INTRODUCTION

The purpose of this document is to provide program directors and surveyors with an interpretation of the general standards of accreditation as they relate to the accreditation of programs in Anatomical Pathology. This document should be used in conjunction with the General Standards of Accreditation, the Objectives of Training and the Specialty Training Requirements in Anatomical Pathology.

STANDARD B1: ADMINISTRATIVE STRUCTURE

There must be an appropriate administrative structure for each residency program.

Please refer to Standard B1 in the General Standards of Accreditation for the interpretation of this standard. The program director must be certified in Anatomical Pathology by the Royal College or its equivalent acceptable to the Specialty Committee in Anatomical Pathology.

STANDARD B2: GOALS AND OBJECTIVES

There must be a clearly worded statement outlining the goals of the residency program and the educational objectives of the residents.

The general goals and objectives for Anatomical Pathology are outlined in the Objectives of Training and the Specialty Training Requirements in Anatomical Pathology. Based upon these general objectives each program is expected to develop rotation specific objectives suitable for that particular program, as noted in Standard B2 of the General Standards of Accreditation. Methods to determine if rotation specific objectives are being met should be employed on a regular basis.

STANDARD B3: STRUCTURE AND ORGANIZATION OF THE PROGRAM

There must be an organized program of rotations and other educational experiences, both mandatory and elective, designed to provide each resident with the opportunity to fulfil the educational requirements and achieve competence in the specialty or subspecialty.

The structure and organization of each accredited program in Anatomical Pathology must be consistent with the specialty training requirements as outlined in the Objectives of Training and the Specialty Training Requirements in Anatomical Pathology.
In addition to offering the components noted in the specialty training requirements all accredited programs in Anatomical Pathology should offer community-based learning experiences.

Residents must be provided with a graduated increase in individual professional responsibility, under appropriate supervision, according to their level of training, ability and experience.

**STANDARD B4: RESOURCES**

There must be sufficient resources including teaching faculty, the number and variety of patients, physical and technical resources, as well as the supporting facilities and services necessary to provide the opportunity for all residents in the program to achieve the educational objectives and receive full training as defined by the Royal College specialty training requirements.

In those cases where a university has sufficient resources to provide most of the training in Anatomical Pathology but lacks one or more essential elements, the program may still be accredited provided that formal arrangements have been made to send residents to another accredited residency program for periods of appropriate prescribed training.

Experiences must include learning environments that facilitate the acquisition of knowledge, skills, and attitudes relating to aspects of age, gender, culture, and ethnicity appropriate to Anatomical Pathology.

1. **Teaching Faculty**

   There must be a sufficient number of qualified teaching staff to supervise residents and provide teaching in the basic and clinical sciences related to laboratory medicine.

   The Department of Laboratory Medicine/Pathology in institutions participating in the program must be administered by a laboratory physician/scientist with Royal College certification in Anatomical Pathology, or equivalent qualifications. Professional staffing (pathologists, pathology assistants, technologists and other personnel), must be sufficient that service, work, academic endeavours and roles of the department can be achieved, whether or not residents are present in the department.

2. **Volume and Variety of Pathological Material**

   While there are no specified minimum numbers of autopsies, surgical/cytology specimens, or forensic work, the volume and diversity of work available for teaching must be adequate for all residents to attain the educational objectives of the program.

3. **Laboratory Components of the Program**

   The program must provide residents with the opportunity to acquire competence in: autopsy pathology, surgical pathology, cytopathology, forensic pathology, pediatric pathology, neuropathology, and other specialized branches of Anatomical Pathology. The program must ensure a comprehensive experience in Anatomical Pathology, and clinicopathologic correlations under the direct supervision of a laboratory physician/scientist with Royal College certification in Anatomical Pathology, or equivalent qualifications.
The resources of the program, including volume and variety of pathological material, laboratory space and equipment, and medical and non-medical professional and technical staff must be satisfactory in relation to each of the following components:

a. Autopsy Pathology

There must be an adequate number of autopsies including adult, pediatric and forensic, available to provide full training in autopsy techniques, photography, and postmortem sampling for histology and ancillary studies. Instruction in postmortem prosection must be provided under the direct supervision of staff pathologists and designated, qualified personnel. This includes reviewing the consent and chart, performing the autopsy, preparing the report, communicating the results to the clinicians and presenting at appropriate rounds when applicable. The principle of graded responsibility must be observed.

