

SES043 Specialty Update: Pathology

Matthew Kuhar, MD, Chair

Cindy Riyad, PhD, Executive Director

Conflict of Interest Disclosure

Speaker: Matthew Kuhar, MD – Chair, Review Committee for Pathology
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Speaker: Cindy Riyad, PhD – Executive Director, Review Committee for Pathology
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Disclosure

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Session Agenda



REVIEW COMMITTEE
INFORMATION



ANNUAL PROGRAM
REVIEW



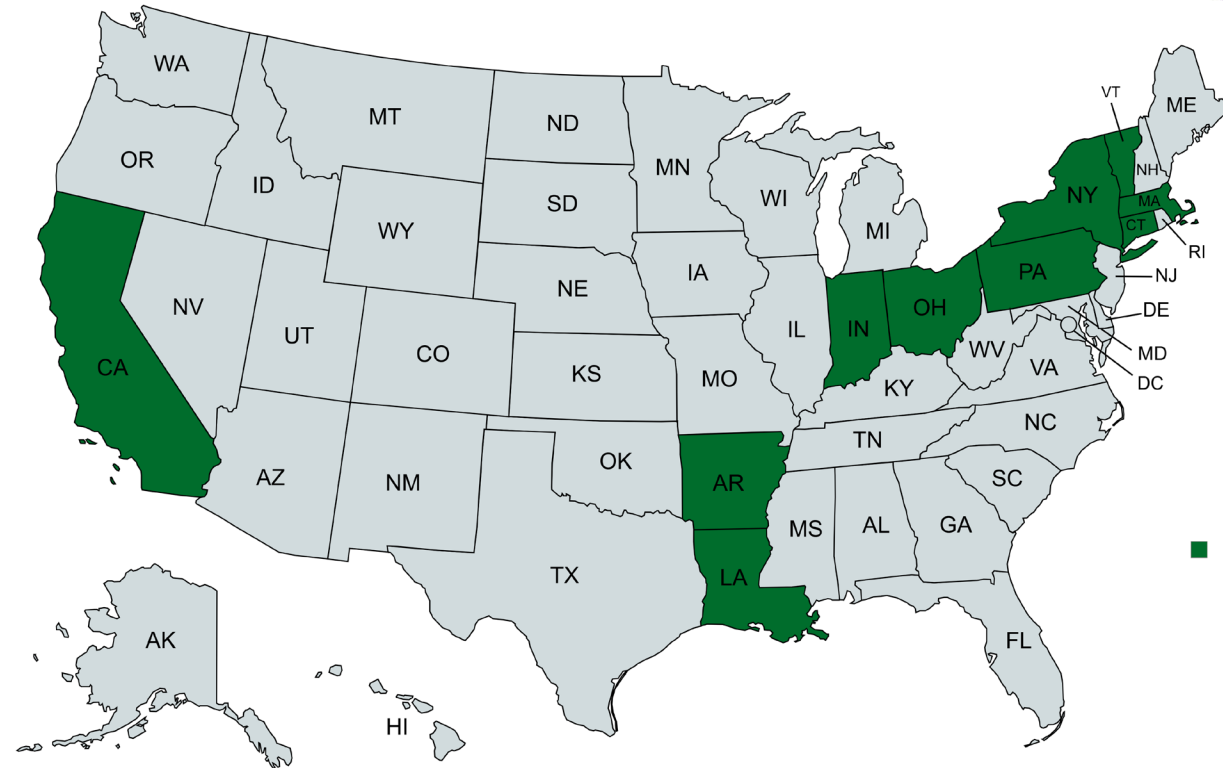
ACGME/REVIEW
COMMITTEE UPDATES

Review Committee Information

Review Committee Composition

- ✓ Nominating organizations:
 - American Board of Pathology (ABPath)
 - American Medical Association (AMA)
 - Association for Academic Pathology (AAPath)
- ✓ 11 voting members
 - One public member
 - One resident member
- ✓ Six-year terms (except resident member, who serves two years)
- ✓ Ex-officio member from ABPath (non-voting)

- ✓ Program Directors, Chairs, Vice Chairs, Faculty, Resident and Public representation



Review Committee Membership

#ACGME2026



Matthew Kuhar, MD
Indiana University SOM
(Chair)



Maria Martinez-Lage, MD
Mass General Brigham
(Vice Chair)



Nicholas Frazzette, MD
NYU Langone Health
(Resident Member)



Wendy Love, MBA
Retired Educator
(Public Member)



Ritu Bhalla, MD
Louisiana State University
HSC



Deborah Chute, MD
Cleveland Clinic



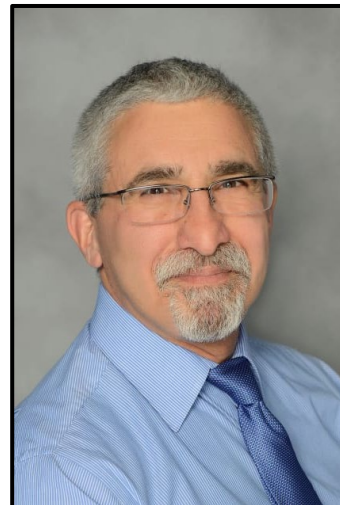
Eric Glassy, MD
Affiliated Pathologists Medical
Group



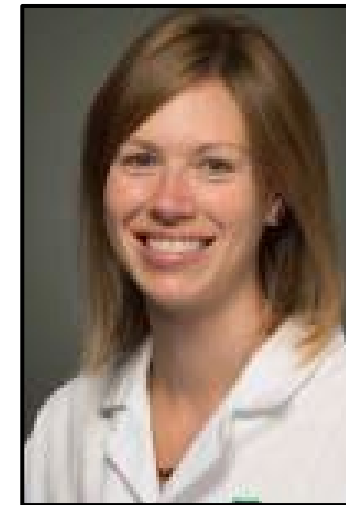
Jennifer Laudadio, MD
Univ. of Arkansas for
Medical Sciences



Bruce Levy, MD
Geisinger Health System



Henry Rinder, MD
Yale University School of
Medicine



Christi Wojewoda, MD
University of Vermont
Medical Center

Ex-Officio



Gary Procop, MD, MS

American Board of
Pathology (ABPath)

Incoming Members

Term beginning July 1, 2026



Justin Kreuter, MD
Mayo Clinic



Dylan Miller, MD
University of Utah

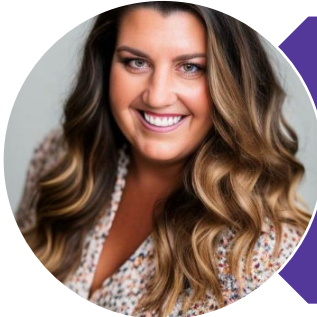
Review Committee Staff



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Review Committee Meeting Dates

Meeting Dates:	Agenda Closes:
March 31, 2026	February 2, 2026
September 17-18, 2026	July 17, 2026
January 27-29, 2027	October 23, 2026
April 15-16, 2027	February 8, 2027

Who to Call? ACGME or the ABPath?

