Report of the ACVP Training Program Accreditation Task Force

09/30/2021

ACVP Training Program Accreditation Task Force

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Conflict of Interest Statement:
The authors of the ACVP Training Program Accreditation Task Force declare no conflict of interest in the preparation of this report.
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Abbreviations:
ABP: American Board of Pathology; ABVO: American Board of Veterinary Ophthalmology; ABVS: American Board of Veterinary Specialties; ABVT: American Board of Veterinary Toxicology; ACAW: American College of Animal Welfare (provisional status); ACGME: American College of Graduate Medical Education; ACVS: American College of Veterinary Surgeons; ACZM: American College of Zoological Medicine; AP: anatomic pathology; AVMA: American Veterinary Medical Association; BOD: Board of Directors; CP: clinical pathology; DE&I: Diversity, Equity, and Inclusion; ECFVG: Educational Commission for Foreign Veterinary Graduates; ECVP: European College of Veterinary Pathologists; ECVCP: European College of Veterinary Clinical Pathologists; FRCPath: Fellowship of the Royal College of Pathologists; IATP: individual alternative training plan; RVSO: registered veterinary specialty organizations; VTN: Virtual Training Network.

Executive Summary
The task force recommends that the ACVP Board of Directors (BOD) establish a program for ACVP training program accreditation worldwide that sets minimum standards of training across programs, encourages and supports a culture of continuous growth and improvement of all training programs, and allows for each program to collaborate and continue to offer unique specialty tracks and curricula critical to develop entry level pathologists ready for the many diverse career paths and changing needs in our profession.

The task force sought a transparent process that would not be overly burdensome or have unnecessary requirements and one that would support training programs in requesting institutional or other support for continuous development. The task force also sought to provide a clearer pathway to credentialing with reduced time and duplication of efforts related to credentialing candidates for the ACVP Certifying Examination.

The task force considered a potential framework for training program accreditation with enough detail to more fully be able to evaluate benefits and anticipated concerns. After careful consideration of both advantages and disadvantages, the task force determined that the proposed changes would provide benefits to trainees, training programs, ACVP, and the field of veterinary pathology as a whole that far outweigh any disadvantages. In addition, the task force did not find any insurmountable roadblocks to designing and implementing a training program accreditation program within the next 1-3 years.

The task force proposes the following shifts in the training and credentialing processes.

- The setting of four training program standards for all ACVP-accredited training programs which will keep ACVP in compliance with the ABVS requirement that “RVSOs requiring residency training for certification eligibility must establish and publish training program criteria in sufficient detail to enable an individual, with the assistance of the training institution, to meet the requirements for certification in that specialty. Individuals pursuing certification in a veterinary specialty should enter training programs that can verify that they provide all training requirements established by the certifying body for that veterinary specialty.” (Policies and Procedures: American Veterinary Medical
The four proposed standards are:

1. An ACVP-accredited training program must have at minimum two Supervising Diplomates (ACVP, ECVP, or ECVCP) and must not exceed a 2:1 ratio of trainees to Supervising Diplomates. Definitions and additional requirements are detailed in the report.

2. Accredited programs must meet a standardized minimum length requirement (typically 36 months, with a minimum allowance of 33 months in special situations at the discretion of the training program if milestones are documented).

3. Accredited programs must provide curriculum, environment, and/or opportunity for trainees to develop the core competencies needed as entry level pathologists in veterinary pathology. These skills and competencies are defined by the general and discipline-specific core competencies as listed in the **2020 Core Competency Updates** from the Training Program Committee, the **2020 Informatics Core Curriculum for Veterinary Pathology Residents** from the Informatics Committee, and best practice publications. All programs also must provide support of trainees in the areas of professionalism; leadership; wellness; and diversity, equity, and inclusion.

4. Accredited programs must set and review milestones regularly with each trainee, including documentation of satisfactory completion.

- A shift to programmatic sponsorship to take the ACVP Certifying Examination versus individual Diplomate sponsorship of candidates. Sponsorship decisions should be based primarily on satisfactory development of core competencies as assessed in a standardized Milestone Achievement Record.

- The formation of a new ACVP committee, the Training Program Accreditation Committee (TPAC), that is responsible for the review of initial accreditation applications, 5-year renewals, short annual reports, and review of self-reports of any significant programmatic deficiencies.

- Accreditation status decisions should be based on narrative program descriptions and reports that demonstrate how training programs meet the four program standards. At this time, the task force does not recommend site visits and recommends that the review process be conducted at no cost to the training programs.

- A shift from viewing training programs as restricted to only one institution and towards encouraging formalized collaborations between any training sites that together can meet all four program standards. Collaborations can be local, national, or international; and the same training site can have collaborations with multiple training programs. A single training program may have different subspecialty tracks within the same institution, or a program may be formed between multiple institutions with one program description.

- The implementation of an appeals process utilizing the current Appeals Committee that may be used for any adverse decisions regarding accreditation or training plans.
• The accreditation process should be viewed as a dynamic process with incremental changes anticipated over time to continuously incorporate new knowledge, technical advances, and newly identified best practices.

• The ACVP should play an active role in facilitating training opportunities and/or providing support for some of the core competencies and future pathology practices to which not all programs may have access. This could be facilitated through a Virtual Training Network (VTN); webinars, workshops, and presentations; facilitation of shared resources among institutions, and/or collaborative learning opportunities via vendors or sponsors.

• The availability of three routes to ACVP certification:
  a. Training in an ACVP-accredited training program;
  b. Training in an ACVP pre-approved individual alternative training plan; and
  c. Dual certification training.

• The continued allowance of an alternative training route with some proposed changes:
  a. Anyone training by the alternative route must submit an individual alternative training plan that must be approved by ACVP prior to the onset of training, with updates provided annually.
  b. Sponsorship requires:
     i. Documentation of milestones
     ii. At least 2 Supervising Diplomates (one can be external)
  c. Flexibility in time-in-training based on some commonly encountered trainee scenarios

• The implementation of changes in the credentialing requirements to require additional training and core competency development of candidates who do not attempt or pass the ACVP Certifying Examination in a certain period of time (4 consecutive examination years) so that they may become better prepared to be successful candidates.

If ACVP membership votes for training program accreditation as outlined in this report, this report would become the basis of a living document as the process moves forward to be further detailed by a Training Program Accreditation Committee and the Credentialing Committee.

Background
In the three current routes (standard route, alternate route, and dual certification training) to training for the ACVP Certifying Examination in Anatomic Pathology (AP) or Clinical Pathology (CP), training program content is left to the discretion of the ACVP Diplomates coordinating each of these programs or to the individual sponsors of alternative or dual certification routes. There are no ACVP training program standards across programs for even the “standard route” of training. Currently, the only credentialing requirements as relates to training are time-in-training and sponsorship. Other than a signature of a sponsor, who may or may not be someone from a candidate’s training program, there is no required program involvement in a candidate’s credentialing application. At the present time, a candidate who obtains sponsorship each application may apply indefinitely to take the Certifying Examination (although they would be required to retake the Phase I Examination after 4 attempts in 9 years to pass the Phase II...
Certifying Examination) with no required additional training or study plans and potentially years out of a training program. Candidate credentialing is currently determined based on self-reported information including dates of training and a brief description of the training program. As ACVP currently does not accredit or review training programs, candidates do not get official feedback on their training plan until they present it to the Credentialing Committee at the time of their application to take the Certifying Examination. There is no current requirement for training programs to be formally documented, even internally, or to establish trainee milestones for assessment of progress. This leads to variation in the preparation of candidates to take the ACVP Certifying Examination and to be successful entry-level pathologists.

**Purpose**

The primary objective for accreditation of ACVP training programs is the protection of the public interest by establishing clear guidelines and high standards for training and credentialing which merit recognition of specialists granted board certification by examination. Accredited training programs assure the public that board-certified veterinary pathologists are adequately trained to recognize, report, and take appropriate action for diseases affecting animal and human health, and to advance the science and practice of veterinary pathology. This is in alignment with our college mission statement to promote excellence in veterinary pathology to improve animal, human, and environmental health, and with our most recent strategic plan to ensure standardization of training in core competencies for current and future practice.

Accreditation of ACVP training programs also assures prospective and active trainees that a program is designed to provide the mentorship, guidance, and resources necessary to adequately prepare them for the Certifying Examination and a productive, successful career. Benefits of accreditation to pathology training programs include attracting top candidates for trainee positions, justifying the need for adequate board-certified faculty, and providing a rationale for the institution to support infrastructure, access to relevant emerging technologies, and productive collaborations with other programs. Accreditation of ACVP training programs is in line with the other ABVS RVSO training program approval processes and allows ACVP to continue to be a trusted authority on the future role of veterinary pathologists in the biomedical community.

**Charges from the ACVP Board of Directors (BOD)**

The task force was given the following charges:

1. Review processes used for training program accreditation by other specialty colleges.
2. Develop a framework for training program accreditation by the ACVP. Include, at a minimum:
   a. An outline of the standards that each program will be expected to successfully implement to achieve accreditation
   b. Necessary documentation to be provided by each program
   c. Recommendations for designing an online portal system for tracking competencies (e.g. case log system)
   d. A method for evaluating each program and determining that all requirements for certification have been met
   e. An outline for a summary report on a program
f. A timeline for frequency of accreditation
   g. A process for appeals
   h. Suggested membership of an Accreditation Committee.
3. Outline the advantages and disadvantages of the framework.
4. Identify possible roadblocks to implementation of the recommended process.
5. Make suggestions as to how the accreditation process would be maintained over time.
6. Include a review of the alternate training track option.

ACVP Training Program Accreditation Task Force
The ACVP Training Program Accreditation Task Force was assembled in January 2020. Membership representation includes: both AP and CP diplomate pathologists; past experience on ACVP Council (former ACVP President and Councilors), the Certifying Examination Board and/or Committee, Credentialing Committee, and the Training Program Committee; current faculty members in or directors of training programs; respondents to a request for volunteers posted on the Training Program Network; early, mid- and later-career Diplomates; a representation of traditional 3-year residency programs, combined residency/graduate programs, specialty programs, and internships; and toxicologic and industry experience. The TPA Task Force held 18 hours of meetings in 2020 via Go To Meeting (February 11th; February 25th; March 10th; April 7th; April 21; May 19; May 26; June 9; June 23; July 7; July 21; July 28; August 4; August 11; August 18; August 25, September 1, September 8) attended by all members who also communicated frequently by email. A meeting was held February 19, 2021 to review feedback from initial stakeholder groups. The final report was reviewed April 11, 2021 by email. The Report of the Training Program Accreditation Task Force was submitted to the ACVP membership on May 3, 2021. ACVP membership provided feedback until July 31, 2021 by email, by question and answer sessions in 3 webinars, or via an online forum. The task force reviewed all feedback at meetings totaling 3 hours held August 11, 23, and 25, 2021. Feedback was incorporated into the document or, in the case where no changes were made, the rationale is described below.

Definitions
Trainee: A veterinarian post-graduation from an AVMA ECVFVG-listed veterinary school or college who is enrolled in an ACVP-accredited training program and who has registered with the ACVP as a trainee at that program. “Resident” and “trainee” will be used interchangeably in this document. Titles of individuals in training programs may vary (e.g. graduate student, resident, post-doctoral fellow, etc.), and for the purposes of this document, “resident” or “trainee” covers all such titles in an ACVP-accredited training program. Individuals retain trainee status until completion of their training program, they are no longer enrolled in a training program, or they attain ACVP Diplomate status during their training program (such as may occur in longer combined programs).

Candidate: A candidate is a trainee who has obtained program sponsorship and who has met eligibility requirements for the Phase II Certifying Examination.

ACVP Diplomate Member: A veterinarian who passes the ACVP Certifying Examination shall be eligible for admission as an ACVP Diplomate Member. A member shall be admitted by majority vote of the BOD. Once admitted, a Diplomate Member must maintain currently active, unexpired certification status.
**ACVP Trainee Affiliate Member**: A veterinarian, up to seven years after the start of training in Veterinary Pathology or until passing the ACVP Certifying Examination; may be eligible for ACVP Trainee Affiliate Membership.

**Training Program or Resident Training Program**: A training program is the educational experience provided to a fully-engaged trainee by an institution (or formal collaboration of institutions) that includes sufficient instruction, resources, facilities, opportunity, caseload, and equipment to facilitate development of core competencies to support well-rounded training in pathology. Training programs are expected to be cohesive, integrated, stable, ongoing programs that continually raise the standards in veterinary pathology.

**ACVP Training Program Accreditation**: The process by which a training program in veterinary anatomic pathology (AP) or clinical pathology (CP) is reviewed by ACVP to determine if it meets the minimum standards set by ACVP. To be accredited, a training program must submit an initial application that includes a program description detailing how it will meet all ACVP requirements for the duration of the program. Following full or probationary accreditation, the training program must submit annual reports and 5-year renewal applications. Any ACVP-accredited training program may include additional program-specific requirements above the minimum required by the ACVP; these additional requirements become a part of that specific training program’s accreditation program. Completion of an accredited training program does not guarantee a trainee will pass the ACVP Certifying Examination.

**Credentialing**: The process by which an individual trainee meets ACVP eligibility requirements to take the Phase I and/or Phase II Certifying Examinations. These requirements can be found in the ACVP Phase I and Phase II Certifying Examination Candidate Handbooks on the [ACVP website](http://www.acvp.org).

**Internship**: The ABVS definition of internship is a one-year training program that emphasizes mentorship, direct supervision, and didactic experiences including rounds, seminars, and formal presentations. It provides practical experience in applying knowledge gained during the veterinary professional curriculum and an opportunity to obtain additional training in the clinical sciences. An internship should prepare a veterinarian for high-quality service in practice or for advanced specialty training. It is primarily an educational program for the intern rather than a service benefit to the hospital. A specialty internship refers to an internship experientially designed to focus on an RVSO or RVS specialty.

A pathology internship is typically a 1 to 2-year program designated by the sponsoring institution to provide additional training in AP, CP, or both following graduation with a veterinary degree but may not be at the same level of responsibility, case load, or training required for resident trainees. There are no current requirements for veterinary pathology internships. The task force recommendation is that at this time, time spent in a program defined as an internship or a combined internship and graduate education will not count toward time-in-training eligibility requirements for the Phase I or Phase II ACVP Certifying Examination.

**Trainee Externship**: A period of typically < 8 weeks per experience spent in pathology training by a trainee enrolled in an ACVP-accredited training program outside of their home institution. Externships may be a formal collaboration between institutions to supplement training in core competencies, future practice skills, or to provide other training opportunities not available at the home institution. They may also be formal or informal arrangements based on a trainee’s special interests or career plans. If required to fulfill the 4 accreditation standards that the home institution cannot provide alone, the
Externship(s) must be a formalized part of the training program description and a trainee's experience. Trainee externships count toward time-in-training for eligibility requirements for the Phase I or Phase II ACVP Certifying Examination.

**Combined Training Program:** A combined training program is an ACVP-accredited training program developed to provide both residency training in veterinary AP or CP as well as graduate education towards an advanced degree such as Master of Science, Master of Veterinary Science, PhD, or Doctor of Veterinary Science.

