

October 1, 1988

PARK CITY REPORT  
ON  
COMBINED AP/CP  
RESIDENCY TRAINING

Association of Pathology Chairmen  
Graduate Medical Education Committee

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## PREAMBLE

This document sets forth an issue that has been discussed widely, namely, how we will train pathologists in the future. Pathology has traditionally offered leadership in the translation of scientific advances into clinical practice and medical education. A major growth is occurring in technology applicable to biological sciences. This should offer unparalleled opportunities to the field of pathology. For these to be realized, the pathologists of the future must be offered relevant and essential training during their residency training experience, and high caliber medical students must continue to be attracted into the specialty of pathology.

Despite these opportunities, there has been a decline in the percentage of U.S. medical school graduates entering pathology. This decline has occurred concurrently with an explosion of scientific and technological advances wherein pathology has traditionally offered leadership.

In February 1987, the Association of Pathology Chairmen (APC) sponsored a meeting (in Park City, Utah) of its Graduate Medical Education Committee, supplemented by pathologists who held leadership positions in other pathology organizations and in pathology practice. The purpose of the meeting was to seek to make the combined anatomic-clinical pathology programs more attractive to medical school graduates, as well as to insure the currency of their training by incorporation of such elements as Molecular Biology, Computer Applications and Principles of Laboratory Management.

The first Park City Report, prepared by the group, developed a list of outcome expectations@ for pathology training programs and trainees, and recommended that the combined AP/CP training program consist of three years of a Core Curriculum, followed by training in a subspecialty. This report was circulated to all pathology organizations, and to Pathology Chairmen, and was discussed in detail at a meeting of the Program Directors held under the auspices of the APC in July 1987. Incorporating suggestions from various groups, a second report was prepared (Park City II) and circulated. The Park City Group met again in Chicago in June 1988 to prepare this final report. The present document has been influenced by the most recent draft proposal (circulated to Program Directors and Pathology Chairmen) of the special requirements for AP/CP training programs by the Residency Review Committee of Pathology, and by the criteria for approval of a 5<sup>th</sup> training year recently published by the American Board of Pathology.

## COMMITTEE RECOMMENDATIONS

An AP/CP residency training program would consist of the following:

(1) Three years of training in the major areas of Anatomic and Clinical Pathology, as well as areas that overlap AP and CP (e.g. Molecular Pathology, Computer Science, Management).

This recommendation is consistent with the new special requirements of the Residency Review Committee.

(2) Two years of additional training which could include:

- (1) general anatomic and/or clinical pathology;
- (2) a subspecialty of pathology;
- (3) research;
- (4) a clinical year of experience in internal medicine, pediatrics or another relevant clinical discipline.

Eligibility for certification in AP/CP will be possible, as specified, after five years of training. Up to one year of subspecialty training during the five years can be used towards eligibility for certification in that subspecialty.

The emphasis in this proposal is to facilitate the basic training in pathology while promoting focused experienced in one or more of the subspecialties of pathology. The Park City Group feels that the five year training program should provide residents with as many options as possible within the framework of accrediting and certifying standards. The proposal also incorporates the current concept of a five year program including the fifth certifying year. Although the program would not shorten the overall length of such training, it would provide ample opportunity for acquisition of subspecialty competence which would be both desirable to the potential candidates, and important for the practice and science of pathology. In addition, it provides the opportunity to reduce the total time required prior to eligibility for subspecialty certification.

## SUMMARY

The central conclusion is that scientific and technological advances, changes in the social and economic environment, and the increasing overlap between anatomical and clinical pathology requires changes in pathology resident training. It follows that the structure and content of the pathology training programs should adapt to these realities. In this context, we only addressed the combined AP/CP training track followed by the majority of residents. (It should be emphasized that

the current single-track programs in AP and CP will continue). We believe that proposed restructuring will enhance the attractiveness of pathology as an intellectual challenge within medicine.

TABLE I

Outcome Expectations for Pathology Training Programs and Trainees

1. The graduate of the program (herein referred to as a "pathologist") will demonstrate an ability to evaluate adequately morphologic, morphometric, chemical, immunologic, molecular and microbiological analyses of tissues, cells and body fluids and from this evaluation provide competent clinicopathological correlations and appropriate clinical consultation.
2. The pathologist will be competent in applying these abilities for clinical problem solving.
3. The pathologist will be able to recognize procedural and/or personal limitation in diagnostic situations and will indicate and seek appropriate consultation.
4. The pathologist will be familiar with the clinical applications and limitations of new and developing technologies applicable to pathology.
5. The pathologist will understand and be able to apply fundamental management principles (e.g., planning, fiscal, marketing, organizational, etc.).
6. The pathologist will be familiar with the common techniques and the applicability of informatics and data base management in pathology.
7. The pathologist will demonstrate competence in techniques of communication and education.
8. The pathologist will understand and be able to apply basic techniques of quality assurance and quality control.

9. The pathologist will understand and be able to apply the principles of research (basic, applied and/or developmental) in pathology and to assess proper applications of the methods.