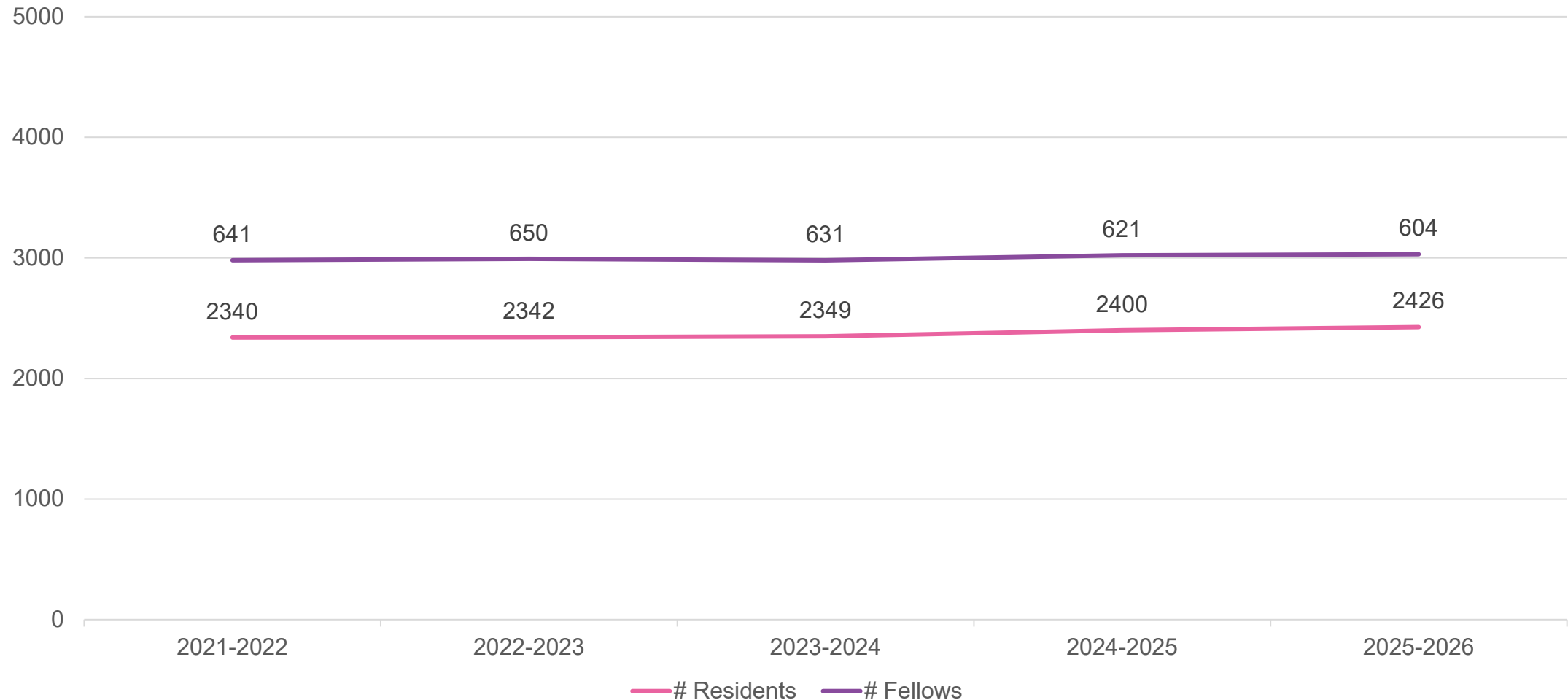


Accreditation standards for **programs**
and evaluation of programs based on
these standards

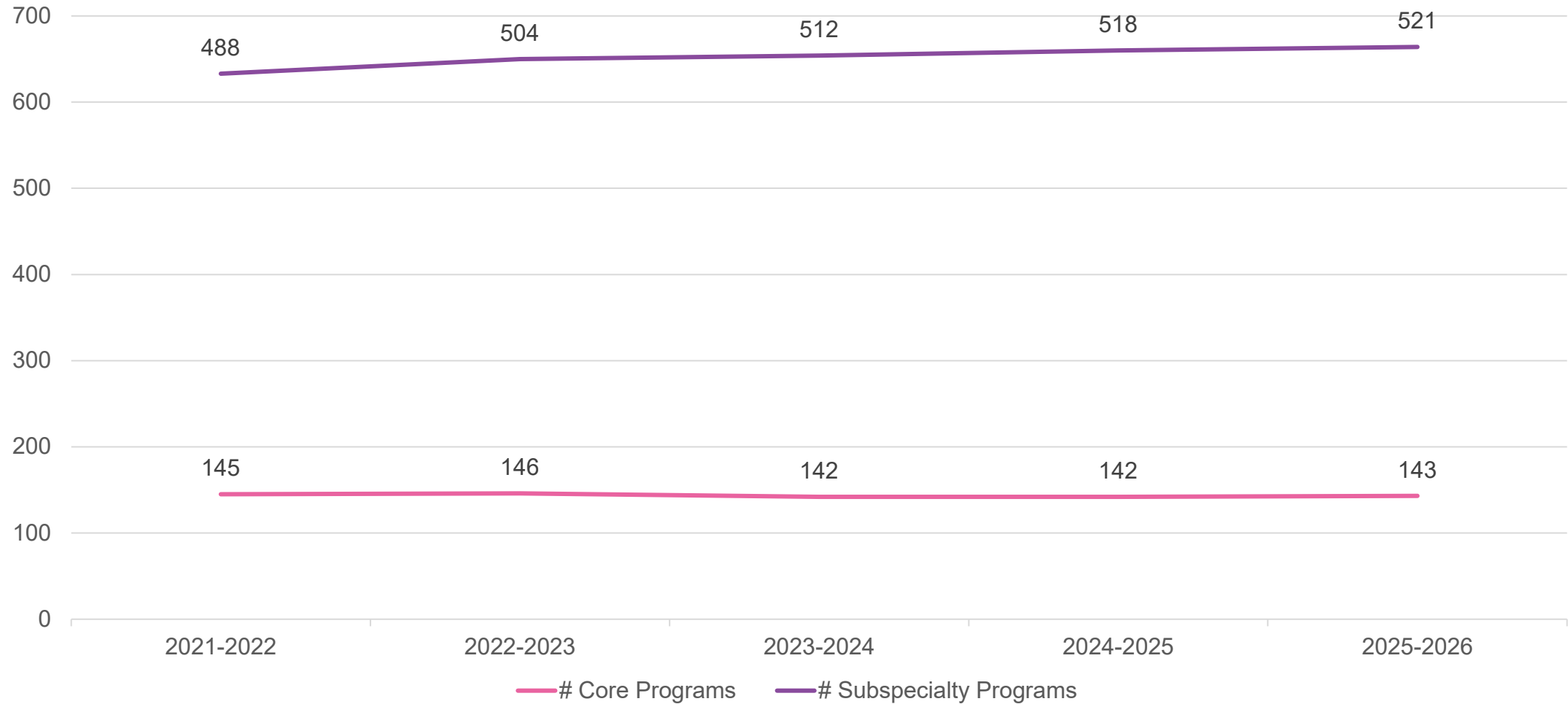
Certification standards for **individuals**
and evaluation of individuals based on
these standards