**Sequential combined programs** are programs in which a trainee completes a 36-month residency (which may include some graduate classes similar to those found in many traditional 3-year residencies) followed by entering a phase of focused PhD or equivalent training. Trainees in a sequential combined program should have a minimum of 33 to 36 months of residency training prior to the Phase II certifying examination, similar to applying from a traditional residency program.

**A concurrent combined program** is one in which the pathology residency training component is not sequential but is obtained as a mixed focus with PhD training. For concurrent combined programs, pathology experiences accumulated during the entire program length should be roughly equivalent to the time dedicated to pathology in a traditional 3-year residency program. Trainees in a concurrent combined program must have greater than 36 months prior to the Phase II certifying examination.

Note that any time spent by trainees who are not enrolled in an ACVP-accredited combined training program and who begin or complete a graduate education program prior to entering an accredited training program, even within the same institution, will not have that time applied to time-in-training and must complete the full requirements of the accredited training program. In effect, a graduate program alone or prior to entering a combined accredited training program does not qualify toward time-in-training for that program.

**Supervising Diplomate:** A Supervising Diplomate must be a Diplomate of ACVP, ECVP and/or ECVCP and be board-certified in the primary discipline of the training program (i.e. they must be an AP Diplomate in an AP training program or a CP Diplomate in a CP training program). To be considered a Supervising Diplomate, the Diplomate must spend at least 10% of their time in direct participation with trainees (e.g. necropsy/biopsy/cytology services, training seminars, rounds) within a specific training program.

**Supplemental Trainers:** Programs may also have Supplemental Trainers who are veterinary or medical pathologists or other experts in their fields. Supplemental Trainers can be Diplomate veterinary pathologists with a less than 10% time commitment to resident training (including adjunct faculty) or can be non-ACVP/ECVP/ECVCP Diplomates at any level of time commitment to training. Additionally, AP programs must provide access to CP Diplomates for training and vice versa, usually at the Supplemental Trainer level.

**Training Program Director:** For ACVP-accredited training programs, the terms “Program Director,” “Residency Director,” and “Residency Coordinator” may be used interchangeably. Other titles for this role may also exist. Each AP or CP accredited training program should have a single appointed Training Program Director who has authority and accountability for the overall training program including
compliance with accreditation requirements and is the primary contact person for the training program. The Training Program Director is an ACVP, ECVP, or ECVCP Diplomate and can be one of the Supervising Diplomates with the added role of program administration. This person is responsible for submitting accreditation applications and reports, and for documenting and demonstrating that the program meets the required standards for ACVP accredited training programs.

**Training Coordinator**: In relation to an alternate route of training, the Training Coordinator is the Supervising Diplomate who writes and submits an individual alternative training plan (IATP) for a potential trainee and then, if the IATP is approved by ACVP, is responsible for training supervision, periodic milestone evaluations, and granting sponsorship for the ACVP Certifying Examination on behalf of all Supervising Diplomates listed on the IATP (i.e. the Training Committee).

**Training Committee**: In relation to the alternate route of training, the Training Committee is composed of all Supervising Diplomates listed on the individual alternative training plan (IATP), which must include at least two Diplomates of ACVP, ECVP, and/or ECVCP, and be board-certified in the primary discipline of the training program (i.e. they must be an AP Diplomate in an AP training program or a CP Diplomate in a CP training program).

**Individual Alternative Training Plan (IATP)**: A training plan submitted for an individual prospective trainee for an alternate route of training. IATP’s are submitted for approval to the ACVP Credentialing Committee by the Training Coordinator prior to initiation of training.

**Diplomate Mentor**: In relation to Dual Certification in which an ACVP Diplomate seeks certification in the alternate discipline, the Diplomate Mentor is a Diplomate of ACVP, ECVP, and/or ECVCP in the discipline the candidate seeks training in and is responsible for training supervision, periodic milestone evaluations, and granting sponsorship for the ACVP Certifying Examination.

**Competency**: An observable ability of a health professional related to a specific activity that integrates knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition (Frank et al., 2010, used in AAVMC Competency-Based Veterinary Education, May 2019).

**Milestone**: A defined, observable marker of an individual’s ability along a developmental continuum (Englander et al., 2017, used in AAVMC Competency-Based Veterinary Education, May 2019).
Training Program Accreditation by Other Specialty Colleges

American Board of Veterinary Specialties (ABVS) Recognized Veterinary Specialty Organizations (RVSO)

The ABVS states that RVSOs requiring residency training for certification eligibility must establish and publish training program criteria in sufficient detail to enable an individual, with the assistance of the training institution, to meet the requirements for certification in that specialty. Individuals pursuing certification in a veterinary specialty should enter training programs that can verify they provide all training requirements established by the certifying body for that veterinary specialty. Individuals pursuing an alternate pathway training program must follow the guidelines of the particular certifying organization for that specialty to develop an alternative program that will fulfill the training requirements for that specialty.

There are 22 American Veterinary Medical Association (AVMA) RVSOs comprising 41 AVMA-recognized veterinary specialties. The task force reviewed the websites of all RVSOs and selected a subset of 6 RVSOs (ABVO, ACLAM, ACVIM, ACVR, ACVS, and ACZM) with training program approval requirements for more detailed review. The task force chair interviewed the chairs of the committees that approve training programs for ACLAM and ACVR.

Of the 22 RVSOs, one does not appear to have a training program (ACVSMR) and 4 (ACVP, ABVT, ACAW, and ACT) do not mention any type of approval or review process for their training programs. Of the 17 RVSOs that address some type of review process of their training programs, 13/17 referred to “approval” of Residency Training Programs, 2/17 referred to “recognition,” 5/17 to “registered,” 1/17 to “certification,” and 1/17 to “compliant” (Table 1). Some programs used combinations of these words to address training program status.

Examples of the online ACVR Residency Training Program Application and the ACVR Residency Training Program Annual Update are available on the ACVR website. ACLAM publishes training standards for recognition of its training programs.
### Table 1. ABVS and international veterinary and medical pathology specialties

<table>
<thead>
<tr>
<th>SPECIALTY*</th>
<th>TRAINING PROGRAMS ARE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABVP</td>
<td>Approved</td>
</tr>
<tr>
<td>ABVT</td>
<td>No mention of training programs</td>
</tr>
<tr>
<td>ACAW</td>
<td>No mention yet (has provisional status)</td>
</tr>
<tr>
<td>ACLAM</td>
<td>Recognition</td>
</tr>
<tr>
<td>ACPV</td>
<td>Approved</td>
</tr>
<tr>
<td>ACT</td>
<td>“Current” training programs</td>
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<tr>
<td>ACVAA</td>
<td>Registered, Approved</td>
</tr>
<tr>
<td>ACVB</td>
<td>Approved conforming programs</td>
</tr>
<tr>
<td>ACVCP</td>
<td>Approved</td>
</tr>
<tr>
<td>ACVD</td>
<td>Approved formalized and individualized programs</td>
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<tr>
<td>ACVIM</td>
<td>Approved and Registered</td>
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<tr>
<td>ACVM</td>
<td>Registered</td>
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<td>ACVN</td>
<td>Approved</td>
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<tr>
<td>ACVO</td>
<td>Approved</td>
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<tr>
<td>ACVP</td>
<td>No approval process</td>
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<tr>
<td>ACVPM</td>
<td>Recognized, Certified, Approved</td>
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<td>AVDC</td>
<td>Approved, Registered</td>
</tr>
<tr>
<td>ECVP</td>
<td>Registered</td>
</tr>
<tr>
<td>ECVCP</td>
<td>Approved</td>
</tr>
<tr>
<td>FCPATH</td>
<td>No mention</td>
</tr>
</tbody>
</table>

*click here for full organization names

### ECVP, ECVCP, and FRCPath

The European College of Veterinary Pathology (ECVP) “registers” training programs per its website, while the European College of Veterinary Clinical Pathology (ECVCP) refers to “approved” programs.

The [ECVP website](https://www.ecvp.org) provides the Application to Register a Residency (Veterinary Pathology) Training Programme and a guidance document for Requirements for Registration of Residents and Residency Training Programmes. The ECVP lists 50 Current Registered Training Centres in the United Kingdom (UK), Netherlands, Germany, Spain, Sweden, Norway, France, Italy, Switzerland, Denmark, Ireland, Belgium, Finland, Portugal, Canada, Austria, Croatia, and Romania.

The ECVCP website lists 20 approved training programs in the UK, France, Sweden, South Africa, Germany, Ireland, Austria, and Switzerland.
The main method of assessment for UK pathology training is the Fellowship examination of The Royal College of Pathologists (FRCPath). This examination is taken in two parts and trainees are awarded Fellowship status of The Royal College of Pathologists upon successful completion of both parts. There are three routes available for trainees in veterinary pathology: training in veterinary pathology, training in clinical veterinary pathology, and training in veterinary microbiology. The Royal College of Pathologists website does not describe a review of its training programs.

**ACGME**

The American College of Graduate Medical Education (ACGME) “accredits” resident training programs for the human pathology specialty, American Board of Pathology (ABP). One task force member interviewed Dr Louis Ling, Senior Vice President for Hospital Based Accreditation at ACGME. The ACGME provides Common Program Requirements for residencies and uses Pathology Milestones for evaluation of their residents in the context of their participation in ACGME accredited residency programs. The ACGME conducts site visits and requires case logs as part of the accreditation and program requirements. In the 2020 ACGME Common Program Requirements (Residency) document, ACGME notably states its commitment to and means of addressing physician well-being as it relates to the learning and working environment and a culture of respect and accountability for physician well-being. This ACGME document also lists detailed prescribed metrics that physician residency programs must take to support fatigue mitigation and patient safety with regards to cumulative working hour limits allowed in an average week, days free from scheduled clinical or educational work and on call frequency.

**Recommendation on Accrediting Training Programs**

The task force recommends that the ACVP Board of Directors consider the following proposed plan for ACVP accreditation of training programs as outlined in this report. The task force proposes that applications for ACVP Training Program Accreditation be accepted from training programs worldwide that meet the proposed program standards. Anatomic and Clinical Pathology programs within the same institution would be separate programs and would apply separately. Programs with specialty tracks (such as comparative pathology, toxicologic pathology, wildlife, zoologic pathology, etc.) would apply under either Anatomic or Clinical Pathology and would describe how training under all available tracks meets the four training program standards.

The task force proposes all recommendations in this report with the knowledge and understanding that the ACVP Board of Directors would ask for review of the proposal by stakeholders, ACVP membership, legal counsel, and other ACVP committees, subsequent to which changes may be made to the report, and that following a final recommendation the BOD would vote on whether to approve or implement such a plan. In many areas of this document, the proposed plan was intentionally written using language such as “should” and “must” and phrased as if the plan is already in existence. This was done to preserve our intent of recommending what should be required versus what should be recommended. Although written in some sections as if already implemented, everything is submitted for BOD consideration as a recommendation.

**Flexibility and Standardization**

The task force took into consideration both the desirable aspects of flexibility for training routes and training programs, and the benefits of standard setting within those routes.
We recognize and support the continued flexibility for programmatic differences between training programs that allow for national and international expertise in pathology specialties; training programs that serve specialized client, governmental, or research needs; and the ability to drive top quality trainees to veterinary programs that most closely match their professional career goals. The design of the proposed accreditation process recommended by the task force was driven by the goal to maintain the invaluably unique qualities of training programs around the world and their subspecialty areas of pathology training.

Examples include training programs with environments or expertise for specialty training in:

- pathology of wildlife; zoologic and exotic animals; reptiles, amphibians or aquatics; marine mammals
- agricultural services: pathology of poultry, cattle, pigs, sheep, goats, camelids, aquaculture
- pathology of companion animals
- equine pathology
- toxicologic pathology
- forensic pathology
- comparative pathology; primate pathology; laboratory animal pathology
- systemic pathology specialties (e.g., ophthalmologic pathology, neuropathology, dermatopathology, bone and joint pathology, reproductive pathology)
- recognition of and testing for foreign animal diseases

In addition, training programs vary in their caseload, species exposure, diagnostic laboratory support, geographically common disease entities, emphasis on research, collaborations with outside institutions, and other factors that attract particular trainees to their programs.

Therefore, the proposed training program accreditation standards were based around ensuring continued training program individuality and program flexibility while documenting that programs can provide the environment and opportunity for development of a standardized set of core competencies required for their trainees’ eligibility to take the ACVP Certifying Examination and to become entry level pathologists.

The task force also recognizes that flexibility in training routes is warranted, as veterinarians working in the field of pathology can become competent pathologists and can successfully take the ACVP Certifying Examination by training via an alternate route other than training in an accredited training program. The task force addresses alternate routes of training in this report as well.

**Proposed Training Program Standards (Both AP and CP)**

The following are the 4 program standards that the task force recommends be required of all ACVP-accredited training programs. Standards are discussed subsequently in detail.

**ACVP-Accredited Training Programs:**

1. Must have at least 2 Supervising Diplomates. A Supervising Diplomate must be a Diplomate of ACVP, ECVP, or ECVCP, and be board-certified in the primary discipline of the training program.
Collaborations to Address or Supplement Required Standards
Training programs are encouraged to include formalized collaborations between institutions, companies, vendors, organizations, or other entities that make a program more robust or address required standards that an institution cannot meet alone. Collaborations, especially those that rectify an institutional deficit or weakness, must be formalized and documented in writing to be considered an integral part of the accreditation process. If a collaboration agreement changes, the change should be reported to ACVP immediately in an interim report if one of the program standards can no longer be met, or as part of the annual report or renewal application if all standards can still be met.

Remote Learning and Mentorship
Remote learning opportunities are encouraged, especially when they support training in competencies or skill sets that cannot be supported wholly by the institution. Remote learning and mentorship can be useful tools but should not provide a substitute for having in-person mentoring interactions. In situations where there is no alternative to remote mentorship and training, the training program should establish guidelines on how to assess active trainee participation and engagement, and mentoring should ideally provide the opportunity for one-on-one learning experiences similar to being on an in-person rotation with a mentor.

Standard 1: Trainee to Supervising Diplomate Ratio
An adequate number of Supervising Diplomates are needed within training programs to ensure that trainees are exposed to diversity of opinion in interpretation and experience that are vital to develop critical thinking within the pathology discipline. It is also critical to have a minimum number of Supervising Diplomates so that trainees are not left without adequate mentorship to fulfill the requirements for credentialing should personnel change or leave. Supervising Diplomates must be ACVP, ECVP and/or ECVCP Diplomates and be board-certified in the primary specialty of the training program (i.e. they must be AP Diplomates in an AP training program or CP Diplomates in a CP training program). A Supervising Diplomate must spend at least 10% of their time in direct participation with trainees within a specific training program. The Trainee to Supervising Diplomate ratios cannot exceed 2:1. Access to at least one Diplomate in the alternate pathology discipline for cross training is also required and may be at the Supplemental Trainer level.

2. Must meet standardized minimum length requirement of training program (typically 36 months, with a minimum allowance of 33 months in special situations if milestones are documented).

3. Must provide a curriculum, environment, and/or opportunity for trainees to develop the core competencies needed as entry level pathologists in veterinary pathology and must provide support of trainees in the areas of professionalism; leadership; wellness; and diversity, equity, and inclusion.

