



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

Advanced Specialty Requirements for: **Medical Oncology**
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
IV.C.4.b) The program must provide at least one month of clinical experience in autologous bone marrow transplantation.	459-460	The procedure is not part of medical oncology practice in all jurisdictions. Additional education, training, and experiences can be provided as elective experiences as noted in IV.C.7.b).
IV.C.9.a).(1) Each fellow should, on average, be responsible for four to eight patients during each half day session 1) Each fellow should, on average, be responsible for no more than eight to 12 patients during each half-day ambulatory session	490-494	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 to maximize learning opportunities over service needs.

REQUIREMENTS ADDED

Requirement Number	Line Number	Rationale
II.B.1. Qualified faculty members in the following subspecialties should be available for the education of the fellows: a) cardiovascular disease; b) endocrinology; c) gastroenterology d) hospice and palliative medicine; e)	39-46	The addition of specific faculty members helps ensure multidisciplinary education and patient care.

infectious diseases; and, f) pulmonary diseases		
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.	130-142	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).(4) 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, including: (a) bone marrow failure syndromes; (b) histiocytic disorders; (c) myelodysplastic syndromes; and (d) myeloproliferative neoplasms.	190-198	Additions to patient care competencies reflect emerging Medical Oncology practice. Competencies were also revised to provide clarity and specific examples of hematological conditions where fellows must demonstrate competence.
IV.A.1.b).(5) Fellows must demonstrate competence in the diagnosis and management of classical hematologic complications of malignant disorders, including: (a) autoimmune disorders, including hemolytic anemia and other hematologic manifestations of autoimmune disorders; (b) congenital and acquired thrombotic disorders; (c) hemoglobin disorders, including sickle cell disease and thalassemia syndromes; (d) hemophilias, von Willebrand disease, and other inherited and acquired hemorrhagic disorders,	199-220	

including platelet function defects; (e) inherited and acquired disorders of the red blood cell membrane and of red blood cell metabolism; (f) inherited and acquired disorders of white blood cells; (g) nutritional anemias; (h) platelet disorders, including idiopathic thrombocytopenic purpura and congenital thrombocytopenias; (i) the porphyrias; and, (j) thrombotic microangiopathies.		
IV.A.1 b.(6).(b) Fellows must treat their patient's conditions with practices that are patient-centered, safe, scientifically based, effective, timely and cost-effective including (ii) hematologic care of pregnant patients and women of reproductive age; (iii) hematologic care of transgendered patients; (iv) hematologic complications of infectious diseases; (xiv) use of immunotherapeutic drugs, their mechanisms of action, pharmacokinetics, clinical indications, and limitations, and their effects, toxicity, and interactions, including the use of cellular immunotherapies (such as , CAR-T therapies); (xvi) use of systematic therapies through all therapeutic routes	227-229 236-237 238 239-240 272-277 282-283	Additions to patient care competencies reflect emerging Medical Oncology practice.
IV.B.1. The educational program must include didactic instruction based upon the core knowledge content in medical oncology. 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	433-436 437-438	The addition of these requirements ensures that all fellows have access to didactic sessions and that faculty members are actively involved in didactics.

knowledge content from conferences that they could not attend. b).		
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	444-448	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 and quality improvement.	449-451	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.
IV.C.7. The education program must provide fellows with elective experiences relevant to their future practice or to further skill/competence development.	467-468	Providing educational experiences that are individualized to each fellow's learning needs and individual interests is an important component of the fellowship. Procedural competencies listed as part of this requirement are suggestions only as electives, and should be developed as part of collaboratively between the program director and the individual fellow.
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.	502-508	All fellows must engage in scholarly work during the fellowship. Scholarly work is broadly interpreted to include a variety of professional activities.