The ASC Cytopathology Program Directors Committee would like to take this opportunity to welcome our membership back to the Program Directors (PD) List serve again. In this issue, we are discussing the implementation of milestones for cytopathology fellowships with focus on Clinical Competency Committee and Program Evaluation Committee. Please send us your thoughts and examples of best institutional practices so that we can share with other programs. Please also look out for a survey on Rapid On Site Evaluation that will be issued to the program directors in order to study what is the current practice pattern, especially the involvements of the cytopathology fellows and residents rotating in cytology.

Marilyn M Bui, MD, PhD and Leslie G Dodd, MD

Editorial Comment

The ASC Cytopathology Program Directors Committee would like to take this opportunity to welcome our membership back to the Program Directors (PD) List serve again. In this issue, we are discussing the implementation of milestones for cytopathology fellowships with focus on Clinical Competency Committee and Program Evaluation Committee. Please send us your thoughts and examples of best institutional practices so that we can share with other programs. Please also look out for a survey on Rapid On Site Evaluation that will be issued to the program directors in order to study what is the current practice pattern, especially the involvements of the cytopathology fellows and residents rotating in cytology.

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Message from the Chair

On July 1st, 2014, core Anatomic and Clinical Pathology residency programs started to operate under the Next Accreditation System (NAS) from the Accreditation Council of Graduate Medical Education (ACGME). The NAS is designed to provide continuous accreditation data from residency programs to the ACGME each year, instead of three to five year intervals between site visits in the old accreditation system. The new system will require annual reporting of case log data, resident and faculty scholarly activity, information for the accreditation data system (ADS), faculty surveys, resident surveys, and resident Milestone levels. Cytopathology fellowship programs are already reporting all of this information, with the exception of Milestones data, to the ACGME, and will start reporting Milestone data in the 2015-2016 academic year.

Milestones for cytopathology fellowships are now available at the ACGME website (ACGME Pathology Milestones). These Milestones provide competency based developmental outcomes that can be demonstrated progressively by fellows from the beginning to the end of their fellowship and into practice. Programs will provide data on each fellow's Milestone level achievement twice annually, and this information will be used for continuous accreditation monitoring. It is also hoped that the Milestones will provide more explicit and transparent expectations of performance in programs across the nation, and can enhance opportunities for early identification of struggling fellows.

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Cytopathology fellowship programs will first report Milestone data on fellows during November and December of 2015. Over the upcoming year, cytopathology fellowship program directors are encouraged to prepare for the new reporting requirements by developing a Clinical Competency Committee and mapping current assessment tools to the Milestones, or creating new assessment tools for the Milestones.

The American Society of Cytopathology’s Cytopathology Program Director Committee will also be holding a session in Dallas at the national meeting on Friday, November 14th on the Cytopathology Milestones and Clinical Competency Committees. If you haven’t already done so, please take the ASC’s survey on Clinical Competency Committees (https://www.surveymonkey.com/s/CytopathologyCCCSurvey) so the CPDC can design a session specific to the cytopathology fellowship community’s needs.

Deborah Chute, MD
Clinical Competency Committee

Resident Evaluation:
- The program director must appoint the Clinical Competency Committee.
- At a minimum the Clinical Competency Committee must be composed of three members of the program faculty. Others eligible for appointment to the committee include faculty from other programs and non-physician members of the health care team.
- There must be a written description of the responsibilities of the Clinical Competency Committee.

The Clinical Competency Committee should:
- Review all resident evaluations semi-annually.
- Prepare and assure the reporting of Milestones evaluations of each resident semiannually to ACGME.
- Advise the program director regarding resident progress, including promotion, remediation, and dismissal.

Program Evaluation Committee

Program Evaluation and Improvement:
- The program director must appoint the Program Evaluation Committee (PEC).
- The Program Evaluation Committee: (1) must be composed of at least two program faculty members and should include at least one resident. (2) must have a written description of its responsibilities; and (3) should participate actively in:
  (a) planning, developing, implementing, and evaluating educational activities of the program
  (b) reviewing and making recommendations for revision of competency-based curriculum goals and objectives;
  (c) addressing areas of non-compliance with ACGME standards;
  (d) reviewing the program annually using evaluations of faculty, residents, and others, as specified below.
- The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written and Annual Program Evaluation (APE).
- The program must monitor and track each of the following areas: a) resident performance; b) faculty development; c) graduate performance, including performance of program graduates on the certification examination; d) program quality.
- Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually.
- The program must use the results of residents’ and faculty members’ assessments of the program together with other program evaluation results to improve the program and progress on the previous year’s action plan(s).
- The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed above, as well as delineate how they will be measured and monitored. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

Committee Members

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