Annual Program Review

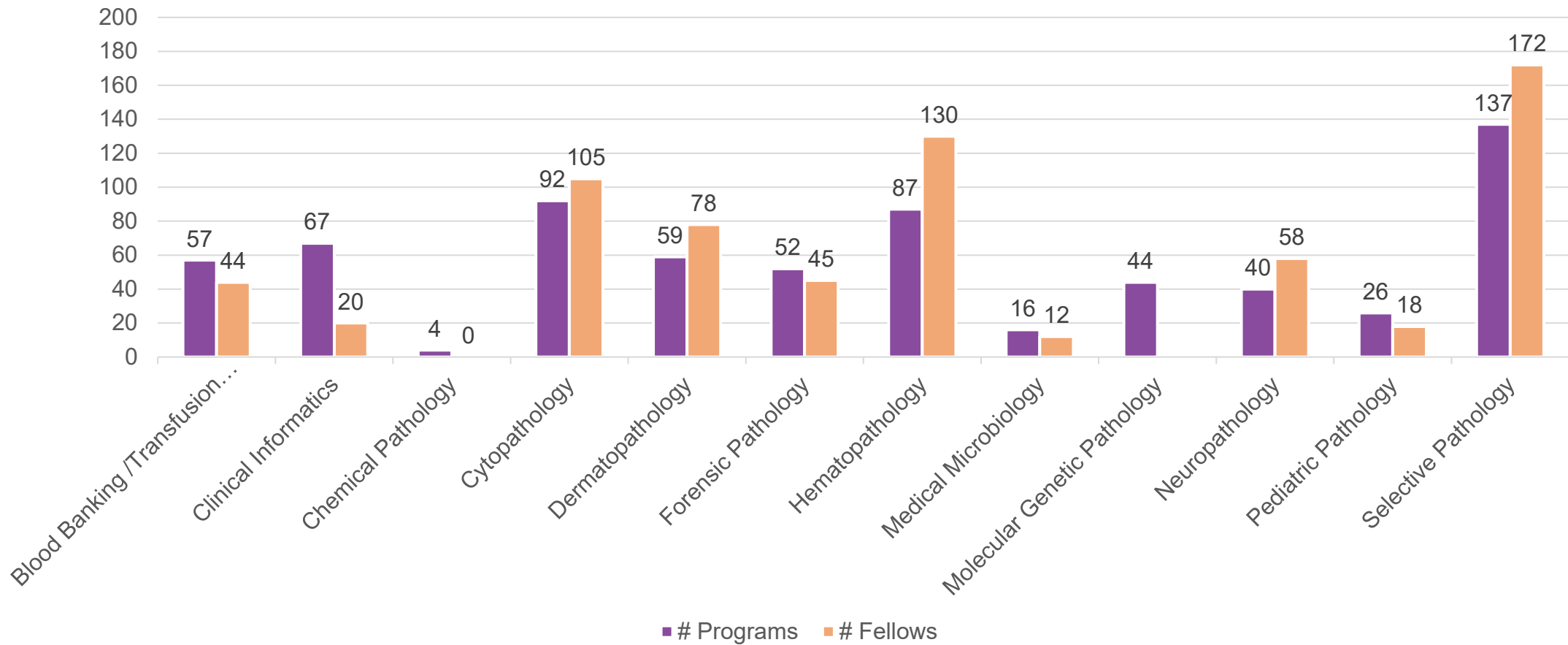
Residents vs. Fellows Program Statistics 2025-2026



