatment of cancer; and,
478		
479	IV.A.1.c).(1).(x).(iv)	surgical treatment of cancer.
480	IV.A.1.c).(2)	Fellows must demonstrate sufficient knowledge of the
481		application of technology appropriate for the clinical context,
482		to include evolving technologies.
483		
484	IV.A.1.d)	<b>Practice-Based Learning and Improvement</b>
485		
486	IV.A.1.d).(1)	Fellows must demonstrate the ability to investigate and
487		evaluate their care of patients, to appraise and assimilate
488		scientific evidence, and to continuously improve patient care
489		based on constant self-evaluation and lifelong learning.
490	IV.A.1.e)	<b>Interpersonal and Communication Skills</b>
491		
492	IV.A.1.e).(1)	Fellows must demonstrate interpersonal and communication
493		skills that result in the effective exchange of information and
494		collaboration with patients, patients' families, and other health
495		professionals.
496		
497	IV.A.1.f)	<b>Systems-Based Practice</b>
498		
499	IV.A.1.f).(1)	Fellows must demonstrate an awareness of and
500		responsiveness to the larger context and system of health care,
501		including the social determinates of health, as well as the ability
502		to call effectively on other resources in the system to produce
503		optimal care.
504		
505	<b>IV.B.</b>	<b>Regularly Scheduled Educational Activities</b>
506		
507	IV.B.1.	The educational program must include didactic instruction based upon the core
508		knowledge content in the subspecialty area.
509		

510	IV.B.1.b)	The program must ensure that fellows have an opportunity to review all
511		knowledge content from didactic conferences that they could not attend.
512		
513	IV.B.2.	Fellows must have a sufficient number of didactic sessions to ensure fellow-
514		fellow and fellow-and-faculty member interaction.
515		
516	IV.B.3.	Fellows must participate in multidisciplinary case management and/or tumor
517		board conferences and in protocol studies.
518		
519	<b>IV.C.</b>	<b>Clinical Experiences</b>
520		
521	IV.C.1.	Assignment of rotations must be structured to minimize the frequency of
522		rotational transitions, as well as conflicting inpatient and outpatient
523		responsibilities.
524		
525	IV.C.2.	Rotations must be of sufficient length to provide a quality educational experience,
526		defined by continuity of patient care, ongoing supervision, longitudinal
527		relationships with faculty members, and meaningful assessment and feedback.
528		
529	IV.C.3.	Rotations must be structured to allow fellows to function as a part of an effective
530		interprofessional team that works together toward the shared goals of patient
531		safety and quality improvement.
532		
533	IV.C.4.	Fellows must be provided a patient- or case-based approach to clinical
534		teaching that includes interactions between fellows and the teaching faculty
535		member, bedside teaching, discussion of pathophysiology, and the application
536		of current evidence in diagnostic and therapeutic decisions.
537		
538	IV.C.4.a)	Teaching must occur with a frequency and duration to ensure a
539		meaningful teaching relationship between the assigned teaching faculty
540		member and the fellow.
541		
542	IV.C.4.b)	Teaching must occur on all inpatient, telemedicine, and consultative
543		services.
544		
545	IV.C.5.	Fellows must receive instruction in practice management relevant to the
546		subspecialty.
547		
548	IV.C.6.	At least 18 months of education must be devoted to clinical experience.
549		
550	IV.C.6.a)	At least 12 months must be in the diagnosis and management of a broad
551		spectrum of neoplastic diseases, including hematological malignancies,
552		and at least six months must be in the diagnosis and management of a
553		broad spectrum of classical hematological disorders.
554		
555	IV.C.6.b)	At least 50 percent of the clinical experience must occur in the
556		outpatient setting.
557		
558	IV.C.6.c)	The hematology clinical experience must include an appropriate
559		balance of inpatient and outpatient hematology for fellows to
560		become competent in all curricular requirements for classical
561		hematology.
562		