4. Must set and review ACVP-standardized milestones regularly with each trainee, including documentation of satisfactory completion.
program). An ACVP-accredited training program must have at minimum two Supervising Diplomates and must not exceed a 2:1 ratio of trainees to Supervising Diplomates (Table 2).

**Combined residency/PhD programs** should indicate on their accreditation application how they evaluate the pathology training equivalencies (similar to full-time equivalency or FTE) of their trainees. For example, a program may indicate that students focused on the PhD component of their training are not in active residency training and do not count toward the trainee to Supervising Diplomate ratio.

Each accredited program must have a single appointed Training Program Director (or similar title) who has authority and accountability for the overall training program including compliance with accreditation requirements. The Training Program Director can be one of the Supervising Diplomates but has the added role of program administration. A Supervising Diplomate must spend at least 10% of their time engaged in resident training for a specific program (including necropsy/biopsy/cytology services, training seminars, rounds) to be counted. Trainees should not spend more than 70% of their time with any one of their Supervising Diplomates. If a Supervising Diplomate for a trainee is not physically present (e.g. in on-call situations), they must be readily available remotely to the trainee.

Programs may also have Supplemental Trainers, who are veterinary or medical pathologists or experts in their fields (i.e. there is no requirement for them to be pathologists). Supplemental Trainers may be Diplomate veterinary pathologists with a less than 10% time commitment to resident training (including adjunct faculty) or may be non-ACVP/ECVP/ECVCP Diplomates at any level of time commitment to training. **Additionally, anatomic pathology programs must provide access to clinical pathology Diplomates for training and vice versa.** In most cases, the pathologist in the other pathology discipline (AP or CP) would be usually at the Supplemental Trainer level with regards to time spent in direct training with the trainees unless one of the Supervising Diplomates had dual certification.

**Table 2. Minimum Supervising Diplomates required by trainee count**

<table>
<thead>
<tr>
<th># trainees</th>
<th>Minimum number of Supervising Diplomates(a,b) same discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>2</td>
</tr>
<tr>
<td>5-6</td>
<td>3</td>
</tr>
<tr>
<td>7-8</td>
<td>4</td>
</tr>
<tr>
<td>9-10</td>
<td>5</td>
</tr>
<tr>
<td>11-12</td>
<td>6</td>
</tr>
<tr>
<td>13-14</td>
<td>7</td>
</tr>
</tbody>
</table>

\(a\)Supervising Diplomates must be ACVP, ECVP, or ECVCP Diplomates in the primary discipline of the program

\(b\)not to exceed 2:1 ratio of trainees to Supervising Diplomates

Trainee externships can provide additional valuable experiences to complement a training program. If the externship is not supervised by an ACVP/ECVP/ECVCP Diplomate, then one of the Supervising Diplomates must be readily available remotely.

If the number of Supervising Diplomates falls below or is anticipated to fall below the required minimums (either absolute or ratio) based on the number of trainees in the program, the Training Program Director must complete an interim report to ACVP regarding the change. This includes time...
that any Supervising Diplomates are away on leave from the training program (Family and Medical Leave Act [FMLA] leave, sabbatical, sick leave, military leave, etc.). Temporary or permanent hires of pathologists who meet Supervising Diplomate requirements or changing the time commitment of a Supplemental Trainer to meet the requirements for a Supervising Diplomate can be utilized to prevent the need to report a deficiency or to correct a reported deficiency.

**Standard 2: Minimum Training Program Length**

Currently, there is variation in many elements of the 36 months of required time-in-training between training programs which is inconsistently applied to candidates. While some candidates or their training programs have requested exceptions to the 36-month minimum training in special circumstances, other programs or candidates may not disclose time off for sick, military, or parental leave during the credentialing process. Programs may differ in time allowed for vacation and sick leave, holidays, overtime and weekend work, and policies on leave (FMLA, military, sick, or voluntary unpaid leave). However, overall experience is more than just time-based, and programs differ in caseload and trainee responsibilities as well. Individual trainees learn and meet training milestones at different paces within a program. Flexibility appears justified provided it can be consistently applied to all programs and candidates.

*We recommend that ACVP-accredited training programs require trainees to be engaged in learning as described in their program description for a minimum of 36 months, with an allowance of a minimum of 33 months in special situations.* Exceptions to the 36-month training length minimum could be granted by the training program on a case-by-case basis to an individual trainee for situations such as medical, FMLA, or military leave or other time away. This puts all candidates and training programs on equal ground for special allowances and allows flexibility of the programs to tailor their decisions to individual candidates based on milestone achievements. The 33-36 months of training assumes that trainees will also have vacation time, holidays, and sick leave per their institutional policies included in these 33-36 months, and that their duty assignments accommodate their utilization of vacation and/or sick hours. The shorter minimum training length may ONLY be allowed when the trainee has otherwise met all milestones and other individual programmatic requirements.

*Training programs may, or in some situations listed in Table 3, must, establish a minimum program length requirement longer than 36 months, such as programs that are concurrent combined residency/PhD programs.* Training programs must define their minimum required training program length in the program description. *Accredited training programs should be given the flexibility to increase the minimum months-in-training for individual candidates if needed at the program’s discretion (e.g. if a reduced training schedule of fewer hours per month is developed to accommodate a trainee’s personal medical needs or their need to provide care for a dependent).*

Training toward ACVP Certifying Examination eligibility and training program completion cannot begin prior to graduation from a veterinary college or school.
### Table 3. Minimum training program length for program sponsorship

<table>
<thead>
<tr>
<th>Training</th>
<th>Required time in training</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACVP-accredited training program</strong></td>
<td></td>
</tr>
<tr>
<td>▪ Residency</td>
<td>Typically, 36 months. May be 33 months for exceptional situations on a case-by-case basis as determined by the training program if required milestones have been documented for individual trainees.</td>
</tr>
<tr>
<td>▪ Combined master’s degree or equivalent training program</td>
<td>May be longer than 36 months if defined in the accredited training program’s program description (e.g. for specialty studies and graduate education).</td>
</tr>
<tr>
<td>▪ <strong>Sequential residency</strong> followed by PhD training</td>
<td></td>
</tr>
<tr>
<td><strong>ACVP-accredited training program</strong></td>
<td></td>
</tr>
<tr>
<td>▪ Concurrent combined PhD or equivalent graduate program. Terminology can vary and may also include multiyear pathology-based postdoctoral programs or fellowships (e.g. Toxicologic Pathology, Comparative Pathology, Pathology Informatics, etc.)</td>
<td>Pathology experiences accumulated during the entire program length should be roughly equivalent to the time dedicated to pathology in a traditional 3-year residency program. Trainees in a concurrent combined program must have greater than 36 months of training for Phase II credentialing requirements, with the timeframe for program sponsorship for boards defined in the accredited training program’s program description.</td>
</tr>
<tr>
<td><strong>Pathology Internship</strong></td>
<td>Does not count toward time in training.</td>
</tr>
<tr>
<td><strong>Training opportunities in veterinary pathology of &lt;36 months</strong></td>
<td>Does not count toward time in training unless part of a formalized collaboration with an ACVP-accredited training program or part of an individual trainee’s approved alternative training route.</td>
</tr>
<tr>
<td><strong>Graduate education or fellowship in pathology or related field if the trainee is not registered in an ACVP-accredited training program</strong></td>
<td>Does not count toward time in training unless part of an individual trainee’s approved alternative training route.</td>
</tr>
</tbody>
</table>

**Combined Graduate Education and Residency Programs**

ACVP-accredited combined programs that include training toward a PhD should provide dedicated pathology training through AP or CP service work and didactic/seminar courses, which approximates the recommended dedicated effort in a traditional 3-year residency program. Combined residency and master’s degree programs that are ACVP-accredited may be 36 months as indicated in Table 3 or may have extended time requirements per the training program description. Trainee performance in pathology and graduate education should be evaluated at least annually, and it is strongly...
recommended that a pathologist of the same discipline as the trainee be a member of the trainee’s graduate advisory committee to facilitate communication between the pathology and research portions of the trainee’s program. Combined programmatic guidelines should also clearly outline recommendations for taking the ACVP Phase I and Phase II Certifying Examinations (e.g. coordinate the Phase I Examination with the PhD candidacy exam and the Phase II Certifying Examination with dissertation defense), including any protected time for board preparation. ACVP Certifying Examination sponsorship for combined program trainees should reflect mutual consent by the specialty pathology teaching team as well as the graduate advisory committee.

Internships
There is no regulatory body that oversees either rotating or specialty veterinary internships. The opinion of this task force is that ACVP shall not accredit pathology-focused specialty internships at this time. Veterinary pathology internships in CP, AP, or both will not count toward time-in-training eligibility requirements for the ACVP Certifying Examination or completion of a training program.

Programs that train veterinarians in veterinary pathology for less than 36 months should consider whether they best fit as an internship or if they would better fit as residency training upon formal collaboration with other institutions within an ACVP-accredited training program.

Other Programs of <36 Months in Training
Pathology training programs of less than 36 months do not fulfill Standard 2 and cannot be accredited alone. These programs can provide excellent learning opportunities for expertise in specialty areas of pathology but may also have a species- or organ-system limited caseload as well as time-limited training. We strongly encourage programs with these shorter-term but valuable training opportunities to collaborate with one or more institutions to formalize collaborative training programs that can be accredited by the ACVP. Trainees could also train in these shorter programs if part of an individual approved alternative training plan.

Standard 3:  Support of Trainees in the Areas of Core Competencies; Professionalism; Leadership; Wellness; and Diversity, Equity and Inclusion

Accredited programs must provide curriculum, environment, and/or opportunity for trainees to develop the core competencies needed as entry level pathologists in veterinary pathology and must provide support of trainees in the areas of professionalism; leadership; wellness; and diversity, equity, and inclusion.

Core Competencies
Core competency refers to knowledge and skills acquired through veterinary pathology training programs for trainees to become board-certified and to succeed in entry-level positions. Core competencies required for ACVP entry-level pathologists are listed as general or discipline-specific core competencies in the 2020 Core Competency Updates from the Training Program Committee, the 2020 Informatics Core Curriculum for Veterinary Pathology Residents from the Informatics Committee, and best practice publications (Aisner et al 2016; Christopher et al 2003; Clay and Fisher 2017; Kidney et al 2009; Munson et al 2010; Sharkey et al 2006; Sharkey 2012). Training programs should continue to emphasize core areas: 1) Lifelong learning; 2) Recognition of disease and mechanisms of disease; 3)
Diagnostic competence; 4) Integration of knowledge across comparative medicine; 5) Clarity of spoken and written communication; and 6) Procedural requirements related to health and safety, quality assurance, and quality control.

Core competencies should be periodically updated to reflect advances in knowledge and technology that have changed the discovery, development, and practical application of diagnostics, therapeutics, and preventatives in animal and human health, and to address needs and expectations of the next generation of trainees. Any updates to ACVP-identified core competencies should be communicated promptly to all stakeholders.

In the application for initial or renewal ACVP accreditation, training programs will be asked to complete a narrative description of features of the training program that demonstrate programmatic support for the development of core competencies.

- A description of facilities
- Listing of equipment; provide context for direct use of the equipment by trainees
- Service and specialty track rotations
- Listing of the faculty associated with a program, including title/rank and percent effort of employment time dedicated to pathology training
- Program’s annual caseload by service rotation (include species or other relevant descriptors)
- Availability of ancillary diagnostic services
- Interactions of trainees with other veterinary or medical specialties within the institution or participating sites
- Required or available coursework
- Conference attendance by trainees (is participation required or encouraged, are conference fees and travel expenses paid)
- Graduate degree options (if available) to trainees while in training program
- Pathology resources (reference materials, slide sets, etc.)

Wellness, Professionalism, and Leadership

Wellness, professionalism, and leadership skills (Sims and Darcy 1996) are essential to the ability of trainees to successfully complete a training program, meet deadlines, set priorities, teach (students, fellow trainees, graduate students), communicate appropriately with clinical veterinarians and other clients, and become compassionate leaders of tomorrow. Training programs should actively foster and promote an environment that supports the professional, physical, psychological, and social wellbeing of trainees. These aspects of training are not only essential for the development and growth of the individual trainee but contribute to a positive training program environment and ultimately lead to a more resilient and prepared membership base of our veterinary pathology profession.

A focus on a culture of well-being and professional and leadership development is a required programmatic component of an ACVP-accredited training program. Examples can be taken from veterinary school and veterinary internship standards as well as from the American College of Graduate Medical Education (ACGME) which is the accrediting organization for physician internships, residencies, and fellowships.
In the application for accreditation, training programs must provide a narrative on how they address wellness, professionalism, and leadership. Suggestions for ways to incorporate these skills and support into a training program are provided in Appendix 2.

Culture of Wellness

According to the American Veterinary Medical Association (AVMA), “the wellbeing of veterinary professionals is one of the most important issues facing our profession, and a critical focus of the AVMA” (https://www.avma.org/resources-tools/wellbeing). In the veterinary population as a whole, studies have found a higher rate of suicide in veterinarians than in the general population, and 17% of veterinarians surveyed in one study reported suicide ideation since leaving veterinary school. The nature of graduate school and high stakes residency training can amplify the factors that contribute to poor wellbeing. Studies of graduate students have indicated that they are 6 times more likely than the general population to experience depression and anxiety (Evans et al, 2019).

A study of burnout in MD pathologists indicated that wellness and resilience can be taught at the residency level, that use of wellness tools can help prepare residents for high stress career environments, and that burnout can be reduced (Saint Martin, et al, 2019).

The ACGME’s 2020 AP-CP program requirements specifically state that “Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician...Sponsoring institutions have the same responsibility to address well-being as other aspects of resident competence.” The ACGME focuses on 4 key areas to ensure resident wellness: enhancing the experience of being a physician, attention to scheduling and work intensity, evaluating workplace safety, and programs that encourage optimal well-being. Specific details include provision of appropriate medical care (medical, dental, mental) with time allowance to pursue such care when needed, provision of appropriate leave for health-related reasons (illness, family emergencies, parental leave), and fatigue mitigation. The ACGME sets program regulations limiting the number of working hours by trainees (per week, consecutive, and on-call). The ACVP Training Program Accreditation Task Force discussed whether similar prescriptive regulations should be set for ACVP accredited training programs. A majority of the task force was not in favor of standardized detailed metrics for fatigue mitigation at this time but determined that training programs must describe their own fatigue mitigation practices and trainee wellness support processes in their application for ACVP training program accreditation.

This is an important opportunity for ACVP to lead the way in our profession in establishing a culture of well-being, professionalism, and leadership. The task force recommends that the ACVP BOD consider:

- Investigating (surveying) mental health, wellness, and life balance of its trainees, affiliated professionals, and Diplomate members
- Creating a guidance document on well-being, professionalism, and leadership that provides recommendations to all ACVP training programs for wellness tools such as resources, services, training, practices, and opportunities available (example: The Physician Resiliency Website)
- Supporting and encouraging ACVP Trainee Affiliate members in leadership roles in ACVP (e.g. committee membership)
- Continuing to provide lifelong learning opportunities on these topics at National Meetings or in other ways (e.g. webinars, podcasts, etc.)
- Encouraging mentorships or support structures that address these issues
Overall, addressing wellness, professionalism, and leadership will enhance the trainee experience but will also positively impact the profession as a whole. ACVP has the opportunity to affect continuous improvement of the profession by starting at the trainee level and creating a culture of wellness, support, and professionalism for each other and to advance our field.