Core vs. Subspecialty Programs 2025-2026



Pathology Subspecialties 2025-2026



Elements of Annual Data Review

Prior Citations

Resident/Fellow
Survey

Faculty Survey

Board Passage
Rate Data

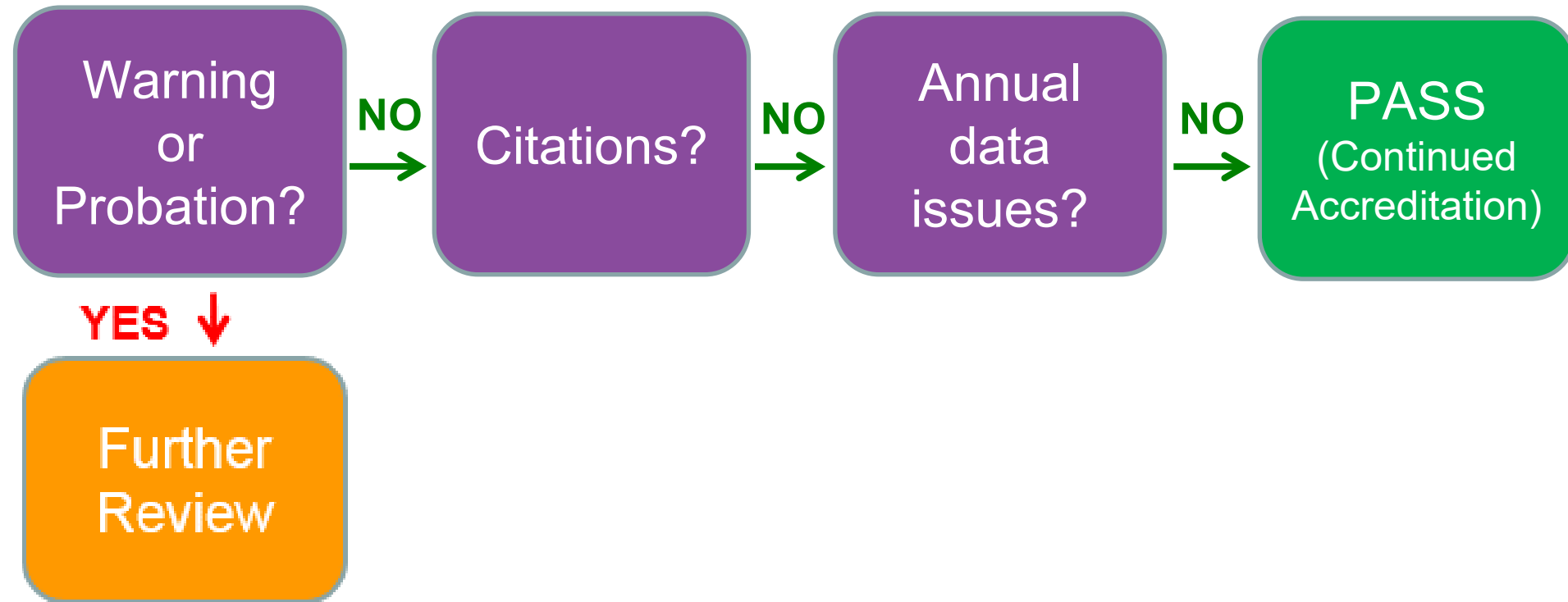
Scholarly
Activity

Attrition /
program
changes

Omission of
data

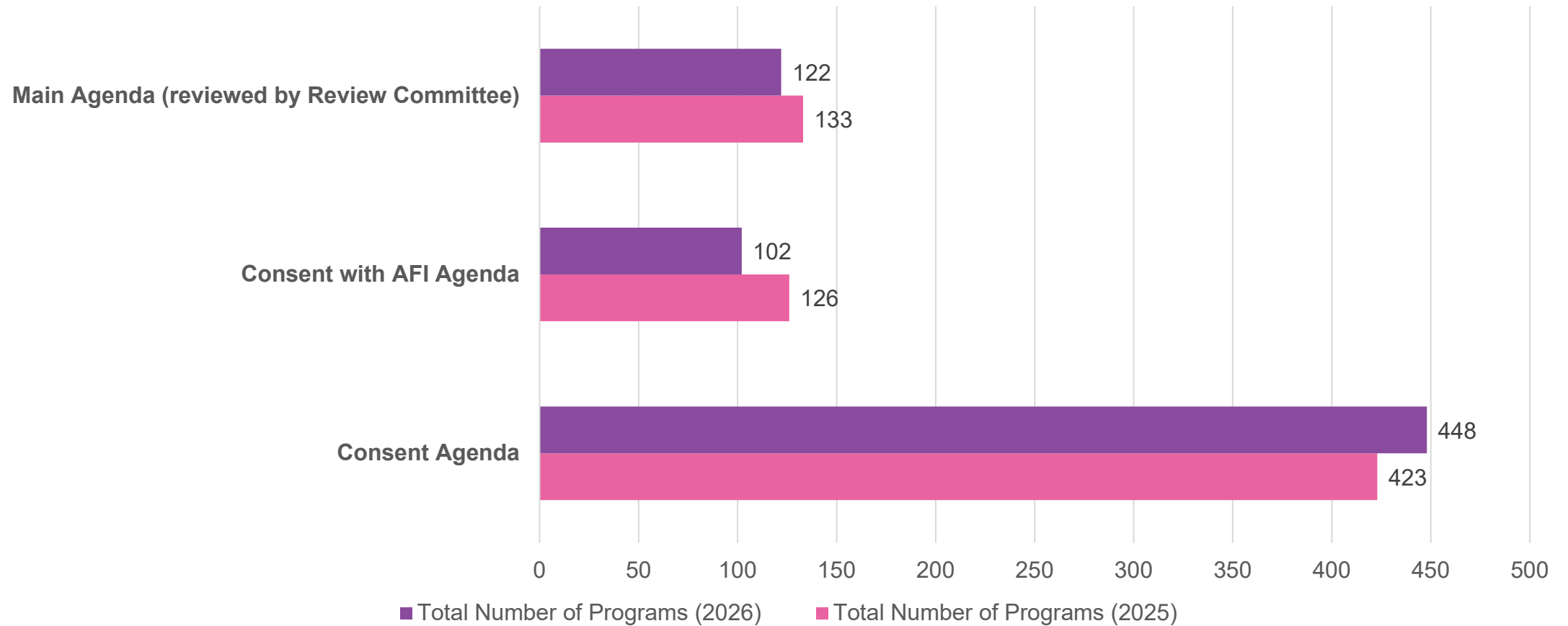
Information in
Major Changes
section of ADS

