ACGME-I
INTERNATIONAL ADVANCED SPECIALTY
PROGRAM REQUIREMENTS
SUMMARY OF REVISIONS AND RATIONALE

Advanced Specialty Requirements for: **Hematology**
Proposed Effective Date of revised requirements: **1 July 2025**

Comments are currently being solicited on revisions to the International Advanced Specialty Program Requirements for the subspecialty listed above. To aid those providing comment, the following table summarizes and provides a rationale for the major revisions in the requirements.

The comments provided will be considered by the Review Committee-International as it determines the final revision of these Requirements, which will be posted on the ACGME-I website following approval.

REQUIREMENTS DELETED

Requirement Number	Line Number	Rationale
II.C.3.b) Expertise in the following disciplines should e available to the program to provide multidisciplinary patient care and fellow education b) hospice and palliative care	68	A requirement for faculty members in hospice and palliative medicine was added [II.B.2.d)], making this requirement unnecessarily redundant.
IV.A.1.b).(1) Fellows must demonstrate competence in l) intrathecal administration of chemotherapeutic agents; k) management and care of indwelling access catheters; q) performance and interpretation of lumbar puncture and interpretation of cerebrospinal fluid; s) preparation staining and interpretation of blood smears, bone marrow aspirates, and touch preparations, as well as interpretation of bone marrow biopsies; y) use of chemotherapeutic agents and biological products through all therapeutic routes	136-148	Deletions were made to eliminate redundancies (l and y) and to eliminate procedures not routinely performed by hematologists (q, k, and s). Knowledge of chemotherapeutic drugs and their effects was added to the Medical Knowledge competencies. Programs should include instruction in these procedures only as required by hematology practice in their country or jurisdiction.
IV.C.14.a).(1) Each fellow should, on average, be responsible for four to eight patients during each half day	502-506	The specific number of patients seen by fellows during ambulatory care experiences was removed to allow programs flexibility. Programs should continue to monitor fellows' ambulatory clinic load

session 1) Each fellow should, on average, be responsible for no more than eight to 12 patients during each half-day ambulatory session		to maximize learning opportunities over service needs.

REQUIREMENTS ADDED

Requirement Number	Line Number	Rationale
II.B.1. Programs must appoint at least one of the core faculty members to be associate program director(s), and the associate program director(s) just be provided with support for education and administration of the program.	41-43	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, associate program directors should focus more of their efforts on activities related to supporting the responsibilities of the program director.
II.B.2. Qualified faculty members in the following subspecialties should be available for the education of fellows: cardiovascular disease; endocrinology; gastroenterology; hospice and palliative medicine; infectious disease; medical oncology and pulmonary disease.	44-52	This requirement was added to ensure that specific subspecialists who are important for fellow education and patient care are available to the program.
IV.A.1.b).(1) Fellows must demonstrate competence in managing care of patients a) in a variety of health care settings, including inpatient and ambulatory settings. b) using critical thinking and evidence-based tools; c) using population-based data; and d) with whom they have limited or no physical contact, through the use of telemedicine.	136-148	The additions to competencies in patient care and procedural skills include the new and emerging area of telemedicine, the importance of training fellows to deliver care in the ambulatory setting, and the increasing importance of data-driven clinical decision-making.
IV.A.1.b).(2) Fellows must demonstrate competence in: a) assessment of hematologic disorder severity and/or stage as measured by physical signs and laboratory evaluation; d) evaluating and managing diagnosis, pathology, staging, and management of ~~neoplastic~~ malignant disorders of the:(i) lymphoid organs, including	149-152 163-164 167-168	Additions to patient care competencies reflect emerging hematology practice. Competencies were also revised to provide clarity and specific examples of hematological conditions where fellows must demonstrate competence.