Culture of Diversity, Equity, and Inclusion (DE&I)
Training programs must create and demonstrate a supportive environment that promotes diversity, equity, and inclusion where everyone is welcome, accepted and respected. Programs are encouraged to create awareness of DE&I to both trainees and mentors using materials made publicly available through other institutions (Appendix 1), if the institution does not have their own. Demonstration of a commitment to DE&I can include, but is not limited to:

- creating resource libraries that are accessible to trainees and mentors that include training modules/informational materials on microaggressions, unconscious bias, anti-racism and use of gender pronouns
  - utilization of institutional programs or offices (for services, information, reporting, and/or conflict resolution
  - Institutional/departmental offices of diversity, equity and inclusion
  - Counseling services; psychological support
  - Ombudsperson
- identification of other existing resources; a few examples
  - map of gender-neutral bathrooms
  - map of wheelchair accessible points and facilities
- show evidence of the program’s approach to increase the diversity of incoming/new trainees
  - show evidence of practices to ensure trainee success in the context of DE&I (e.g. mechanisms for reporting harassment and/or discrimination, trainee exit interviews, etc.)
- educate mentors on how to promote a diverse, equitable and inclusive environment (training sessions)

Training programs must have a mechanism in place for trainee feedback on how well the training programs facilitate and support the trainees in meeting their milestones. Programs must provide an opportunity for feedback from trainees and, as part of program review, training programs should address the issues brought forth from trainee reviews. The task force also proposes that the Training Program Accreditation Committee deliberate on a mechanism for trainees to provide direct programmatic feedback to ACVP

Standard 4: Set and Document Milestone Achievements with Trainees

Milestone Overview
To date, the ACVP Certifying Examination and the sponsorship of candidates for credentialing have been used to evaluate whether trainees have developed certain testable and non-testable core competencies necessary for entry level pathologists. Core competencies are observable abilities related to a specific
activity that integrate knowledge, skills, values, and attitudes. The task force proposes standardizing these required core competencies among training programs into a standardized Milestone Achievement Record to set clear goals and expectations for trainees, encourage documentation of achievement of these competencies, and more seamlessly integrate training programs into the credentialing process of individual candidates. Milestones are defined, observable markers of an individual’s ability along a developmental continuum.

The task force proposes that ACVP-standardized milestones must be set and documented in all accredited AP and CP training programs as the fourth program standard. The task force recommends that the milestone documents be accessible to the public on the ACVP website so that prospective trainees can access and review the expected core competencies and milestones prior to applying to a pathology training program.

*Note: The task force also proposes that any individuals approved to train by an alternate route (not in an ACVP-accredited training program) or for dual certification must have milestones documented by their Training Coordinator or Diplomate Mentor, respectively. This standardizes the documentation of preparation of all candidates to be entry level pathologists and for the ACVP Certifying Examination.*

It is proposed that trainees are evaluated on their progress toward core competencies at periodic intervals (at 6 months and then annually, at a minimum) in their program in the following way:

- The trainee will receive the milestone achievement record and explanation at the beginning of the program.
- The training program Supervising Diplomates will periodically meet with the trainee to review levels of progress and achievement.
- Recommended intervals to achieve each milestone level are provided for those engaged in uninterrupted training in the practice of pathology. However, the training program may adjust those intervals for periods of time as needed to accommodate differences in training program timelines, for example to include activities regarded as outside the practice of pathology (i.e. graduate education and research; programmatic leave of absence).
- Any deficiency in milestone level achievement must be accompanied by specific recommendations, a timeline for improvement, and a scheduled follow-up evaluation.
- The recording of achievement reviews is housed in a standardized document; see Appendices 3 and 4 for examples of what a Milestone Achievement Record could look like using the existing required Core Competencies set by ACVP. The milestones documents will be written by ACVP after the next review of the core competencies, which are developed and written by other ACVP committees including the Training Program Committee and Pathology Informatics.
- It is recommended that the milestone record be a supplement to the trainee periodic or annual evaluation.
- Program sponsorship of a trainee for the Phase II Certifying Examination should be based on consensus agreement of program Supervising Diplomates as to whether a trainee is or will be prepared to take the Certifying Examination that year. Documentation of successful completion through Level 3 of each milestone must be submitted with program sponsorship for the Phase II Certifying Examination. We recommend that the milestone documentation be submitted through an online trainee portal (see below).
- The culmination of the fourth levels of milestone achievements on the Milestone Achievement Record is intended to serve as support documentation of successful training program completion for training program certificates, etc. (but is not required for program sponsorship to take the Certifying Examination).
Program Sponsorship of Candidates for Credentialing in ACVP-accredited Training Programs

Program-based sponsorship of candidates should replace individual sponsorship of candidates for credentialing after ACVP accreditation is established and there is standardization of training documentation across accredited programs. A candidate’s level of preparation for the ACVP Certifying Examination would be assessed by group discussion and consensus of the program’s Supervising Diplomates after review of the candidate’s Milestone Achievement Record and any program-specific requirements or documentation. Training programs can set their own method for determining consensus for sponsorship decisions (e.g. majority vote). The Training Program Director then becomes the responsible party for signing a candidate’s sponsorship on behalf of the program after consensus decision. Program sponsorship decisions must be made while the trainee is still enrolled in the training program. After receiving program sponsorship, candidates may delay applying for or taking the certifying examination: once given, program sponsorship would cover the next 4 consecutive examination years before expiring. Candidates cannot seek program sponsorship from their training program after leaving it (but could obtain sponsorship elsewhere after successfully completing an individual alternative training plan that should take into consideration both their time-in-training and their Milestone Achievement Record documentation to date). Note that this case would only be applicable to candidates who left a training program without completion of required milestones or who for any other reason were denied program sponsorship prior to their training program end date. Candidates who transfer training programs would obtain program sponsorship from the program where they complete their training.

Program sponsorship must only be given to candidates whom the program considers either ready to take the Certifying Examination or who, in the experience of the Supervising Diplomates, are on track to meet all program and milestone requirements and will be prepared by the time of the Certifying Examination.

The task force recommends that once program sponsorship is given to a candidate, the sponsorship cover a period of 4 consecutive examination years. For example, if program sponsorship is given in late 2020 or early 2021, it could be used to apply for the 2021, 2022, 2023 and 2024 Phase II Certifying Examinations. Programs cannot renew or extend sponsorship beyond 4 consecutive years.

If the candidate does not attempt or pass the examination after this time, they would be required to complete an ACVP-approved individual alternative training plan or repeat an ACVP-accredited training program and receive sponsorship approval again prior to being able to reapply for the examination. (See sections on Alternative Training Plan and Proposed Changes to Credentialing Eligibility for additional information.)

In all cases, sponsorship may only be given if candidates have successfully completed all milestones through Level 3 on the Milestone Achievement Record. Documentation of milestone achievements is important with regards to sponsorship to:

- support the granting or withholding of program sponsorship
- support or counter the position of a candidate who appeals a program decision to withhold sponsorship
- provide a record that can be used to support a candidate’s training history in case of Supervising Diplomate or Training Program Director turnover
• provide a record that can transfer with a trainee to another accredited training program or support an individual alternative training plan
• document completion of required milestones to ACVP to facilitate the credentialing process for the Phase II Certifying Examination.

See section on **Sponsorship Summary** and Table 7 below for a discussion on sponsorship in all 3 training routes (accredited programs, individual alternative training plans, and dual certification).

**Advantages of Milestone Assessment to Trainees, Training Programs, and the ACVP**
The milestone structure is intended to be a roadmap for expectations set for the trainee. Public availability (ACVP website) of these milestones increases transparency to anyone interested in training to become an ACVP Diplomate. From day one of the program, expectations are set for mastery of core competencies. This increases awareness of competency expectations for both trainees and mentors. The listed core competencies have varying levels of visibility in training programs. The milestone structure makes all expected competencies transparent to trainees and mentors. Other than time spent documenting the milestones, the task force sees significant benefit to both trainees and training programs:

- Provides trainees periodic, incremental feedback on progress and/or the need for improvement on well-defined competencies;
- Provides training programs a consistent candidate feedback instrument on measures common to all training programs;
- Standardizes measurement language;
- Provides ACVP a measure of confidence that progress is assessed for proficiency in marginally testable and non-testable competencies;
- Provides ACVP a measure of confidence that the candidate is assessed for certifying examination preparedness;
- Provides training programs a tangible, objective Milestone Achievement Record for determinations of whether a trainee meets the training standards for program sponsorship required for the application to take the ACVP Certifying Examination. The milestone documentation can support program sponsorship or withholding sponsorship for a candidate.

**Milestone Structure**
Milestones were generated by strictly incorporating expected core competencies identified by the ACVP Training Program Committee. These core competencies were condensed and organized into milestone categories related to the practice of anatomic pathology and/or clinical pathology (see Table 4). Within each milestone, there are descriptions of expected levels of ability achievement at recommended time intervals. The levels describe cumulative mastery and competency within each milestone. The milestone core competencies at the time of writing this report are presented in Appendix 2. As core competencies are periodically updated by ACVP, the milestones must be reviewed by either the Training Program Accreditation Committee, the Training Program Committee, and/or other ACVP working groups, with subsequent adjustments made in the milestones or milestone levels as needed. Changes to milestones must be promptly communicated to training programs and trainees.
Table 4 Milestones

<table>
<thead>
<tr>
<th>Milestone</th>
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<tbody>
<tr>
<td><strong>Shared (AP and CP)</strong></td>
</tr>
<tr>
<td>1. Core competency in research and future practices</td>
</tr>
<tr>
<td>2. Core competency in laboratory management, communication and professionalism</td>
</tr>
<tr>
<td><strong>Anatomic Pathology</strong></td>
</tr>
<tr>
<td>3. Core competency in the macroscopic and microscopic evaluation of tissues and data integration for disease diagnosis</td>
</tr>
<tr>
<td>4. Core competency in biosafety and laboratory technology</td>
</tr>
<tr>
<td><strong>Clinical Pathology</strong></td>
</tr>
<tr>
<td>3. Core competency in sample processing and clinical microscopy</td>
</tr>
<tr>
<td>4. Core competency in biosafety and laboratory technology</td>
</tr>
</tbody>
</table>

**Proposed Accreditation Documentation and Review Structure**

The following are the task force’s recommendations for program reporting and review. Training programs already approved, registered, or accredited by the ECVP, ECVCP, FRCPath, or other organizations will require independent and full participation in the ACVP training program accreditation process in order to train pathology trainees towards eligibility to take the ACVP Certifying Examination via the accredited training program route.

**Potential Participating Training Programs:**

As ACVP does not currently register or approve training programs, there is not an exact count of training programs worldwide. We also do not know how many current training programs would choose to apply for ACVP accreditation. The ACVP Training Program Committee (TPC) records indicate that there are approximately 28 AP and 20 CP programs in North America in 2020. The American Society of Veterinary Clinical Pathology (ASVCP) has 50 worldwide training institutions listed for Student Seminar Stipends. The task force estimates that worldwide there might be 35 AP and 30 CP programs that may apply for accreditation based on programs that produced candidates for the AP or CP ACVP Certifying Examinations in recent years. We base the following recommendations for training program review on the premise that there would be approximately 35-50 AP and 30-50 CP programs for renewal every 5 years plus annual reporting.

**Review Body**

The task force recommends that the ACVP Board of Directors establish a committee to be called the Training Program Accreditation Committee (TPAC). The committee must have a minimum of 7 Members and must include both AP and CP Diplomate Members. The task force recommends the TPAC also have no more than two non-voting, 1-year appointments of ACVP Trainee Affiliate Members (1 AP and 1 CP) on the TPAC. These ACVP Trainee Affiliate Members must be at least 12 months into their training in an ACVP-accredited training program. All other TPAC members must be ACVP Member Diplomates. ACVP Allied Professionals members should not have membership on the TPAC. The committee membership
should otherwise be flexible to allow perspectives from multiple stakeholders in the training process. Diplomates from different career stages and employment sectors should be included. Terms will be for up to 3 years, with a maximum of up to 2 consecutive terms (for Chair or Co-Chair). A member from the ACVP management team should be available for administrative support. Confidentiality agreements must be signed. Members must excuse themselves from discussion of their own programs and must abstain from voting on applications or reports for their respective institutions. Members cannot also serve on the ACVP Appeals Committee.

**Training Program Accreditation Committee Charges**
The committee would be charged with making recommendations to the BOD regarding:
- Performing an annual review of ACVP’s training program standards and milestones to include seeking input from other relevant ACVP committees (e.g. Training Program Committee) to ensure all current core competencies are addressed
- Writing and maintaining the training program accreditation guidance documents
- Developing Program Description, Annual Report, and Interim Report templates
- Maintaining lists of accredited training programs and their accreditation dates and dates of accreditation expiration
- Reviewing all training program accreditation submissions including the initial application, renewal applications, annual reports, and interim reports; make recommendations to the BOD regarding full, probationary, or rejected applications for accreditation
- Communicating with training programs
- Communicating with trainees of any change to program accreditation status

**Recommendations on Initial Implementation of the Accreditation Process**
The task force recommends that a small pilot implementation of the Milestone Achievement Record be conducted in one or two Anatomic and Clinical Pathology training programs for up to a year while plans are being generated for full training program accreditation implementation. These volunteer programs would use the milestone assessments in their trainee evaluations during that time and would provide program and trainee feedback to ACVP. During the pilot, trainees would not yet be held to the new credentialing requirements proposed.

For initial implementation, the task force recommends that training programs be encouraged to submit initial applications within a 1-year period during which ACVP could plan for an initial surge of applications and initially start with a larger number of Training Program Accreditation Committee (TPAC) members, split into Anatomic and Clinical Pathology subcommittees. TPAC should consider whether for the first year during implementation a deadline for initial applications should be set instead of rolling applications as we recommend for committee review practice. We recommend that additional administrative support be provided in this first year to facilitate an administrative review of incoming applications with regards to completeness of the application and fielding questions regarding the application process. This would enable only complete applications to be sent to committee members and would help prevent applications from being rejected for being incomplete.

As trainees would also have a grace period for new credentialing requirements in the proposed new model, the sooner the training programs can become accredited (i.e. the shorter the transition period), the earlier the new recommended credentialing requirements can be put into effect and the smoother the transition.
In the first years of the TPAC committee formation there should be a plan for staggered committee membership such that there can be 1-2 members rotating off per year and 1-2 rotating on. Succession planning must be part of the committee SOP. If there is a requirement for ACVP Trainee Affiliate Members to be currently or recently associated with an accredited training program, that will not apply to the first committee membership, as no programs will be accredited initially until committee review.

As the ACVP training program accreditation process commences, renewals may receive staggered first renewal dates (between 3-6 years) so that roughly 1/5 of programs can be reviewed yearly in the future. It should be left to the TPAC to decide how best to stagger the renewals.