- 563 IV.C.6.d) The program should provide at least one month of clinical  
564 experience in autologous and allogeneic bone marrow  
565 transplantation as available in the country or jurisdiction.  
566
- 567 IV.C.7. Inpatient assignments should be of sufficient duration to permit continuing  
568 care of a majority of a fellow's patients throughout their hospitalization.  
569
- 570 IV.C.8. Fellows must assume continuing responsibility for acutely and chronically ill  
571 patients in order to observe and manage both inpatients and outpatients with  
572 a wide variety of blood and neoplastic disorders, as well as the benefits and  
573 adverse effects of therapy.  
574
- 575 IV.C.9. Fellows must be educated about, and should have experience with:  
576
- 577 IV.C.9.a) performance and interpretation of partial thromboplastin time,  
578 prothrombin time, platelet aggregation, and bleeding time, as well as  
579 other standard and specialized coagulation assays; and,  
580
- 581 IV.C.9.b) tests of homeostasis.  
582
- 583 IV.C.10. The educational program must provide fellows with elective experiences  
584 relevant to their future practice or to further skill/competence development.  
585
- 586 IV.C.10.a) Fellows should have the opportunity to develop competence in  
587 performing thoracentesis, paracentesis, and skin and lesion biopsies.  
588
- 589 IV.C.10.b) Additional education, training, and experiences should be made  
590 available for those fellows who request the need to perform specified  
591 procedures (such as bone marrow aspirates; lumbar punctures for  
592 diagnosis and/or administration of intrathecal chemotherapy; and,  
593 administering therapeutics through Ommaya reservoirs) in their post-  
594 fellowship careers.  
595
- 596 IV.C.11. The program must provide educational experiences that allow fellows to  
597 interact with and learn from other health care professionals, such as  
598 physicians in other specialties, advanced practice providers, nurses, social  
599 workers, physical therapists, case managers, language interpreters, and  
600 dietitians, to achieve effective, interdisciplinary, and interprofessional team-  
601 based care.  
602
- 603 IV.C.12. Fellows should participate in the care of patients undergoing:  
604
- 605 IV.C.12.a) apheresis procedures; and,  
606
- 607 IV.C.12.b) bone marrow or peripheral stem cell harvest for transplantation.  
608
- 609 IV.C.13. Fellows must have a structured continuity ambulatory clinic experience for  
610 the duration of the program that exposes them to the breadth and depth of  
611 hematology and medical oncology.
- 612 IV.C.13.a) The experience should average one half-day each week.  
613
- 614 IV.C.13.b) Each fellow should, on average, be responsible for four to eight

- 615 patients during each half-day session.  
616
- 617 IV.C.13.c) The continuing patient care experience should not be interrupted by  
618 more than one month, excluding a fellow's vacation.  
619
- 620 **IV.D. Scholarly Activity**  
621
- 622 IV.D.1. Fellows' Scholarly Activity  
623
- 624 IV.D.1.a) While in the program all fellows must engage in at least one of the  
625 following scholarly activities: grand rounds; posters; workshops;  
626 quality improvement presentations; podium presentations; grant  
627 leadership; non-peer-reviewed print/electronic resources; articles or  
628 publications; book chapters; textbooks; webinars; service on  
629 professional committees; or serving as a journal reviewer, journal  
630 editorial board member, or editor.  
631
- 632 IV.D.2. Faculty Scholarly Activity  
633
- 634 IV.D.2.a) At least 50 percent of the core faculty members must annually engage  
635 in a variety of scholarly activities, as listed in the Foundational  
636 Requirements.  
637
- 638 **V. Evaluation**  
639
- 640 **V.A. Fellow Evaluation**  
641
- 642 V.A.1. Assessment of procedural competence should include a formal evaluation  
643 process and not be based solely on a minimum number of procedures  
644 performed.  
645
- 646 **V.B. Clinical Competency Committee**  
647
- 648 See International Foundational Requirements, Section V.B.  
649
- 650 **V.C. Faculty Evaluation**  
651
- 652 See International Foundational Requirements, Section V.C.  
653
- 654 **V.D. Program evaluation and Improvement**  
655
- 656 See International Foundational Requirements, Section V.D.  
657
- 658 **V.E. Program evaluation Committee**  
659
- 660 See International Foundational Requirements, Section V.E.  
661
- 662 **VI. The Learning and Working Environment**  
663
- 664 See International Foundational Requirements, Section VI.