Annual Review Data Triage



This triaging applies to programs not on Initial Accreditation

Annual Data Review: 2025 vs. 2026



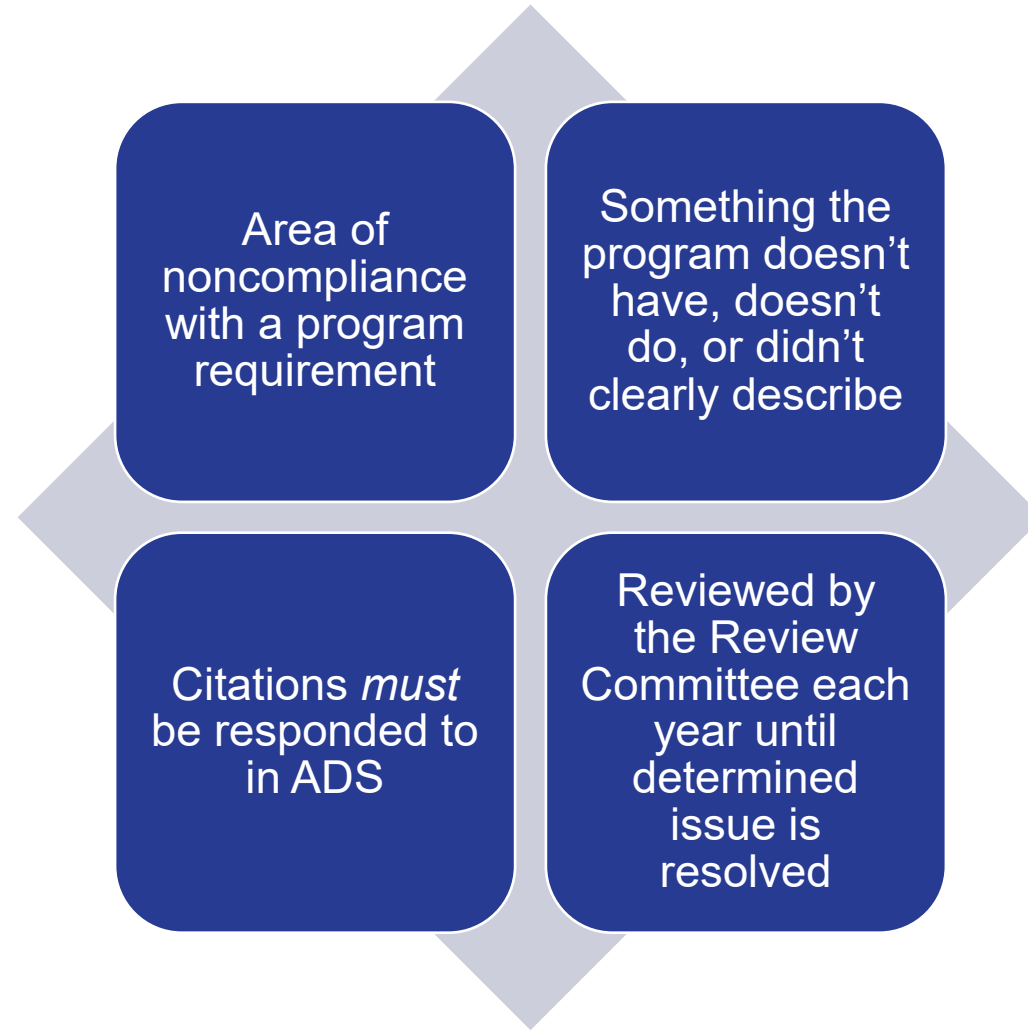
January 2026 Accreditation Decisions

Residency and Fellowship Programs	
Initial Accreditation	8
Continued Accreditation	684
Continued Accreditation without Outcomes	2
Continued Accreditation with Warning	3
Complement Increase Requests Approved	9
Complement Increase Requests Denied	1

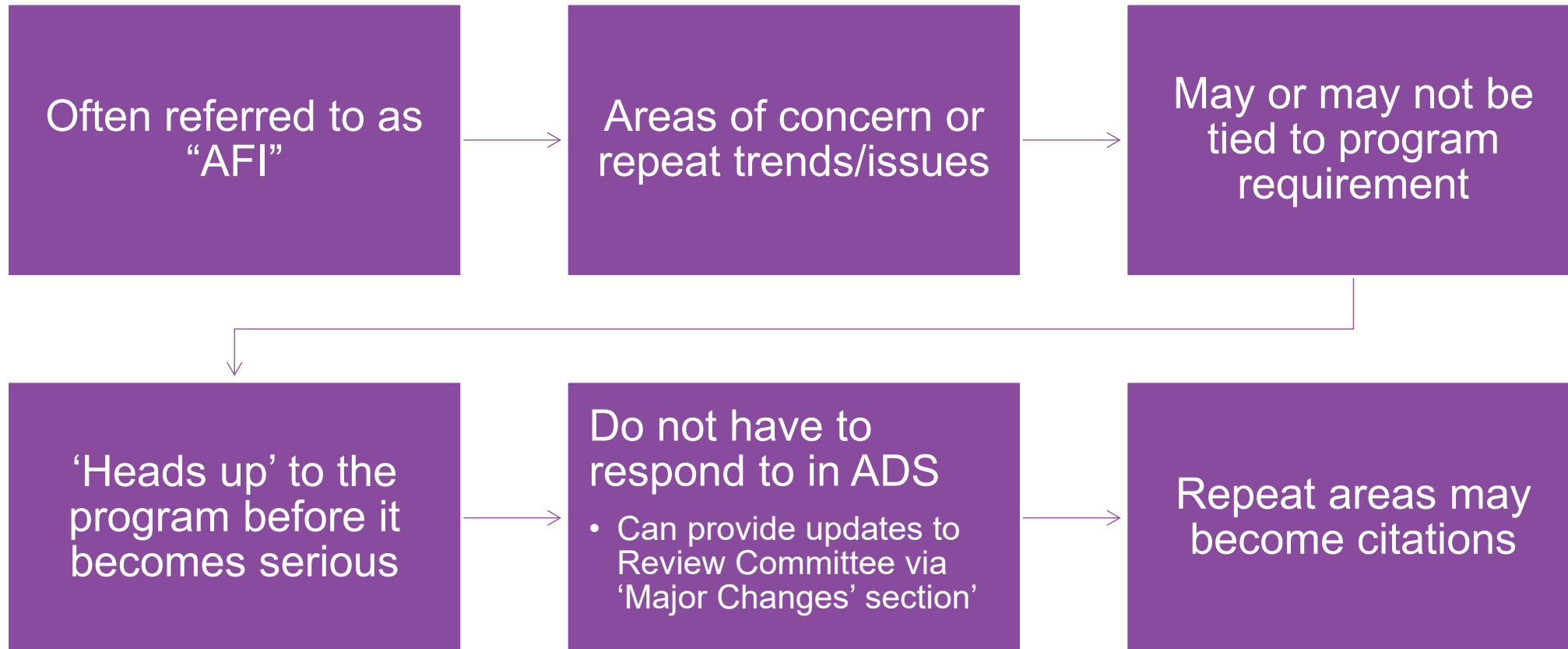
Program Status & Citations

- Focus on ***substantial*** (not absolute) compliance with program requirements
 - Substantial compliance may be achieved even with identified areas of non-compliance
- A few minor issues will *not* cause the Review Committee to withdraw accreditation
- Accreditation statuses move in a stepwise fashion
 - Continued Accreditation → Continued Accreditation w/ Warning → Probation