Training Program Accreditation Manual

An ACVP Training Program Accreditation Manual should be written and maintained by the TPAC, reviewed and updated at least annually, and made available on the public pages of the ACVP website. The manual should contain relevant definitions; training program standards; procedures for accreditation application; reporting and renewal applications for accreditation; expectations for programmatic feedback; the appeals process; and the outline of outcomes of accreditation assessments. Examples should be given where helpful, including examples of program description applications. The Training Program Accreditation Manual should also cover registration of trainees with ACVP at the beginning of their training programs, transfer of trainees between programs, milestone documentation, program sponsorship, and the importance of constructive feedback and review of trainee performance throughout their training program. Although the TPAC would operate based on SOPs, their committee processes should be described with enough detail in the Training Program Accreditation Manual that there is transparency of operation. This would include strategies in place to avoid conflict of interest during reviews, a description of how committee membership is chosen, application review and voting procedures, etc.

Submissions and Reviews

Submissions include an initial and 5-year renewal applications (program description), annual reports, and interim reports (See Appendix 5 for content description of each form).

Annual reports and 5-year renewal applications from training programs must be completed by a deadline set by the committee in an SOP. Initial program descriptions and interim reports can be submitted at any time throughout the year (Table 5). Only complete renewals and annual reports submitted by the deadline will be reviewed. Programs that fail to submit a renewal or annual report by the deadline, send an incomplete submission, or fail to respond to a request for additional information will receive probationary status (Table 6).
Table 5. Training Program Accreditation Evaluations

<table>
<thead>
<tr>
<th></th>
<th>Submission</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial (full program description)</td>
<td>Rolling submissions</td>
<td>once</td>
</tr>
<tr>
<td>Renewal (full program description)</td>
<td>By deadline each year</td>
<td>every 5 years</td>
</tr>
<tr>
<td>Annual reports</td>
<td>By deadline each year</td>
<td>every year</td>
</tr>
<tr>
<td>Interim reports (change or deficiency reporting)</td>
<td>Within 60 days of deficiency</td>
<td>as needed</td>
</tr>
</tbody>
</table>

**Initial Application for Accreditation**

A training program may submit an initial application with a program description (Appendix 5) to ACVP for review at any time (rolling submissions) after developing a program that meets all 4 standards for ACVP training program accreditation. The initial training program accreditation application should be submitted at least 6 months prior to the desired training start date for the first trainees in a new program to ensure enough time for review and addressing any recommended changes. New programs will be reviewed by the TPAC as received, and the committee will forward recommendations for accreditation status to the ACVP BOD for final approval. Only complete program descriptions for new programs will be accepted for full committee review.

Upon implementation of training program accreditation by ACVP, existing training programs should be given a 1-year grace period to apply. Trainees who have entered the training program prior to the end of the 1-year grace period may follow the preceding credentialing guidelines. New programs or programs submitting their first program description after the 1-year grace period following the establishment of ACVP training program accreditation should not accept trainees before becoming accredited, as the time spent in training in an unaccredited program will not count toward time in training. Trainees wishing to train in an unaccredited program should apply individually in advance for an individual alternative training plan.

Deadlines for applications and reports should be set by the TPAC as part of the committee SOP. The committee should consider multiple factors in determining application and report deadlines including common training program start dates, trainee application and acceptance dates, and common holiday and vacation periods (e.g. end of calendar year) with reduced staffing in training programs.
<table>
<thead>
<tr>
<th>Status</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full Accreditation</strong></td>
<td>Full accreditation status is given following ACVP review of an initial or renewal application if the program demonstrates compliance with ACVP Standards and other program requirements.</td>
</tr>
<tr>
<td></td>
<td>Trainees in a fully accredited program may apply to take the ACVP Phase I and Phase II Certifying Examinations at program-designated timepoints following demonstration of applicable milestone completion. New trainees can be recruited into the program.</td>
</tr>
<tr>
<td></td>
<td>Full accreditation ends on the expiration date of the accredited period (generally 5 years). To remain accredited, a new program description must be submitted for review prior to accreditation expiration.</td>
</tr>
<tr>
<td></td>
<td>To encourage timely submission, renewal reminders to training program coordinators should be sent at 6 months, 3 months, and 1 month prior to the deadline, with submission encouraged early in the application window (at least one month).</td>
</tr>
<tr>
<td><strong>Probationary Status</strong></td>
<td>Probationary status may be given following report of a program deficiency, an issue of non-compliance, inaccurate program reporting, or an incomplete or late annual report or renewal application. Probationary status may be recommended for a training program by the TPAC to the ACVP BOD after review and communications with the training program. A plan and timeframe for correction will be given. The training program can appeal the decision given special circumstances (e.g. hiring freezes, natural disaster, etc.) or the program can document within 12 months that it now meets deficiencies. Maximum length of probationary status at any given time is 12 months.</td>
</tr>
<tr>
<td></td>
<td>During a period of probationary accreditation, accepted and current trainees can still enter and train in the program and their time will be applied towards credentialing requirements for the period of program probation.</td>
</tr>
<tr>
<td><strong>Suspension of Accreditation</strong></td>
<td>In the event a probationary situation is not resolved within 12 months, then a program will be placed on suspension. Certain major program deficiencies may result in direct suspension rather than probation (e.g. loss of all Supervising Diplomates).</td>
</tr>
<tr>
<td></td>
<td>Active trainees would need to either submit and have an individual alternative training plan approved by ACVP with consideration of their time-in-training to date or would need to transfer to an accredited training program to complete their training. New trainees should not be accepted unless an individual alternative training plan is approved by ACVP.</td>
</tr>
<tr>
<td><strong>Rejection (no accreditation status given)</strong></td>
<td>Initial applications that the TPAC determines do not document that training program standards can be met will be recommended to the BOD for denial of accreditation status without prejudice and may be accompanied by constructive feedback with recommendations for resubmission. (Table continued next page)</td>
</tr>
</tbody>
</table>
### Incomplete or Late Application

Incomplete or late applications are not reviewed and can be resubmitted in time to meet the next review deadlines.

- Incomplete initial application (with rolling submissions): Resubmit complete application.
- Late or incomplete renewal application: Probationary accreditation will be activated until the next annual deadline. Accreditation will be suspended if renewal applications are more than 12 months late.
- Late or incomplete annual report: Probationary accreditation will be activated until the next deadline is met.

### Accreditation Renewals

After an AP or CP program is accredited for the first time by the ACVP, full renewals with updated program descriptions must be submitted every 5 years during a yearly review period set by the TPAC.

The task force discussed a time frame for renewals of 3 to 5 years and determined that a 5-year cycle would give programs the opportunity to train residents through a 3-year training period, set continuous improvement goals, reflect on program and trainee experience and feedback, affect change, and review outcomes of changes. The task force also recognizes the efforts that training programs will put into a full program description and felt that renewal could be extended to 5 years (versus 3 years) with the use of short annual reports or interim reports to demonstrate continued compliance with standards and to self-report either deficiencies or progress toward continuous program improvements.

Programs should anticipate that updates/changes to the standards, core competencies, milestone guidelines, or program description template may occur over a renewal period and should refer to the ACVP website for the TPAC guidelines for the most current requirements. Deadlines for submission of renewals would be determined by TPAC.

### Annual Reports

ACVP accredited training programs must submit an annual report to ACVP (Appendix 5) that confirms continued compliance with the program description for the 4 standards, states progress on self-identified improvement goals, addresses any new program needs or changes, and can add or remove training faculty or institutional collaborators.

### Interim Reports

Accredited programs are required to submit a notice (Appendix 5) to ACVP within 60 days of any changes that result in the inability to meet one or more of the 4 program standards (e.g. insufficient Trainee:Supervising Diplomate ratio; loss of facilities, equipment, or resources to provide trainees; major decreases in caseload; loss of an essential institutional collaborator; etc.). Failure to report can result in non-compliance and a change in accreditation status. After an interim report is filed for a deficiency or projected deficiency, a plan of action will be determined between the program and the TPAC. An interim report should also be filed to report new formal institutional collaborations. Any other changes can be reported in the annual report.
Data Management, Storage, and Use

The task force recommends that the program description and annual reporting process be conducted through an online document management platform that:

- Allows easy creation and editing of online forms by ACVP
- Allows easy and flexible data entry by the training programs
- Allows forms to be drafted, saved, and edited during writing prior to submission
- Allows editing of a response after submission (e.g. if further clarifications are requested)
- Allows for the archival and access of data over time (access to current and historical program descriptions and reports by both ACVP and the training programs)
- Allows easy access for review and data retrieval for current committee members
- Facilitates the review process (sharing of submissions, commenting, voting)
- Provides confidential access to assigned users (e.g. current committee members, designated ACVP management team staff, new Training Program Coordinator within an ACVP-accredited training program or upon transfer to alternate route)
- Ability to use data as needed for future outcomes assessment and refinement of best practices and training standards (with permission of the training programs for data usage)
- Ability to transfer data across platforms in case of change over time

Different ABVS programs have recommended different platforms. Options could include commercial document submission and review platforms such as Submittable (used by ACLAM), online form and data storage (spreadsheet) programs such as Jotform (used by ACVR), or document sharing programs such as Google Docs. ACVP could also build its own database, but a custom-built database may be less amenable for review by multiple reviewers or by anyone outside of the group that manages the database, which can lead to added management staff time required for any use. Our initial recommendation would be to obtain more information and custom pricing from Submittable.com, which is used successfully by ACLAM and garnered positive feedback from both applicants (training programs) and their review committee. It meets most of the database requirements listed above and facilitates committee review, commenting, and voting on applications. There would be a monthly or annual fee associated with use of Submittable.com.

Committee Budget

We estimate that most of the costs associated with the accreditation review process would be $3,000-$5,000/year for phone/collaboration services, management fees, and the cost of the online form/data storage/document review platform. There are no site visits and therefore no travel expenses in the proposed accreditation review process. The trainee portal may have additional costs associated with building and maintenance of the portal if different from the Maintenance of Certification (MOC) portal.

Costs to Institutions

The task force recommends that training programs not incur a charge for the accreditation process to encourage training program standardization, promote a culture of continuous improvement in training programs, encourage worldwide applications for accreditation, and streamline trainee registration.

Appeals Process

A training program may appeal adverse accreditation decisions. These appeals will be referred to the already existing autonomous ACVP Appeals Committee for review. The Appeals Committee will not
contain any members from the group(s) involved in the original decision, such as the TPAC. Any member of the Appeals Committee with a conflict of interest (e.g. former TPAC member involved in the original decision, member currently working in the same training program as the appealing program, etc.) must completely recuse themselves as an Appeals Committee member from participation for that particular appeal process (but could participate as a program representative of the appealing institution).

Approved Individual Alternative Training Plans

Training routes to eligibility for the ACVP Certifying Examination should be referred to as “ACVP-accredited training programs,” “approved individual alternative training plans” or “dual certification training.” In contrast to individuals training in an ACVP-accredited training program (in which case only the program needs to be approved by ACVP), each individual seeking to pursue an alternate route to training must have an individual alternative training plan (IATP) approved by the ACVP Credentialing Committee prior to initiating training. IATPs must be submitted by the prospective trainee and a Supervising Diplomate (Training Coordinator) on a form to be developed by the Credentialing Committee. The IATP form should approximate the questions on the form for initial or renewal accreditation applications, as most of the same questions would be relevant information required for the Credentialing Committee to make a decision regarding IATP approval. The task force recommends that the Credentialing Committee develop a sample IATP for reference.

Note: There may be scenarios where an IATP is necessary for an alternate route candidate who will train at an institution that has an ACVP-accredited training program, (e.g. individuals with prior training). If a prospective trainee does not apply into the accredited training program as described by the full program description (including minimum time in training of 33-36 months), then they must apply via their own IATP.

The task force recommends this approval process be conducted by the Credentialing Committee and that applications for alternative training plans be accepted on a rolling basis with decisions announced within 6 weeks of receipt of a complete application. The Credentialing Committee may approve the IATP, may approve the IATP with stipulations, or may deny the application without prejudice and provide constructive feedback with recommendations for resubmission. Adverse decisions may be appealed to the ACVP Appeals Committee, or the IATP may be resubmitted with changes.

Once an IATP is approved, the Training Coordinator must submit an annual report to the Credentialing Committee and include the updated Milestone Achievement Record. If the Training Coordinator notes the need for a change in the IATP after the trainee has begun their training plan (such as assessing that a candidate will need more time in training based on milestone evaluations or the inability to meet any of the required training plan standards), an IATP amendment must be submitted to the Credentialing Committee. If the amendment is not approved, training should not continue.

It is important to note that approval of an individual alternative training plan application or annual reports by the Credentialing Committee does not guarantee a determination of eligibility at the time of application for the Phase I or Phase II Certifying Examination, nor does it imply program sponsorship will be given, nor does it guarantee a trainee will pass the ACVP Phase I or Phase II Certifying Examination.
Proposed individual alternative training plans must meet the 4 standards required of accredited programs with the following changes:

**Standard 1:** A minimum of 2 Supervising Diplomates are required to participate in the individual’s training, similar to the standard for accredited training programs. One of these Supervising Diplomates will be identified as the IATP Training Coordinator and signatory for Training Committee sponsorship on behalf of all IATP Supervising Diplomates. The second Supervising Diplomate may be external to the institution. All Supervising Diplomates on an IATP must be active in their mentorship roles for the trainee and must participate in the Milestone Achievement Record reviews as well as the determination of sponsorship to take the Phase II Certifying Examination.

Like candidates from ACVP-accredited training programs, the task force proposes that *sponsorship for a candidate with an approved IATP in an alternate route of training be valid for a maximum of 4 consecutive examination years after which time additional training (IATP or accredited training program) must be conducted prior to additional sponsorship for credentialing.*

**Standard 2:** A plan of acceptable length to both the Credentialing Committee and the Training Coordinator must be determined in advance and followed (see section below on Requirements of Minimum Time-in-Training by Scenario for Alternate Routes). Changes during a program may extend the program length upon mutual agreement of the Training Coordinator and the ACVP Credentialing Committee via an amendment to the IATP.

**Standard 3:** The IATP must describe how it will provide the curriculum, environment, and/or opportunity for the trainee to develop the general, discipline-specific, and informatics core competencies as well as provide development opportunities in the areas of wellness, professionalism, and leadership. The IATP application must describe how it will do so.

**Standard 4:** The Training Coordinator for the IATP must complete quarterly reviews of the trainee’s milestone progression. The same levels (through Level 3) must be completed for all milestones on the Milestone Achievement Record for alternate route trainees as for trainees in an ACVP-accredited program in order to receive Training Committee sponsorship for the Phase II Certifying Examination.