lymphomas, myeloma, and plasma cell dyscrasias; and,(ii) hematopoietic system, including myeloproliferative neoplasms, myelodysplasias, acute and chronic leukemias, Castleman disease, and dendritic cell disorders. (e) managing hematologic complications of infectious diseases; (i) providing hematologic care of pregnant patients and women of reproductive age; (p) using immunotherapeutic drugs, their mechanisms of action, pharmacokinetics, clinical indications, and limitations, and their effects, toxicity, and interactions, including the use of cellular immunotherapies (e.g., CAR-T therapies). **IV.A.1.b).(4).(c).(iv).** Fellows must be able to use diagnostic and/or imaging studies relevant to the care of the patient, including (iv) determining indications for and application of immunophenotypic and molecular studies for patients with neoplastic and blood disorders.	170-174 175-176 193-194 229-233 260-262	
IV.A.1.c).(1) Fellows must demonstrate knowledge of c) acquired and congenital disorders of red cells, white cells, platelets, and stem cells; (g) functional characteristics, indications, risks, and process of using indwelling venous access devices; (h) (ii) molecular genetics; (h) (iii) the nature of oncogenes and their products; (j) hematopoietic and lymphopoietic malignancies of plasma cells; (l) indications, complications, and risks and limitations associated with lesion biopsy detection of circulating DNA for disease specific markers; (n) the indications, risks, and process of	286-287 297-299 305-307 312-313 319-321 325-326	Additions to Medical Knowledge competencies reflect emerging hematology practice.

performing therapeutic phlebotomy; (p) the management of post-transplant complications. (q) (iii) etiology, epidemiology, natural history, diagnosis, pathology, staging, and management of neoplastic diseases of the blood, blood-forming organs, and lymphatic tissues; (r) (i) basic and clinical pharmacology, pharmacokinetics and toxicity; (r) (ii) cell and molecular biology; (s) preparation of blood smears, bone marrow aspirates, and touch preparations;	329 342-346 349-350 351 359-360	
IV.B.1. The educational program must include didactic instruction based upon the core knowledge content in hematology. a) Fellows must have a sufficient number of didactic sessions to ensure fellow-fellow and fellow-and-faculty interaction. **IV.B.2**.The program must ensure that fellows have an opportunity to review all knowledge content from conferences that they could not attend.	410-413 414-415	The addition of these requirements ensures that all fellows have access to didactic sessions and that faculty members are actively involved in didactics.
IV.C.1. Assignment of rotations must be structured to minimize the frequency of rotational transitions, and 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	432-436	Education and patient safety are impacted by the length of clinical rotations. Programs must consider the length of a rotation when planning educational experiences.
IV.C.2. Rotations must be structured to allow fellows to function as a part of an effective interprofessional team that works together toward the shared goals of patient safety	437-439	Clinical rotations must be planned to enhance opportunities for fellows to actively engage with an interprofessional team. These experiences should allow for interaction between team members to both teach fellows and provide patient care.

and quality improvement.		
IV.C.12. The education program must provide fellows with elective experiences relevant to their future practice or to further still/competence development (such as, training to achieve competence in interpretation of bone marrow biopsies or aspirates, lumbar punctures for diagnosis or administration of intrathecal chemotherapy, administering therapeutics through Ommaya reservoirs).	483-488	Providing educational experiences that are individualized to each fellow's learning needs and individual interests is an important component of the fellowship.
IV.D.1.a) While in the program all fellows must complete at least one of the following scholarly activities: participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees or serving as a journal reviewer, journal editorial board member or editor.	513-519	All fellows must engage in scholarly work during the fellowship. Scholarly work is broadly interpreted to include a variety of professional activities.

REQUIREMENTS WITH MAJOR REVISIONS

Requirement Number	Line Number	Rationale
IV.B.5. Fellows must receive instruction in the performance and interpretation of partial thromboplastin time, prothrombin time, platelet aggregation, and bleeding time, as well as other standard and specialized coagulation assays and tests of hemostasis.	423-429	This requirement was moved to IV.C.10.