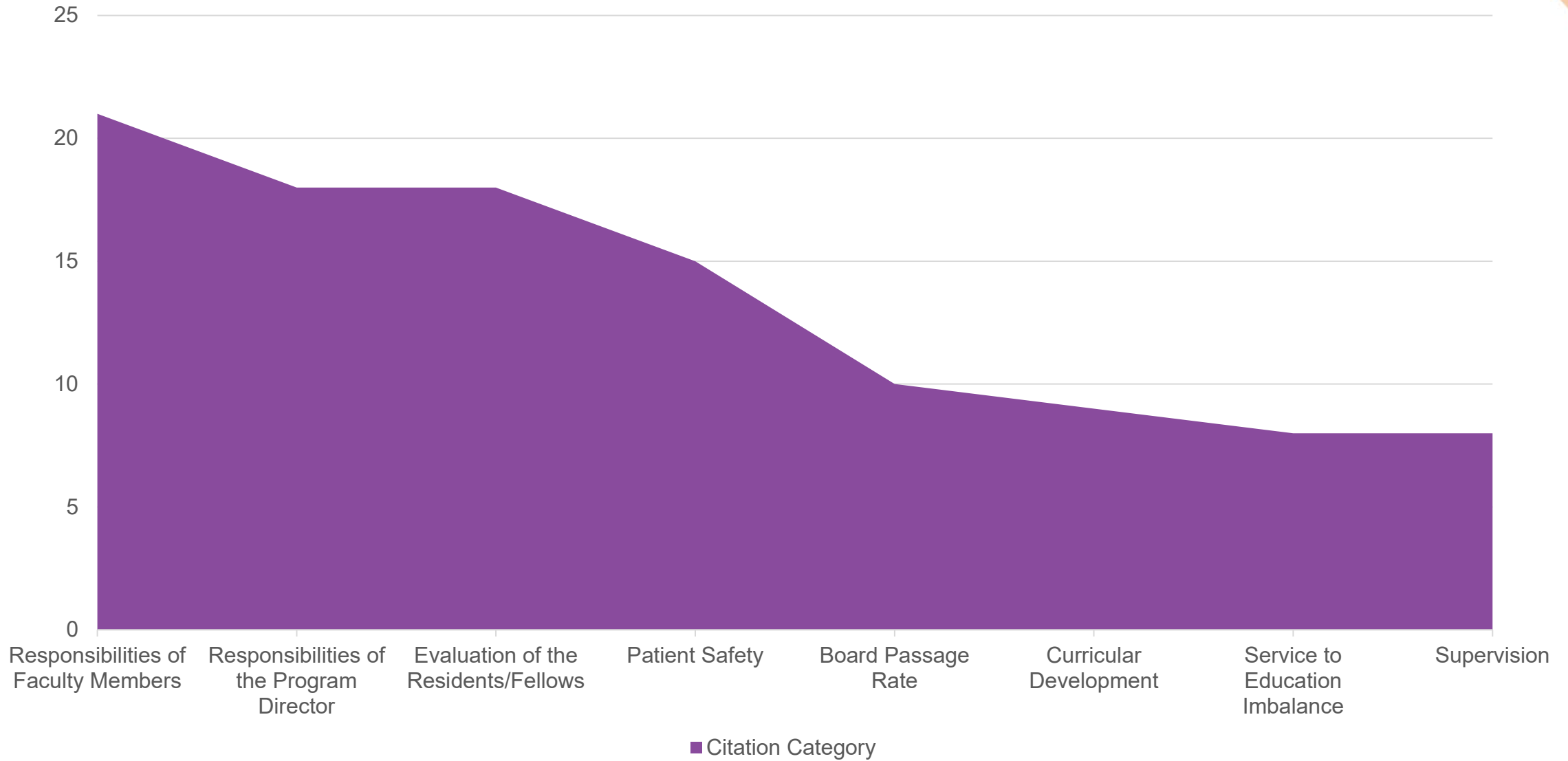
What is a Citation?



What is an Area for Improvement?



Most Common Citations



Most Common Areas for Improvement



Evaluations



Faculty Supervision and Teaching



Patient Safety



Educational Content



Resources



Clinical Experience (Case Logs)



Failure to Provide Accurate Information



Curriculum Organization

Key Takeaways



Ensure graduating residents understand areas of focus on the Resident/Fellow Survey

Ensure residents/fellows understand how to interpret questions on survey related to patient safety, clinical and educational work hours



Ensure block diagrams are clear and easy to read

*Abbreviations defined?
Easy to calculate months/weeks?*



Ensure accurate and complete information

*Participating sites updated/match block diagram?
Information is consistent throughout?*

Resident/Fellow and Faculty Surveys

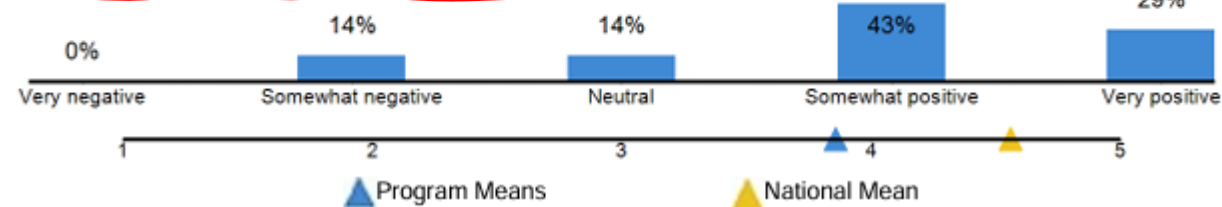
- Programs receive results if:
 - There are at least four respondents
 - The response rate is at least 70%
- Programs who do not receive annual results will receive multi-year results once enough data is collected
- Important to preserve anonymity

How to Use Survey Results

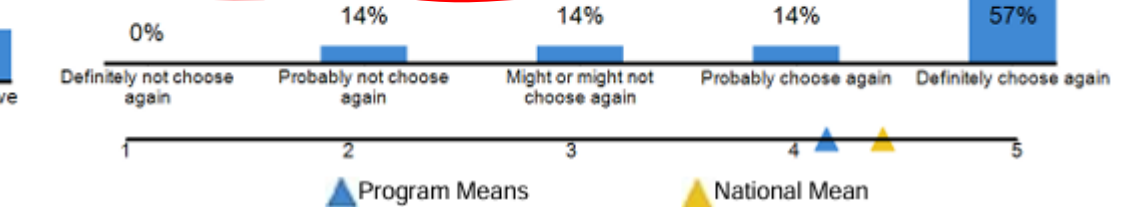
- Review results with Program Evaluation Committee (PEC)
 - Program should still do 'internal' survey
- Review areas of concern with residents
 - Try to identify source of problem
 - Solicit specific improvement suggestions
- Use the 'Major Changes' section of ADS to proactively communicate how you are addressing poor survey results
- Poor Resident/Fellow Survey results alone will *not* cause the Review Committee to withdraw accreditation