**Requirements for Minimum Time-In-Training by Scenario for Alternate Routes**

A. **Trainees with 3 or more years of prior relevant and applicable on-the-job experience.** A veterinarian who has been fulfilling the duties of a pathologist or pathology faculty member for 3 or more years but who has not trained in an ACVP-accredited program may apply for an IATP. The IATP should detail and document the relevant prior training of the individual and how the relevant prior training and years of experience were assessed by the Training Coordinator. The IATP for this trainee must include all standards as above, with time-in-training proposed as a minimum of 12 months, with consideration given to current assessment of milestone achievements by the Training Coordinator. Once the trainee begins the training plan, the IATP should be amended early if the Training Coordinator determines that the trainee is either more ahead or further behind in milestones than initially assessed. One of the primary reasons the task force recommends the provision for an alternate route of training is to provide candidates with applicable on-the-job experience a pathway to ACVP certification.
B. **Candidates who do not take or pass the ACVP Certifying Examination within 4 consecutive examination years of obtaining program sponsorship from an ACVP-accredited or alternative training program.** Such candidates seeking to continue to take the ACVP Certifying Examination must apply for an IATP as specified above and submit with their training plan application an assessment by the proposed Training Coordinator of any candidate deficiencies in the most current Milestones Achievement Record. Based on that assessment, the Training Coordinator should justify the proposed time-in-training and opportunities for training to meet any deficient milestones. Training must include a minimum of 6 months additional training before an individual’s Training Committee can assess the candidate for sponsorship. Total required time-in-training may vary by IATP, with no less than 6 months.

C. **Trainees who seek training in a specific specialty program or with specific Supervising Diplomates who are not part of an ACVP-accredited training program.** All of the above standards must be met. Training Coordinators must justify a proposed time-in-training for the individual trainee of not less than 48 months. Proposed extended training beyond 48 months may be justified to accommodate for low caseloads, to permit the trainee to participate in external training opportunities or with additional diplomate pathologists, or to accommodate the addition of graduate or postdoctoral education into the training program. This scenario is intended to be used infrequently and for individual trainees only. Institutions that seek to support multiple trainees over time should apply for ACVP accreditation.

D. **Trainee elects change to alternate route.** If a trainee is registered in an ACVP-accredited training program and initiates a transfer to a non-accredited training opportunity, including stand-alone fellowship opportunities without formalized collaborative agreements with an ACVP-accredited training program, the trainee and new Training Coordinator must submit and receive ACVP approval for an IATP to complete that individual’s training. Total time-in-training between the two programs must be at least 48 months.

E. **Training Program loses accreditation status following a year of probationary status.** If trainees are either accepted to or enrolled in an ACVP-accredited training program that loses its accreditation status following a year of probationary status, each trainee must have their Training Coordinator submit and receive Credentialing Committee approval of an IATP to continue training at that institution. The IATP should take their total time-in-training to date into consideration when establishing the IATP time-in-training requirement, the length of which will be determined on a case-by-case basis. Such trainees may also elect instead to transfer to an accredited training program to complete their training.

F. **Additional scenarios for alternate routes.** The task force acknowledges that other scenarios may arise that are not detailed above. While IATPs can be submitted to the Credentialing Committee for any scenario, the task force recommends that trainees proposing scenarios outside the most common ones listed above strongly consider participation in an ACVP-accredited program or provide justification why they cannot.

**Dual Certification Candidates**

The task force proposes that the training and certification process for ACVP Diplomates seeking certification in the second pathology discipline remain as it currently is with the added requirement of
milestone completion. These candidates must satisfactorily complete all discipline-specific milestones through at least Level 3 before their Diplomate Mentor can sponsor the candidate to apply for the Phase II Certifying Examination in the second discipline. Note that the sponsor and candidate will need to change the suggested target timeline for some milestone levels, as these were based on a 36-month training program.

The requirements for dual credentialing eligibility would be:

- Twelve months of training, at the equivalent of 40 hours per week cumulative (not necessarily consecutive), under the mentorship of an ACVP, ECVP, or ECVCP Diplomate who is certified in the discipline sought.
- The 12 months of training may be obtained over a period of one to five years and may be either completed pre- or post-certification in the first discipline but should be distinct from the training used toward eligibility requirements in the first discipline. A minimum of 50% of the training time should be in person with the Diplomate Mentor.
- The candidate must have satisfactorily completed all discipline specific milestones through at least Level 3 and submit the Milestone Achievement Record to ACVP or sponsorship cannot be given.
- The candidate must receive sponsorship from the Diplomate Mentor at the time of application for the Phase II Certifying Examination.
- All other Phase II Certifying Examination eligibility requirements (documentation of having graduated from a college or school of veterinary medicine, payment for the examination, etc.) must also be met.

**Sponsorship Summary**

Three training approaches to credentialing for the Phase II Certifying Examination are proposed in this report: training in an ACVP-accredited training program; training through a pre-approved individual alternative training plan; or dual certification training. Table 7 provides a summary of sponsorship between these routes. For all candidates, sponsorship may only be given if the candidate has successfully completed the first 3 levels of each milestone on the Milestone Achievement Record. Sponsorship decisions can also take into account additional factors at the discretion of the sponsors. Sponsorship decisions must be made by ACVP, ECVP, or ECVCP Diplomates only.
### Table 7 Sponsorship for the Phase II Certifying Examination

<table>
<thead>
<tr>
<th>Training approach</th>
<th>Sponsorship</th>
</tr>
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</table>
| ACVP-accredited training program           | • Program sponsorship  
• Training Program Director signs sponsorship on behalf of the program’s Supervising Diplomates based on training program-defined method of candidate sponsorship; example majority vote  
• Program sponsorship is valid for 4 consecutive examination years once given (e.g. if program sponsorship is given in 2021, it could be used to apply for the 2021, 2022, 2023 and 2024 Phase II Certifying Examinations)  
• Program sponsorship decisions must be made while the trainee is still enrolled in the training program. Candidates cannot seek program sponsorship after leaving a training program  
• Programs cannot renew or extend sponsorship beyond 4 years |
| Individual alternative training plan (IATP) | • Training Committee sponsorship (minimum 2 Supervising Diplomates)  
• The Training Coordinator signs on behalf of a minimum of 2 Supervising Diplomates based on training committee-defined method of candidate sponsorship; example majority vote.  
• Training Committee sponsorship is valid for 4 consecutive examination years once given (e.g. if sponsorship is given in 2021, it could be used to apply for the 2021, 2022, 2023 and 2024 Phase II Certifying Examinations)  
• Sponsorship decisions must be made by the end of the trainee’s program. Candidates cannot seek Training Committee sponsorship after completing their IATP.  
• The Training Committee cannot renew or extend sponsorship beyond 4 years |
| Dual certification training                | • Individual Diplomate sponsorship (with consideration that the candidate is already a Diplomate member)  
• The candidate’s Diplomate mentor must give sponsorship in order to for the candidate to apply for the Phase II examination.  
• Sponsorship must be obtained at each time of application to sit for the Phase II examination and is valid for 1 year |
Trainees

Trainee Portal
The task force recommends that a trainee portal be made available at no cost to all trainees in ACVP-accredited or approved alternative training programs, to include trainees who are not ACVP Trainee Affiliate Members. Trainees should register in the ACVP training portal within a month of beginning their training program and should be asked for permission to use their contact information (including a secondary email address) to directly provide them with training or examination related updates. This provides a direct link for communication with trainees that can also be maintained upon completion of their program but prior to passing the Certifying Examination. This is an advantage because after trainees leave a program, communications and reminders from ACVP that are sent to Training Program Directors may fail to reach candidates who have completed their programs but may still be applying to take the Certifying Examination.

Portal use will familiarize trainees with a system similar to the one they will later use to document Maintenance of Certification as Diplomates. The portal can be used to store additional information helpful to the development of a Curriculum Vitae (CV), such as presentations, publications, case load, teaching, etc. The task force does not recommend that case logs be required as part of either the candidate credentialing process or as part of a training program accreditation process. However, that optional documentation could be used in the future to assist in differentiating certain programmatic data with outcomes assessments (with permission of the trainees for data usage in that regard) or could be used by the trainees to document their training experience to potential employers.

The portal should be used for third party storage of copies of documentation, such as diplomas, Milestone Achievement Records, and program sponsorship that should be uploaded at the time of credentialing for the Phase II Certifying Examination.

Trainee Registration
Trainees must register at no cost (note: not an approval process) with ACVP within a month of beginning their training program. This is a requirement to register their start in an accredited training program and is separate from their voluntary application for ACVP Trainee Affiliate membership. Registration of trainees could be maintained as a simple process with the goals of at minimum providing ACVP a means of reaching all trainees directly with news related to the Certifying Examination or their training program. Registration could also be used to provide documentation of start dates for credentialing, early recognition of any issues with Standard 1: Trainee: Supervising Diplomate Ratio, and milestone documentation. Meanwhile, full trainee portal access for documenting and tracking career-building data and opportunities for ACVP committee participation could be reserved for those trainees who apply for and receive ACVP Trainee Affiliate membership.

Trainee Transfers between ACVP-accredited Training Programs
Trainees may transfer between ACVP-accredited training programs. The transfer request should be initiated by the trainee following either a personal choice to leave the current program or following dismissal from a training program. Trainees should send a copy of their most current Milestone Achievement Record to the Training Program Director of the prospective new program while discussing
a possible transfer. The trainee must register again with ACVP in the new training program within the first month of starting the new program. Within the first 6 months of transfer, the new training program should assess the trainee’s progress towards milestones on an updated Milestone Achievement Record for that program. The new training program would assume responsibility of full sponsorship of the trainee and must be able to sign off that all milestones (through Level 3) have been met before the trainee can apply to take the Certifying Examination. The total length of time-in-training may exceed 36 months in order to evaluate and document the successful achievement of all milestones.

Credentialing of Candidates for the ACVP Certifying Examination
Accreditation of training programs and the proposed change for alternate training routes would lead to several improvements to the current credentialing process. There are currently no training program standards set for today’s candidates from either standard or alternate training routes. The proposed establishment of standards and milestone documentation can be used across accredited programs and approved alternative training plans and sets clear and consistent training goals for trainees. The milestones should be updated over time so that they represent the changing needs of the field of veterinary pathology, ensuring that candidates will also be prepared for future practice.

With the current credentialing process, credentialing decisions are based almost entirely on information provided by the candidate (length of training, summary of training program) and an individual Diplomate sponsor, sometimes without any program involvement. The proposed changes will shift the application process to rely on program assessment of candidates that is based on documentation of a standardized level of competency training among all programs.

Candidate credentialing would continue to be evaluated by the ACVP Credentialing Committee for the Phase I and Phase II Certifying Examinations. Alternatively, the application review for the Phase I Examination could become more administrative, verifying that a candidate has a degree from a veterinary college and that they completed at least 12 months of training in an ACVP accredited training program or through an approved alternative training plan. Phase I Examination applications may no longer require full committee review. The Credentialing Committee should review whether documentation of a degree necessary for the practice of veterinary medicine could only be assessed once (Phase I or Phase II) rather than at both applications, as the requirement is for certification as a whole. Reducing time spent by the Credentialing Committee on more administrative checks frees up time to structure a more robust individual alternative training plan approval process.

As is currently the case, any individual candidate can appeal an adverse credentialing eligibility decision through the ACVP Appeals Committee.

Proposed Change for Credentialing Eligibility
Currently, there is no limit to the number of times a candidate can take the ACVP Certifying Examination (although there are limits on the number of times and years in which a candidate can attempt the Phase II Certifying Examination before having to retake the Phase I Examination). There is no requirement as to the temporal proximity of training, the documentation of preparation for the examination, or mentorship requirements for sponsorship by an individual Diplomate. It is not uncommon for candidates to apply for the ACVP Certifying Examination many years after completion of their training program,
whether because they elected not to apply before or because they have not yet passed. Currently these candidates fall into a gray zone between Standard and Alternate Routes of training. Often, they choose not to seek sponsorship by an individual associated with their original training program after a number of years have passed. This may be due to faculty turnover in programs or because current faculty may no longer know or be able to evaluate a past trainee. Candidates have also expressed concern that their previous sponsors may feel it inappropriate to sponsor them after many years have elapsed since their training program.

Candidates currently have 4 attempts in 9 years to pass the Phase II Certifying Examination. After the 4th unsuccessful attempt, candidates must apply for and pass the Phase I Examination before applying again for the Phase II Certifying Examination.

The task force recommends a change in credentialing eligibility requirements whereby candidates who have completed an ACVP-accredited training program, an approved individual alternative training plan, or dual certification training AND who have not passed the ACVP Certifying Examination after 4 consecutive examination years (whether they have attempted the examination during that time or not) must apply for and complete an individual approved alternative training plan and obtain sponsorship approval prior to reapplying for the Certifying Examination. This proposed change takes into consideration that after 4 years, the candidate’s general state of preparation for the examination and/or the required core competencies, milestones, and content of the Certifying Examination itself may have changed. As such, it is not necessarily the number of attempts a candidate makes but also the relevancy of past training to current competency requirements and the current Certifying Examination. After completion of an individual approved alternative training plan and with sponsorship, candidates could then apply for either the Phase I or Phase II Certifying Examinations again, as determined by their total number of attempts in 9 years at that time. Candidates who had already made 4 attempts would be required to apply for Phase I again. Candidates with 0-3 attempts to date could reapply for the Phase II Certifying Examination. Note that there is currently no requirement for a study plan for repeat candidates. The proposed individual alternative training plan would give repeat or delayed candidates an opportunity for reassessment of the core competencies at 4 years post training and provides a mechanism for sponsorship that does not rely on historical milestone assessments or require continued program sponsorship long after training program completion.

For example, a candidate from any of the three training routes who applies for and takes the Phase II Certifying Exam for the first time in 2021 would have through 2024 to pass the Phase II Certifying Examination (4 consecutive examination years and up to 4 attempts). If unsuccessful after 4 examination years (whether they have made no attempts or 4 attempts), a candidate would be required to submit an individual alternative training plan, receive ACVP approval, and complete the training before applying again.

These candidates would generally not need to complete another full training program but must get current sponsorship and submit updated documentation of achievement of milestone levels through Level 3 on the most current Milestone Achievement Record. This proposed change provides ACVP the opportunity to assist candidates who are many years out of their training program to best prepare to take for the examination and to assist the Credentialing Committee in determining their eligibility.
Advantages and Disadvantages of the Proposed Framework

The task force did not identify significant disadvantages or notable roadblocks to the proposed changes detailed in this report or to training program accreditation as a concept. In general, the proposed changes allow for significant program and trainee flexibility, promote standardization and support for the most core components of training, offer additional protections and benefits to trainees, and set in place a process for continued growth and development of ACVP training programs to meet current and future pathology needs.

Some foreseeable apprehension with regards to ACVP accreditation of training programs may include concerns:

1. that there is no need for change
2. that the time required for documentation and implementation of training programs will be unnecessarily burdensome for already busy Training Program Directors
3. that standardization would inhibit training program flexibility
4. that accreditation should involve site visits to determine program compliance
5. that cost (either to training programs or to ACVP) would be an additional burden
6. that a current specific training program or training opportunity would not meet the proposed standards
7. that there is a single driving force behind the interest in training program accreditation (such as a perception that this change is being proposed to increase certifying examination pass rates or increased revenue for ACVP)

The task force determined that most of these concerns were not significant roadblocks and that ACVP could develop a flexible program for training program accreditation unique to the needs of our organization’s mission and membership. While in the past there may not have been a need for change, current and projected technological advancements and demands globally in the field of pathology mean that ACVP can help support all accredited training programs to prepare trainees, for example through facilitation of collaborations, development of clear competencies goals, and through in person or virtual training opportunities. Programs that may not meet all 4 program standards as stand-alone institutions should consider collaborations with one or more other institutions to become part of an accredited training program. Application format and program descriptions were designed to allow programs to build and develop their program description over time with minimal cost to ACVP. A 5-year renewal decreases the burden on Training Program Directors of composing full descriptions, and annual report content is recommended to be kept to a minimum while still confirming continued compliance with the 4 standards.