Departments of pathology must ensure prompt resident interpretation and reporting of autopsy findings including clinico-pathological correlation.

b. Surgical Pathology

There must be an adequate volume and range of surgically excised tissues and biopsies to provide training in the gross examination, dissection, photography, sampling for histology and ancillary studies, and microscopic interpretation. Facilities must be available for the preparation and interpretation of frozen sections. Instruction in the gross examination and sampling of surgically excised material must be provided by staff pathologists.

c. Cytopathology

There must be an adequate volume and mix of cytologic specimens and facilities available for exposure to and training in both gynecological and non-gynecological cytopathology.

d. Neuropathology

All residents in Anatomical Pathology must receive training in the pathology of the central and peripheral nervous systems and skeletal muscle with an adequate volume and variety of neuropathological material, both autopsy and surgical, from all age groups.

e. Forensic Pathology

There must be an adequate number and variety of forensic autopsies available to provide a comprehensive experience in forensic pathology. Residents must obtain experience in the special procedures that may be associated with medicolegal autopsies. A well-structured program must be available.

f. Pediatric Pathology

Training must be provided in the anatomical pathology of fetuses, stillbirths, infants and children, supported by an adequate volume and variety of pathological material and all necessary staff and facilities.
g. Special Branches of Anatomical Pathology

Facilities must be made available for exposure to concepts and methods of ancillary techniques. Residents must become familiar with techniques, interpretation and application of cytogenetics, molecular pathology, flow cytometry, electron microscopy, immunohistochemistry, immunofluorescence and in-situ hybridization.

h. Technical Methods

Facilities must be made available for exposure to concepts and methods of routine fixation and staining of tissues and special staining procedures.

i. Consultations

An active diagnostic consultation service is essential to provide experience for the resident to act as a consultant to clinical colleagues and to other pathologists. Residents should participate in consultations, including frozen sections, on an ongoing basis during residency.

j. Laboratory Management

There must be instruction in the principles of the administration and management of an Anatomical Pathology service. Quality management and environmental safety in the pathology laboratory must be an integral part of the residency program.

k. Community Learning Experiences

When community experiences are offered they must provide a learning environment with appropriate facilities, supervision, case material, and opportunities for evaluation based on rotation specific objectives.

4. Clinical Components of the Program

a. Supporting Clinical Services. There should be active teaching services in internal medicine, general surgery, obstetrics and gynecology, pediatrics and diagnostic radiology. Liaison within the faculty must be such as to ensure that training taken on these services meets the needs of residents in Anatomical Pathology. In addition, there must be adequate arrangements for exposure to clinical services throughout the residency program. This may include clinico-pathological conferences, rounds of clinical services, morbidity and mortality rounds, tumour board and other interdisciplinary rounds/clinics.

b. Oncology. There must be close association with a tumour clinic or other oncology service, in order that a full range of neoplastic pathology may be available for teaching.

5. Each teaching site must provide residents with a safe working environment, adequate office space and individual light microscope of good quality and access to dictation, reporting and transcription services. The residents must have access to information systems including to the hospital information system, to the laboratory information system, to electronic health records, to the Internet, and to online search and retrieval systems.
capacity. Access to digital microphotography and conference rooms with adequate facilities for image projection must be available.

**STANDARD B5: CLINICAL, ACADEMIC AND SCHOLARLY CONTENT OF THE PROGRAM**

The clinical, academic and scholarly content of the program must be appropriate for university postgraduate education and adequately prepare residents to fulfill all of the CanMEDS Roles of the specialist. The quality of scholarship in the program will, in part, be demonstrated by a spirit of enquiry during clinical discussions, at the bedside, in clinics or in the community, and in seminars, rounds, and conferences. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

Please refer to Standard B5 in the *General Standards of Accreditation*, the *Objectives of Training*, the *Specialty Training Requirements in Anatomical Pathology*, and the CanMEDS Framework for the interpretation of this standard. Each program is expected to develop a curriculum for each of the CanMEDS roles, which reflects the uniqueness of the program and its particular environment. Specific additional requirements are listed below.

1. **Medical Expert**

In addition to the *General Standards of Accreditation*, the following requirements apply:

- The academic program must include teaching in the basic and clinical sciences and advanced scientific knowledge related to pathology, including, but not limited to: anatomy, histology, histochemistry, pathophysiology, immunology, molecular biology, genetics, photomicrography and legal and ethical issues.

2. **Communicator**

The *General Standards of Accreditation* apply to this section.

3. **Collaborator**

The *General Standards of Accreditation* apply to this section.

4. **Manager**

In addition to the *General Standards of Accreditation*, the following requirements apply:

- The program must ensure teaching in laboratory management including quality assurance programs.

5. **Health Advocate**

In addition to the *General Standards of Accreditation*, the following requirements apply:

- The program must ensure the residents are exposed to local, provincial and national standards for tests and reporting and how they impact on patients and communities. (e.g. targeted therapies, genetic diseases and reportable diseases)
6. Scholar

The *General Standards of Accreditation* apply to this section.

7. Professional

The *General Standards of Accreditation* apply to this section.

**STANDARD B6: EVALUATION OF RESIDENT PERFORMANCE**

There must be mechanisms in place to ensure the systematic collection and interpretation of evaluation data on each resident enrolled in the program.

Please refer to Standard B6 in the *General Standards of Accreditation* for the interpretation of this standard.

Residents must maintain a training portfolio. The program must review the portfolio on a regular basis.

Revised – Education Committee – November 2004
Editorial Revisions – June 2007
Revised – SSRC – May 2010