Residents Surveyed 7
 Residents Responded 7
 Response Rate 100%

Residents' overall evaluation of the program



Residents' overall opinion of the program



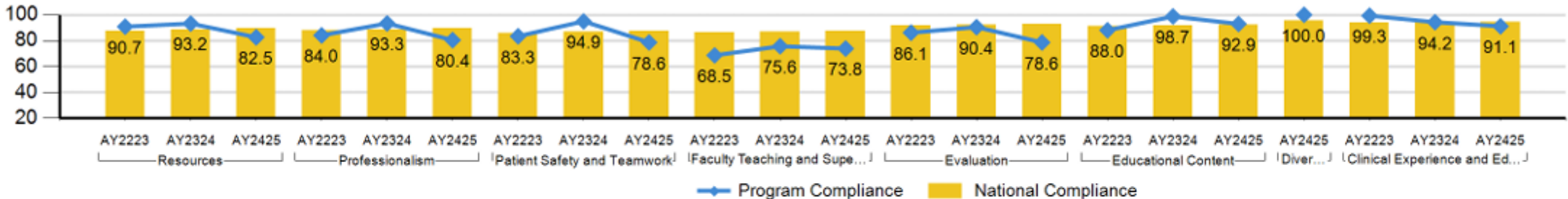
Resources

Education compromised by non-physician obligations

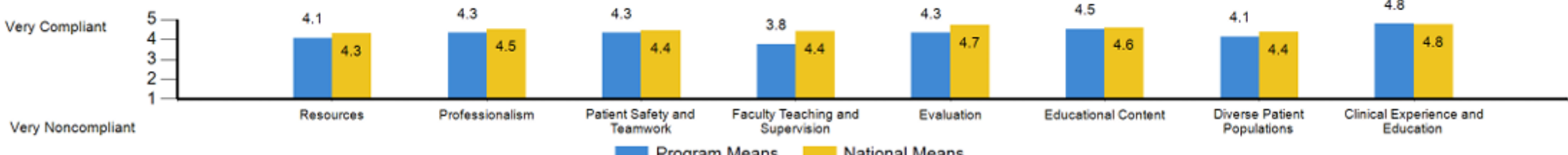
- Impact of other learners on education
- Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care
- Faculty members discuss cost awareness in patient care decisions
- Time to interact with patients
- Protected time to participate in structured learning activities
- Able to attend personal appointments
- Able to access confidential mental health counseling or treatment
- Satisfied with safety and health conditions

	% Program Compliant	Program Mean	% Specialty Compliant	Specialty Mean	% National Compliant	National Mean
Impact of other learners on education	71%	4.1	90%	4.6	91%	4.5
Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care	71%	3.1	94%	3.7	89%	3.7
Faculty members discuss cost awareness in patient care decisions	71%	4.0	84%	4.4	82%	4.2
Time to interact with patients	57%	2.6	74%	3.1	91%	3.6
Protected time to participate in structured learning activities	100%	4.4	100%	4.6	89%	4.3
Able to attend personal appointments	86%	4.4	97%	4.6	88%	4.4
Able to access confidential mental health counseling or treatment	100%	5.0	100%	5.0	93%	4.7
Satisfied with safety and health conditions	86%	4.4	97%	4.9	96%	4.8
	100%	4.4	97%	4.7	86%	4.4

Total Percentage of Compliance by Category



Program Means at-a-glance



Block Diagram

- Must have:
 - Legend
 - Rotation name (specific)
 - Electives listed/identified (if applicable)
- Should *not* be actual resident/fellow schedule, just representation of typical experience
- Read and follow all instructions and recommended format!
 - See FAQ on Pathology section of ACGME website

Clinical Experience-Autopsies

- All autopsies must be logged no later than end of July for graduating residents (prior to archival in ADS)
- Ensure resident's specialty track in ADS is correct before archiving
- Required number of autopsies is at least 30
 - Programs can require more autopsies than what is in program requirements; cannot require less
- ***NEW*** Forensic Pathology is using Case Logs – programs were not cited in initial year of implementation (2024-2025)

Faculty Certification Status

Information in ADS
is auto-populated
from ABMS & AOA

If certification
information is
incorrect, faculty
can manually add
corrections

Board Pass Rate



Not a flat percentage; bottom 5th percentile of all takers for that exam

Three-year lookback



5th percentile is a moving target, as it is recalculated with each set of exam results



Review Committee is being consistent with citations



If your program falls below the bottom 5th percentile, you will be cited

Even if one-year performance is good

Core Faculty Members



AP/CP must have at least five core faculty members (including program director)



Subspecialties must have at least two core faculty members (including program director)

One must be certified by ABPath in the subspecialty



Must have a significant role in the education and supervision of residents/fellows

Faculty hours listed in ADS should reflect this



Must be designated by the program director in ADS

Faculty Supervision

Resident/fellow experiences must be designed to allow appropriate faculty member supervision such that residents progress to the performance of assigned clinical responsibilities under Oversight, as defined in 6.8 – 6.11., in order to demonstrate their ability to enter the autonomous practice of [specialty/subspecialty] prior to completion of the program ^(Core) (see 4.11.a.)

- Oversight: Feedback is provided AFTER care is delivered.
 - This does *not* mean residents/fellows have to do independent sign-out when in program
 - Must have the capability and confidence to do so prior to completion of the program so they are prepared for autonomous practice.
 - Examples of Oversight supervision: ordered IHC prior to showing to faculty member; grossing without discussing first

Annual Program Reviews – Biggest Take Aways

- Review your Annual Resident and Faculty Surveys data carefully, paying extra attention to topics of greatest concern to the Review Committee
 - Ability to raise concerns without fear or intimidation, mistreatment, work hours, safety, faculty interest in education, professionalism, education compromised by non-physician obligations
- Compare your data to the compliance percentages of the specialty
- Discuss areas of concern on the surveys with your trainees and faculty
 - Ideally in a way that doesn't feel confrontational or judgmental to them
- In the "Major Changes" section of ADS, discuss your concerning data, what you think they mean, what you are planning to do, and what you have already done
 - This allows the Review Committee to assess the PDs awareness of your program and assess progress you've made in identifying and addressing problems



ACGME / Review Committee Updates

Programs on Continued Accreditation (CA) random sampling site visits

- The ACGME conducts site visits annually for programs with a Continued Accreditation status through a random sampling process.
- For the current academic year, 250 site visits were selected and will be scheduled between April and October 2026.

Academic Year	Number of Randomly Selected Site Visits	Number of Completed Site Visits	<u>Post Site Visit Accreditation Decisions</u>
2023-2024	150	148*	<ul style="list-style-type: none"> • 140 Continued Accreditation • 7 Continued Accreditation with Warning • 1 Probationary Accreditation
2024-2025	200	198*	Decisions in progress
2025-2026	250	In progress	Decisions in progress

*Several programs voluntarily withdrew their accreditation after selection or were pulled for other types of site visits.

Accreditation of Combined Programs

- Existing combined programs listed in ADS were offered an opt-in
 - 130 of 133 were assigned Initial Accreditation
 - Review Committee review in 2027 (after site visit), for programs to achieve Continued Accreditation
- New program applications are open (2 already processed)
- No format-specific program requirements
 - Programs expected to adhere to specialty-specific requirements, w/ conflicts addressed in (general, not format-specific) combined program requirements
 - Block diagram should communicate adherence to posted certifying board curricula
- Residents in combined programs only in that program's ADS roster
- Feedback on this new process is welcome
- See [combined programs webpage](#) or contact accreditation@acgme.org

Update: Projected Common Program Requirement Major Revision Timeline



Update: Projected Common Program Requirement Major Revision Timeline - Fellowships



Shaping GME: Pathology Program Requirement Major Revisions Process



All work on the major revisions for AP/CP Pathology Program Requirements has been paused until the Common Program Requirement (CPR) Major Revisions has been posted for public review and comment by the end of 2026



Writing Group will resume work after more is known what will be included in the CPR Major Revisions

ACGME Burden Reduction

- In service to ongoing burden reduction, the Common Program Requirements (CPR) Task Force identified 10 requirements that are slated for deletion when the full set of new CPRs is posted for Public Comment in late 2026
- Given the timeframe until the new CPRs are effective (likely in 2028), these 10 requirements are suspended effective February 7, 2026 (date of Board decision)
- The 10 requirements will be shared via a communication from the ACGME

Recent Requirement Revisions

Focused Revision to Common Program Requirements

Faculty qualifications

- Removes specialty-specific language that does not allow for alternate qualifications

Resident transfers


- Removes restrictions from specialty requirements that do not allow transfers

Coming in July 2026!

