



International Advanced Specialty Program Requirements Summary of Requirements for a Newly Accredited Specialty ACGME-I

Advanced Specialty Requirements for: **Hematology and Medical Oncology**
Proposed Effective Date: **15 September 2026**

Comments are currently being solicited on Program Requirements for a newly accredited subspecialty. To aid those providing comment, the following table summarizes and provides a rationale for the unique elements of these new Program Requirements.

The Review Committee-International will use the comments provided to determine final Program Requirements, which will be posted on the ACGME-I website.

Requirement	Line Number	Rationale
I.A.1. The fellowship in hematology and medical oncology must function as an integral part of an ACGME-I-accredited residency in internal medicine.	31-32	The intent of the requirement is that there is a working, synergistic relationship between the residency and fellowship leadership that enhances each program. The program directors of the residency and fellowship programs should seek interactions that will enhance understanding of the requirements, implement the competency-based education program in a coordinated manner across the programs, and ensure that consideration is given to the potential impact of changes in one program on the other.
II.A.1. Programs must appoint at least one of the core faculty members to be associate program director	44-45	The amount of support required for associate program director(s) is not more than the 15 hours per week required for a core faculty member [Foundational Requirement II.B.4.e)]; however, the associate program director should focus more of their effort on activities related to the responsibilities of the program director.
II.B.1. Among the program director and subspecialty core faculty members, 50 percent must be hematologists, and 50 percent must be medical oncologists.	49-50	While faculty members do not need board certification in hematology or medical oncology, the majority of their practice should be in their specific area, they should engage in scholarly activity in that area, and they should be qualified to teach and evaluate fellows in competencies in

		that area.
II.B.2. Qualified faculty members in the following subspecialties should be available to contribute to the education of the fellows: a) cardiovascular disease; b) endocrinology, diabetes and metabolism; c) gastroenterology; d) hospice and palliative medicine; e) infectious diseases; f) nephrology; and g) pulmonary disease	51-66	The requirement was added to ensure that specific subspecialists who are important for fellow education and patient care are available to the program.
II.D.1.b) and c) The program in partnership with its Sponsoring Institution, must ensure the program has the following resources for education; b) appropriate in-person or remote/virtual consultations, including those done using telecommunication technology; c) access to training using simulation	99-102	<p>Opportunities for fellows to have educational experiences in telemedicine have become increasingly important. Sponsoring Institutions and programs can determine how best to provide these experiences so that competence can be achieved in delivery of care for patients where physicians have limited physical contact.</p> <p>Simulation can be used to provide opportunities for learning and development of clinical competence and for evaluation of fellows. There is no requirement for use of a sophisticated simulation center. Standardized patients, OSCEs, and simulated codes and/or clinical scenarios can be used.</p>
II.D.3. Imaging services must be present at the primary clinical site or a participating site offering a required rotation, including a) cross-sectional imaging, including computer tomography (CT) and magnetic resonance imaging (MRI); and b) nuclear medicine imaging.	106-112	Requiring these imaging services at a site that provides a required rotation ensures that all fellows have experience using these diagnostic modalities.
II.D.4. Advanced pathology services must be available, including a) blood banking; b) immunopathology; c) specialized coagulation laboratory; and, d) transfusion and apheresis. II.D.5. Radiation oncology facilities must be available. II.D.6. Positron emission tomography (PET) scan imaging must be available.	114-126	These services do not need to be included at a site that provides a required rotation; however, the program should ensure that all fellows have experience with these diagnostic modalities as used in their country or jurisdiction.
IV.C.1. Assignment of rotations must be structured to minimize the frequency of rotational transitions, and	521-527	Education and patient safety are impacted by the length of clinical rotations. Programs must consider the length of a

<p>conflicting inpatient and outpatient responsibilities. IV.C.2. Rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback</p>		<p>rotation when planning educational experiences.</p>
<p>IV.C.10 The education program must provide fellows with elective experiences relevant to their future practice or to further skill/competence development.</p>	<p>583-584</p>	<p>Providing educational experiences that are individualized to each fellow's learning needs and individual interests is an important component of the fellowship. Each fellow should jointly plan these experiences with the program director and supervising faculty member.</p>
<p>IV.C.13. Fellows must have a structured continuity ambulatory clinic experience for the duration of the program that exposes them to the breadth and depth of hematology and medical oncology. a) This experience should average one half-day each week throughout the program. b) Each fellow should, on average, be responsible for four to eight patients during each half-day session. c) The continuing patient care experience should not be interrupted by more than one month, excluding a fellow's vacation.</p>	<p>609-618</p>	<p>The goal for the continuity ambulatory clinic experience is to provide fellows with opportunities to manage care for a variety of problems in hematology and medical oncology over the course of a disease, including observing and managing the benefits and adverse effects of therapy. This is best met through assigning fellows to the same clinic for the duration of the program or to different clinics in six-month intervals.</p>