Overall, training program accreditation would offer multiple benefits to trainees, training programs, ACVP, and the field of veterinary pathology as a whole. Benefits have been described throughout the report. Training program accreditation is in alignment with the overall mission of ACVP to promote excellence in veterinary pathology through our members as they protect and improve animal, human, and environmental health to benefit society. The 2018-2022 ACVP Strategic Plan Goal 1 objective is to “deploy and validate standards for training, certification, and maintenance of certification that focus on the skills of future practice.” Specifically, to 1. “Review and update veterinary pathology training best practices to include key/core competencies for future practice, incorporating practices from human
medical pathology and informatics.” and 2. “Ensure standardization of training in key/core competencies for future practice by institutions, individually or through collaboration.”

Setting minimum standards for training programs, establishing milestones, improving transparency of credentialing requirements, and reviewing training program descriptions for demonstration of meeting standards would keep ACVP in compliance with the ABVS requirement that “RVSOs requiring residency training for certification eligibility must establish and publish training program criteria in sufficient detail to enable an individual, with the assistance of the training institution, to meet the requirements for certification in that specialty. Individuals pursuing certification in a veterinary specialty should enter training programs that can verify that they provide all training requirements established by the certifying body for that veterinary specialty.” (Policies and Procedures: American Veterinary Medical Association American Board of Veterinary Specialties, September 2018.)

References

AAVMC Competency-Based Veterinary Education, May 2019

AAVMC Internship Guidelines, Produced by the AAVMC Internship Working Group 2017-18

ACGME Common Program Requirements (Residency), February 3, 2020; effective July 1, 2020

ACGME Glossary of terms. April 15, 2020


Accreditation Policies and Procedures of the AVMA Council on Education (COE), December 2019


Appendices
Appendix 1

Incorporating Wellness; Professionalism; Leadership; and Diversity, Equity, and Inclusion (DE&I) into Training Programs

(Standard 3)

### Suggestions for Training Programs

<table>
<thead>
<tr>
<th>Wellness</th>
<th>Faculty modeling of wellness, resiliency, and well-being through their own actions and words</th>
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<tr>
<td></td>
<td>Adequate vacation time, sick leave, and/or paid time off available without expectation of reciprocal coverage</td>
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<td>Setting expectations or scheduling duty rosters that allow trainees to take allotted vacation time and sick time as needed</td>
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<td>Institutional resources such as employee assistance programs should be made known to trainees</td>
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<td>Ready and confidential access to mental health or crisis support resources and made known to residents</td>
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<td>Creating a culture with reduced stigma around discussion of mental health issues</td>
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<td>Create a supportive environment that promotes diversity, equity, and inclusion where everyone is welcome, accepted and respected</td>
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<td>Faculty, staff, and resident training in recognition of substance abuse and other mental health concerns in others, and how to appropriately address such issues</td>
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<td>Faculty, staff, and resident training in suicide prevention and awareness (e.g. QPR training offered by AVMA)</td>
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<td>Coping and problem-solving skill development</td>
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<td>Restriction of working hours (total and consecutive) and on-call days and hours over a weekly period or averaged over a 4-week period</td>
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<td>Dedicated study time (no assigned duty) for a period of time prior to the Phase I and Phase II Certifying Examination(s)</td>
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<td>Provide rest and socialization areas in the workspace</td>
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<td>Access to a gym or other physical fitness facilities</td>
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<td>Encourage interactions and positive group experiences among trainees</td>
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<td>Opportunities for the trainee to raise issues regarding mental, physical and social well-being</td>
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<td>Organized events that support the overall wellbeing of trainees</td>
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<td></td>
<td>Periodic reminders of resources available for mental, physical, and social well-being</td>
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<td>Departmental, interdepartmental and/or institutional wellness seminars by faculty or trainees</td>
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<tr>
<th>Professionalism</th>
<th>Create a culture of professionalism for trainees to model</th>
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<td>Career coaching opportunities (CV building, job search, interview skills, salary and job negotiations, etc.)</td>
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Professionalism (continued)

- Training in communication skills and conflict management
- Presentation skills
- Providing access to a financial advisor or financial management seminars or workshops
- Opportunities to gain an understanding of relevant professional ethical, legal, economic, and regulatory principles
- Personal and business finance and management skills
- Student loan debt management resources
- Minimize clerical work that can be performed by support staff and does not add to resident training
- Provide dedicated clean, safe office space in proximity to other trainees equipped with a:
  - Computer with internet and printer access
  - Microscope
  - Library (physical or virtual) and PubMed access
- Mentorship programs with pathologists within and/or external to the training program
- Encourage and support participation of the trainees in local, regional, national, or international meetings or conferences
- Provide resources on career paths in veterinary pathology
- Encourage leadership opportunities within the training program, department, college, institution, or in professional or community organizations
- Encourage committee participation in ACVP

Leadership

- Mentorship programs between new and senior trainees
- Provide teaching opportunities for trainees and mentorship in teaching
- Provide funding and time for online or in-person seminars or workshops on leadership skills
- Encourage leadership opportunities within the training program, department, college, institution, or in professional or community organizations
- Encourage committee participation in ACVP

Diversity, Equity, and Inclusion

- Organizational (AVMA, AAVMC) information:
  - https://www.aavmc.org/programs/diversity/
  - https://www.avma.org/resources-tools/diversity-and-inclusion-veterinary-medicine
- Web course on inclusive leadership (University of Colorado)
  - https://www.coursera.org/learn/inclusiveleadership
- Modules on implicit bias and inclusive language (The Ohio State University, Harvard University, Purdue University)
  - http://kirwaninstitute.osu.edu/implicit-bias-training/
  - https://implicit.harvard.edu/implicit/
- Gender pronouns resource guides: (Purdue University):
  - https://owl.purdue.edu/owl/general_writing/grammar/pronouns/gendered_pronouns_and_singular_they.html
- Anti-discrimination resources (American Psychological Association):
  - https://www.apa.org/topics/racism-bias-discrimination
Resources on unconscious bias and the benefits of having diverse teams and workplaces:


Appendix 2

Core Competency-Based Milestones

(Standard 4)

Shared Anatomic and Clinical Pathology Milestones

Milestone 1: Core competency in research and future practice

Incorporates #4 “shared must” (●), #3 “CP must” (▼) and #1 “shared should” (◆) core competencies identified by the 2020 Training Program Committee, below. Training programs have latitude to define timing of milestone levels of achievement.

- Knowledge of animal models (development, validation, and utilization)
- An understanding of basic statistical methods for biomedical and clinical research
- Ability to integrate data from disparate sources to formulate pathogenesis and diagnosis
- Critical thinking skills and problem solving

▼ Demonstration of proficiency in laboratory management and quality practices including assay development, validation and correlation

▼ Understand principles of data interpretation with regards to quality including concepts of error analysis

▼ Opportunity for continued growth and expertise in assay development, validation, and quality control

◆ Basic use and familiarity with digital pathology: Whole slide imaging (WSI), telepathology, quantitative imaging, artificial intelligence applications to images

Milestone 2: Core competency in laboratory management, communication, and professionalism

Incorporates #2 “shared must” (●), #1 “AP must” (⊗) and #1 “shared should” (◆) core competencies identified by the 2020 Training Program Committee, below. Training programs have latitude to define timing of milestone levels of achievement.

- Development of leadership skills
- Oral and written communication skills to explain significance of pathological findings

⊗ Communication of pathology findings and their significance through oral and written reports to stakeholders to provide context

◆ Collaboration across fields and disciplines (e.g. MD clinicians/pathologists, human tissue or human clinical trials)
Anatomic Pathology Milestones

Milestone 3: Core competency in the macroscopic and microscopic evaluation of tissues and data integration for disease diagnosis

Incorporates #4 “shared must” (●), #5 “AP must” (⊗) and #2 “shared should” (●) core competencies identified by the 2020 Training Program Committee, below. Training programs have latitude to define timing of milestone levels of achievement.

⊗ Identification, description and interpretation of macroscopic conditions in domestic and non-domestic animals including laboratory species
⊗ Identification, description, and interpretation of microscopic conditions across organ systems in domestic, lab animal, and non-domestic animals
⊗ Interpretation of clinicopathologic data from domestic and non-domestic animals
♦ Interpreting flow cytometry, genomics, NextGen Sequencing, RNA sequencing, point of care diagnostics, and fluid biopsies for diagnosis
♦ Integration of whole-body imaging to improve diagnosis: Magnetic resonance imaging, computed tomography, positive emission tomography, intravital imaging system, ultrasound, mass spectrometry, super resolution microscopy, 3D microscopy, in vivo microscopy, high-plex IHC and ISH, flow cytometry, mass spectrometry, electron microscopy, genomics, proteomics, and metabolomics
⊗ Selection and use of appropriate ancillary tests and anticipated results for diagnostics (e.g. special stains, IHC, ICC, EM, PCR-based clonality, flow cytometry, cytology)
• Basic (molecular, cellular, tissue, organ level) knowledge of mechanisms and manifestations of disease
• Capacity to apply basic knowledge for accurate diagnosis and prognosis
• Ability to integrate data from disparate sources to formulate pathogenesis and diagnosis
• Oral and written communication skills to explain significance of pathological findings
⊗ Communication of pathology findings and their significance through oral and written reports to stakeholders to provide context

Milestone 4: Core competency in biosafety and laboratory technology

Incorporates #1 “shared must” (●) and #4 “AP must” (⊗) core competencies identified by the 2020 Training Program Committee, below. Training programs have latitude to define timing of milestone levels of achievement.

▪ Familiarity with regulations for biosafety and equipment handling
⊗ Safe performance of necropsies using professional judgment for collection of gross morphometric data and relevant samples
⊗ Understand the histological processes for generation of routine slides and ultrastructure
⊗ Identification of artifacts in tissue sections and other samples
⊗ Basic principles and QA/QC of commonly used laboratory technologies (e.g. staining equipment, basic bench-top analyzers)
Clinical Pathology Milestones

Milestone 3: Core competency in sample processing and clinical microscopy

Incorporates #4 “shared must” (●), #6 “CP must” (▽) and #2 “shared should” (♦) core competencies identified by the 2020 Training Program Committee, below. Training programs have latitude to define timing of milestone levels of achievement.

▽ Recognition and interpretation of gross abnormalities in submitted sample
▽ Recognition and interpretation of static visual test results pertinent to veterinary clinical pathology including: hematology cytograms, flow cytometry plots, coagulation tracings, platelet aggregation plots, macroscopic hematologic test results (Coombs tests, cross-matching), special and immunochemical stains, electron micrographs, QA/QC data, protein electrophoretograms and immunofixation reactions and PCR clonality results
▽ Identification, description, and interpretation of microscopic abnormalities in blood, bone marrow, body fluids, and tissues (cytology and basic histology/surgical pathology) from domestic and non-domestic animals
▽ Selection and use of appropriate ancillary tests and anticipated results (e.g. special stains, ICC, IHC, EM, PCR-based clonality, flow cytometry, cytology, other specialized laboratory tests in realms of biochemistry, serology, microbiology, immunodiagnostics)
♦ Interpreting flow cytometry, genomics, NextGen Sequencing, RNA sequencing, point of care diagnostics, and fluid biopsies for diagnosis
♦ Integration of whole-body imaging to improve diagnosis: Magnetic resonance imaging, computed tomography, positive emission tomography, intravital imaging system, ultrasound, mass spectrometry, super resolution microscopy, 3D microscopy, in vivo microscopy, high-plex IHC and ISH, flow cytometry, mass spectrometry, electron microscopy, genomics, proteomics, and metabolomics
● Basic (molecular, cellular, tissue, organ level) knowledge of mechanisms and manifestations of disease
● Capacity to apply basic knowledge for accurate diagnosis and prognosis
▽ Interpretation and communication of clinicopathologic data from domestic and non-domestic animals, including patient data, study set data, integrated results, formulate a diagnosis, and describe pathophysiology
● Ability to integrate data from disparate sources to formulate pathogenesis and diagnosis
● Oral and written communication skills to explain significance of pathological findings
▽ Basic concepts of blood typing and transfusion medicine

Milestone 4: Core competency in biosafety and laboratory technology

Incorporates #1 “shared must” (●) and #3 “CP must” (▽) core competencies identified by the 2020 Training Program Committee, below. Training programs have latitude to define timing of milestone levels of achievement.

▪ Familiarity with regulations for biosafety and equipment handling
- Best practices for the appropriation, storage and submission of samples including indications for expediting and processing of samples (e.g. blood gas and ammonia assays, cerebrospinal fluid analysis, etc.)
- Application of the principles of commonly used laboratory instrumentation and methods including standard analytic techniques (e.g. dry chemistry, wet chemistry, flow cytometry, impedance, etc.)
- Application of knowledge of the pathophysiology and diagnosis of disease, with emphasis on manifestation in laboratory test data
Appendix 3

Clinical Pathology Milestone Achievement Record

(starts next page)

The following is an example of what a Milestone Achievement Record could look like using the updated required Core Competencies set by ACVP. Prior to implementation, ACVP would designate a committee or committees (such as the Training Program Committee and Pathology Informatics) to develop the milestones and Milestone Achievement Record from a comprehensive set of core competency requirements. The task force also recommends that the use of milestones be tried in a few pilot programs for feedback and adjustments prior to wider use.
ACVP Milestone Achievement Record-Clinical Pathology

Trainee:
Start date:

Instructions

1. The Milestone Achievement Record documents trainee progress in core competencies in clinical pathology. All trainees MUST satisfactorily complete through Level 3 on all milestones before sponsorship can be given for the Phase II Certifying Examination. Level 4 milestones, when present, provide goals for further expected growth in the last 6 months of training toward being an entry level pathologist.

2. The Training Program Director, Training Program Coordinator, or Diplomate Mentor (collectively “training advisors”) should complete this form for each trainee in an ACVP-accredited training program, an individual alternative training plan, or in dual certification training, respectively. The training advisors should enter trainee name, program start date, and target months or target date for the milestone levels at the start of the program. Suggested target months are provided, but these targets may be adjusted as needed to accommodate the training program schedule or individual trainee needs. Level 3, however, must be completed prior to application for the Phase II Certifying Examination.

3. Trainees should receive a copy and explanation of this Milestone Achievement Record at the beginning of their program to set learning and proficiency expectations.

4. The training advisors are expected to meet with the trainee and deliver a periodic review of progress on milestone achievements (every 6 months the first year and yearly thereafter). Level 3 Milestones must be assessed prior to sponsorship decisions.
   a. Enter the date of review for each milestone level when it occurs.
   b. Mark a box for the review rating, indicating Exceeds Expectations, Meets Expectations, or Improvement Needed.
   c. Appropriate summarizing comments may be added to the comment section. If improvement is needed, it is essential to note specific suggestions and a timeline for improvement in the comment section of the document.
   d. The review table can be copy/pasted if additional reviews are needed.
   e. Note that progression from one level to the next builds upon proficiencies in the preceding level(s).