Frequently Asked Questions (FAQs) integration into Requirements documents

- As part of the ACGME's Digital Transformation and following the reformatting of all Requirements documents, FAQs will be integrated into the Requirements documents.
- All Common FAQs and specialty/subspecialty-specific FAQs will be available linked directly to specific requirements, where applicable.
- Except for FAQs already undergoing revision, **the content of the FAQs is not changing**, just their integration into requirements documents for ease of access.
- Revisions were also made to Resident/Fellow Transfers and Faculty Certification in many Program Requirements, effective July 1, 2026.

Frequently Asked Questions (FAQs) integration into Requirements documents



ACGME Program Requirements for
Graduate Medical Education in
Anesthesiology with FAQs

Revision Information

ACGME-approved interim revision September 3, 2025; effective September 3, 2025

ACGME-approved interim revision September 29, 2025; effective July 1, 2026

Definitions

For more information, see the [ACGME Glossary of Terms](#).

Core Requirements: Statements that define structure, resource, or process elements essential to every graduate medical educational program.

Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.

Osteopathic Recognition

For programs with or applying for Osteopathic Recognition, the Osteopathic Recognition Requirements also apply (www.acgme.org/OsteopathicRecognition).

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Anesthesiology with FAQs
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Frequently Asked Questions (FAQs) integration into Requirements documents

1.2. The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)

1.2.a. The Sponsoring Institution must also sponsor or be affiliated with ACGME-accredited residencies in at least the specialties of general surgery and internal medicine. (Core)

[See FAQ in Appendix]

Anesthesiology with FAQs

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7. Frequently Asked Questions: Anesthesiology

Review Committee for Anesthesiology

ACGME

Section 1: Oversight

Questions concerning *"The Sponsoring Institution must also sponsor or be affiliated with ACGME-accredited residencies in at least the specialties of general surgery and internal medicine. (Core)"* (1.2.a)

Q: How can affiliation with ACGME-accredited general surgery and internal medicine residency programs be demonstrated?

A: If the program's Sponsoring Institution does not sponsor ACGME-accredited residencies in both general surgery and internal medicine, affiliation can be demonstrated to the Review Committee as to the relationship between the programs through an affiliation agreement, program letter of agreement (PLA), or an explanation of how affiliation is demonstrated through the integration of resident education with each of the specialties.

Questions concerning *"Residents should not be required to rotate among multiple participating sites. (Detail)"* (1.6.a.1.a)

Q: Why should residents not be required to rotate among multiple participating sites?

A: The intent of this requirement is to ensure residents are not required to travel unnecessarily to hospitals or other clinical sites for education or training that could reasonably be provided locally by the Sponsoring Institution's affiliated sites. The Review Committee understands that some programs, such as those sponsored by institutions in rural areas based on a consortium model, will by necessity have residents rotate across three to four sites to achieve the required rotations. The focus of the requirement is to protect the residents from being used to meet the service needs of multiple hospitals/clinical operations.

Anesthesiology with FAQs

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 Listening  Information  News  Collaboration

Register today! After registering you'll receive a confirmation with "Add to Calendar" option

Your monthly connection to ACGME updates and collaboration

- ✓ Stay informed on important updates and initiatives
- ✓ Engage in interactive activities
- ✓ Provide feedback and share ideas
- ✓ Visit the page on [acgme.org](https://www.acgme.org/education-and-resources/acgme-linc/) to view upcoming sessions and register: <https://www.acgme.org/education-and-resources/acgme-linc/>



[Add to Calendar\(.ics\)](#) | [Add to Google Calendar](#) | [Add to Yahoo Calendar](#)





FUNDING OPPORTUNITY FOR RESIDENT AND FELLOW LEADERS



OPPORTUNITY DESCRIPTION

Resident- or fellow-developed and led projects to enhance meaning in clinical learning environments by fostering the physician-patient relationship



PROJECT ASSESSMENT CRITERIA

- Strengthens relationships with patients
- Sustainable
- Adaptable to other programs or contexts
- Innovative and cost-effective



PROJECT FUNDING

Additional travel stipend available to offset costs to attend Learning Collaborative meetings in Chicago, Illinois and the 2028 ACGME Annual Educational Conference in Orlando, Florida.

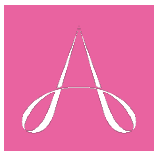
FUNDING OPTIONS

- 1: up to \$10,000
- 2: up to \$5,000



**SCAN QR CODE
FOR MORE INFO**

**PROPOSALS DUE:
APRIL 20, 2026**



ACGME Cloud

Reducing Burden | Reimagining GME

ACGME to Launch Next Phase of ACGME Cloud with New Features in April including a Unified User Experience and ACGME Cloud | Analytics Additions and Enhancements!

Learn More and connect with the ACGME team at the conference:

- Visit the ACGME Cloud team at the ACGME Hub in the Exhibit Hall
- Attend two key sessions on Friday, February 20
 - Featured Plenary SES003, Harnessing AI Agents in the GME Office: Innovations and Future Directions
 - SES022, ACGME Cloud: Progress, Next Steps, and Ways to Stay Engaged

Contact Cloud@acgme.org with questions.

The logo for ACGME Cloud features a stylized red 'A' icon on the left, followed by the text 'ACGME Cloud' in a bold, red, sans-serif font. A thin horizontal line is positioned below the text.

ACGME Cloud

Reducing Burden | Reimagining GME

New ACGME Cloud features launching in April will offer:

- Unified User Experience – simplified, streamlined navigation across ACGME Cloud and the Accreditation Data System (ADS), including a user-friendly way to switch between products and an AI-powered smart search to find information in ADS and complete tasks.
- ACGME Cloud | Analytics Additions and Enhancements – additional dashboards for the annual Resident/Fellow and Faculty Surveys, operational dashboards, and Milestones dashboards.

Visit the ACGME Cloud team at the ACGME Hub in the Exhibit Hall to learn more!

Contact Cloud@acgme.org with questions.



ACGME Contact Information

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