5. Trainees should upload a copy of their milestone documentation to the ACVP Trainee Portal following each review to maintain the records for themselves and become accustomed to using the portal, which they will later use for Maintenance of Certification documentation. A copy of the Milestone Achievement Record documenting satisfactory completion of Level 3 milestones must be uploaded to the trainee portal by the time of application for the Phase II Certifying Examination.
**ACVP Milestone Achievement Record-Clinical Pathology**

Trainee:  
Start date:  

<table>
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<tr>
<th><strong>Milestone 1: Shared AP and CP core competency in research and future practices</strong></th>
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<tbody>
<tr>
<td><strong>Level 1 (suggested 12 months)</strong></td>
<td><strong>Level 2 (suggested 24 months)</strong></td>
<td><strong>Level 3 (suggested 30 months)</strong></td>
<td></td>
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<tr>
<td><strong>Target date:</strong></td>
<td><strong>Target date:</strong></td>
<td><strong>Target date:</strong></td>
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<td>a. □ Has completed coursework or equivalent in animal care and use (i.e. online CITI course – Working with the IACUC).</td>
<td>a. □ Develops knowledge of common classical spontaneous and induced animal models (e.g. Watanabe rabbit, Salers cattle, etc.).</td>
<td>a. □ Proactively and consistently applies knowledge of animal models as needed in research projects (prospective studies as well as retrospective case reviews) and/or clinical trials.</td>
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<tr>
<td>b. □ Develops knowledge of attributes of a good animal model.</td>
<td>b. □ Capable of method comparison; ability to calculate and interpret correlation; understands calculation and implications of sensitivity, specificity and predictive value.</td>
<td>b. □ Demonstrates mature understanding of probabilistic diagnostic certainty of laboratory data when communicating interpretations, including understanding reproducibility and accuracy in methodologies.</td>
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<tr>
<td>c. □ Has completed coursework or equivalent in biostatistics.</td>
<td>c. □ Can explain how to determine reference intervals and how to validate a test.</td>
<td>c. □ Proactively and consistently applies knowledge of biostatistics as needed in either a clinical or research setting.</td>
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<tr>
<td>d. □ Understands development of reference intervals.</td>
<td>d. □ Has developing awareness of probabilistic diagnostic certainty of laboratory data when communicating interpretations, including understanding of reproducibility and accuracy in methodologies.</td>
<td>d. □ Independently seeks out, analyzes and applies relevant original research to decision-making.</td>
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<td>e. □ Demonstrates a basic framework for critical thinking and problem solving.</td>
<td>e. □ Seeks and integrates evidence-based information to inform critical thinking and problem solving.</td>
<td>e. □ Models commitment to lifelong learning and interest in future technologies in internal discussions and continuing education.</td>
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<tr>
<td>f. □ Capable of high-quality digital image acquisition, modification, analysis, and storage.</td>
<td>f. □ Demonstrates appreciation of a culture that embraces lifelong learning and applying future technologies to practice of pathology.</td>
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<td>g. □ Demonstrates basic use and familiarity with whole slide imaging, telepathology, quantitative imaging, and artificial intelligence applications.</td>
<td>g. □ Demonstrates ability to critically evaluate a scientific manuscript.</td>
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### Milestone 2: Shared AP and CP core competency in laboratory management, communication and professionalism

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<tbody>
<tr>
<td>Target date:</td>
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</table>

**a.** [ ] Responds promptly to instructions, requests or reminders to complete tasks and responsibilities.

**b.** [ ] Identifies common barriers to effective communications and the need to adjust communication strategy to the situation.

**c.** [ ] Participates as a collaborative team member and treats all laboratory team members with respect.

**d.** [ ] Demonstrates openness to receiving feedback and seeks opportunities to improve.

**e.** [ ] Takes responsibility for own professionalism lapses.

**f.** [ ] Accepts responsibility for personal and professional development by establishing goals.

**g.** [ ] Observes or participates in discussions of laboratory capital equipment acquisition decisions.

**a.** [ ] Takes appropriate ownership and performs tasks and responsibilities in a timely manner with attention to detail.

**b.** [ ] Proactively communicates pertinent information to colleagues in a timely manner.

**c.** [ ] Establishes effective relationships within and across specialties and with ancillary staff using active listening, nonverbal behavior and clear language.

**d.** [ ] Actively seeks performance data and feedback with humility; practices self-reflection.

**e.** [ ] Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others.

**a.** [ ] Anticipates and intervenes in situations that may impact others’ ability to complete tasks and responsibilities in a timely manner.

**b.** [ ] Models flexible communication strategies that value input from all team members.

**c.** [ ] Models shared decision making and creative problem solving and takes ownership of system outcomes.

**d.** [ ] Manages conflicts; empowers junior trainees and other members of the laboratory team when appropriate; coaches others when their behavior fails to meet professional expectations; mentors others in situational awareness and critical self-reflection practices.

**f.** [ ] Understands the importance of customer service, responsiveness to input from stakeholders, fiscal responsibility, and continued efforts in innovation and technology.
## Milestone 3: Core competency in sample processing and clinical microscopy

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<th>Level 1 (suggested 6 months)</th>
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<th>Level 3 (suggested 24 months)</th>
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<tbody>
<tr>
<td>Target date:</td>
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<tr>
<td>a. □ Describes proper sample submission and processing.</td>
<td>a. □ Demonstrates awareness of variability of common disease patterns and begins to communicate levels of diagnostic certainty in reports.</td>
<td>a. □ Capable of independently writing complete cytology and hematology reports; readily seeks evaluation of draft reports when there is uncertainty.</td>
<td>a. □ Independently provides and defends interpretation of most encountered diseases while integrating appropriate application of confirmatory tests, pathophysiology, and aspects of case management.</td>
</tr>
<tr>
<td>b. □ Recognizes and interprets gross abnormalities in submitted samples (preanalytical error).</td>
<td>b. □ Recommends appropriate follow-up confirmatory testing.</td>
<td>b. □ Seeks second opinions to clarify or confirm diagnostic impression on complex cases in a timely manner.</td>
<td>b. □ Independently constructs coherent written diagnostic reports that allow an end user to visualize the flow of findings leading to the conclusion.</td>
</tr>
<tr>
<td>c. □ Uses appropriate reference intervals.</td>
<td>c. □ Integrates signalment, history, physical examination and diagnostic imaging findings.</td>
<td>c. □ Communicates pathophysiology in context of whole case management.</td>
<td>c. □ Clearly communicates all aspects of the interpretation with the end user(s) verbally and/or in written report.</td>
</tr>
<tr>
<td>d. □ Describes indications for commonly used tests.</td>
<td>d. □ Integrates static visual test results with microscopic observations.</td>
<td>d. □ Defends interpretations and diagnoses and explains multiple observations that led to conclusion.</td>
<td>d. □ Demonstrates competence as an entry level certified pathologist committed to life-long learning, scientific curiosity, and growth.</td>
</tr>
<tr>
<td>e. □ Recognizes common cell types and artifacts on blood and cytology smears.</td>
<td>e. □ Generates more complex reports that integrate relevant data.</td>
<td>e. □ Demonstrates competency in training aspects of levels 1 and 2 to junior peers.</td>
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<tr>
<td>f. □ Recognizes commonly encountered abnormalities or diagnoses.</td>
<td>f. □ Completes training program module in transfusion medicine.</td>
<td>f. □ Makes accurate morphologic or etiologic histopathology diagnoses in commonly encountered tissues (e.g. common neoplasms, patterns of inflammation, and recognition of certain infectious agents)</td>
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<tr>
<td>g. □ Generates a coherent report for commonly encountered samples.</td>
<td>g. □ Demonstrates independence and consistency in utilizing evidence-based medicine and literature searches to formulate differential diagnoses and recommend additional diagnostics.</td>
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<tr>
<td>h. □ Adjusts microscope condenser and diaphragm for optimal lighting.</td>
<td>h. □ Identifies normal tissue and cells on histologic examination of organs such as spleen, kidney, liver, skin, and bone marrow</td>
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<tr>
<td>i. □ Properly cleans and cares for microscopes.</td>
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## ACVP Milestone Achievement Record-Clinical Pathology

**Trainee:**

**Start date:**

### Milestone 4. Core competency in biosafety and laboratory technology

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<tr>
<td><strong>Target date:</strong></td>
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<tr>
<td>a. □ Has developed working knowledge of sample handling for all sample types, including point-of-care (POC) applications.</td>
<td>a. □ Routinely capable of integrating instrumentation cytograms and messaging into interpretation of respective reports.</td>
<td>a. □ Demonstrates mastery of pathophysiology of laboratory diagnosis of disease.</td>
</tr>
<tr>
<td>b. □ Has completed prescribed training program experiences, reading modules, and/or course work. Examples include: Laboratory bench rotation(s), reading &quot;Principles of operation&quot; sections of instrumentation manuals, writing or revising a standard operating procedure (SOP).</td>
<td>b. □ Can be reliably consulted on sample handling questions posed by laboratory user.</td>
<td>b. □ Capable of dealing with laboratory user questions about laboratory technology and methodology.</td>
</tr>
<tr>
<td>c. □ Is aware of common analytical interference factors in hematology and chemistry.</td>
<td>c. □ Demonstrates appropriate confidence in pathophysiology of laboratory diagnosis of disease.</td>
<td>c. □ Demonstrates knowledge of POC instrumentation, advantages and limitations.</td>
</tr>
<tr>
<td>d. □ Is able to explain pathophysiology in laboratory diagnosis of common, routinely encountered diseases.</td>
<td>d. □ Demonstrates working knowledge of more complex specialized diagnostics such as immunodiagnostics and molecular diagnostics.</td>
<td>d. □ Can explain the principles of commonly used instrumentation methodology such as light scatter, spectrophotometry, nephelometry, chemiluminescence.</td>
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<tr>
<td>e. □ Demonstrates awareness of instrumentation messages and graphics in relationship to disease interpretation.</td>
<td>e. □ Demonstrates ability to explain instrumentation principles to junior peers.</td>
<td>e. □ Demonstrates basic ability to manage instrumentation functionality and quality control, and field methodology questions from clinicians and technicians.</td>
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<tr>
<td>f. □ Can explain the difference between calibrators and controls.</td>
<td>f. □ Recognizes results that are inconsistent with other information about the patient or previous laboratory results and appropriately attempts to resolve these inconsistencies.</td>
<td>f. □ Demonstrates understanding of quality assurance, proficiency testing, basic statistics and calculations, and the importance of SOPs.</td>
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<td>g. □ Understands dilutions and basic methodology calculations such as MCHC, HCT, anion gap, calculated osmolality.</td>
<td>g. □ Capable of quality assurance (QA) data interpretation and recommendations for appropriate courses of action for QA failure.</td>
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<td>h. □ Understands the concept of biohazardous materials and procedures for proper handling and disposal.</td>
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<tr>
<td>i. □ Understands the importance of laboratory cleanliness and infection control.</td>
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Milestone 1: Shared AP and CP core competency in research and future practices

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<tr>
<th>Milestone</th>
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### Milestone 2: Shared AP and CP core competency in laboratory management, communication and professionalism

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**ACVP Milestone Achievement Record-Clinical Pathology**

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Comments:

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Milestone 4: Core competency in biosafety and laboratory technology

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The following is an example of what a Milestone Achievement Record could look like using the updated required Core Competencies set by ACVP. Prior to implementation, ACVP would designate a committee or committees (such as the Training Program Committee and Pathology Informatics) to develop the milestones and Milestone Achievement Record from a comprehensive set of core competency requirements. The task force also recommends that the use of milestones be tried in a few pilot programs for feedback and adjustments prior to wider use.
ACVP Milestone Achievement Record-Anatomic Pathology

Trainee:  
Start date:  

Instructions

1. The Milestone Achievement Record documents trainee progress in core competencies in anatomic pathology. All trainees MUST satisfactorily complete through Level 3 on all milestones before sponsorship can be given for the Phase II Certifying Examination. Level 4 milestones, when present, provide goals for further expected growth in the last 6 months of training toward being an entry level pathologist.

2. The Training Program Director, Training Program Coordinator, or Diplomate Mentor (collectively “training advisors”) should complete this form for each trainee in an ACVP-accredited training program, an individual alternative training plan, or in dual certification training, respectively. The training advisors should enter trainee name, program start date, and target months or target date for the milestone levels at the start of the program. Suggested target months are provided, but these targets may be adjusted as needed to accommodate the training program schedule or individual trainee needs. Level 3, however, must be completed prior to application for the Phase II Certifying Examination.

3. Trainees should receive a copy and explanation of this Milestone Achievement Record at the beginning of their program to set learning and proficiency expectations.

4. The training advisors are expected to meet with the trainee and deliver a periodic review of progress on milestone achievements (every 6 months the first year and yearly thereafter). Level 3 Milestones must be assessed prior to sponsorship decisions.
   
   a. Enter the date of review for each milestone level when it occurs.
   b. Mark a box for the review rating, indicating Exceeds Expectations, Meets Expectations, or Improvement Needed.
   c. Appropriate summarizing comments may be added to the comment section. If improvement is needed, it is essential to note specific suggestions and a timeline for improvement in the comment section of the document.
   d. The review table can be copy/pasted if additional reviews are needed.
   e. Note that progression from one level to the next builds upon proficiencies in the preceding level(s).

5. Trainees should upload a copy of their milestone documentation to the ACVP Trainee Portal following each review to maintain the records for themselves and become accustomed to using the portal, which they will later use for Maintenance of Certification documentation. A copy of the Milestone Achievement Record documenting satisfactory completion of Level 3 milestones must be uploaded to the trainee portal by the time of application for the Phase II Certifying Examination.
## Milestone 1: Shared AP and CP core competency in research and future practices

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<tr>
<td>a. ☐ Has completed coursework or equivalent in animal care and use (i.e. online CITI course – Working with the IACUC).</td>
<td>a. ☐ Develops knowledge of common classical spontaneous and induced animal models (e.g. Watanabe rabbit, Salers cattle, etc.).</td>
<td>a. ☐ Proactively and consistently applies knowledge of animal models as needed in research projects (prospective studies as well as retrospective case reviews) and/or clinical trials.</td>
</tr>
<tr>
<td>b. ☐ Develops knowledge of attributes of a good animal model.</td>
<td>b. ☐ Capable of method comparison; ability to calculate and interpret correlation; understands calculation and implications of sensitivity, specificity and predictive value.</td>
<td>b. ☐ Demonstrates mature understanding of probabilistic diagnostic certainty of laboratory data when communicating interpretations, including understanding reproducibility and accuracy in methodologies.</td>
</tr>
<tr>
<td>c. ☐ Has completed coursework or equivalent in biostatistics.</td>
<td>c. ☐ Can explain how to determine reference intervals and how to validate a test.</td>
<td>c. ☐ Proactively and consistently applies knowledge of biostatistics as needed in either a clinical or research setting.</td>
</tr>
<tr>
<td>d. ☐ Understands development of reference intervals.</td>
<td>d. ☐ Has developing awareness of probabilistic diagnostic certainty of laboratory data when communicating interpretations, including understanding of reproducibility and accuracy in methodologies.</td>
<td>d. ☐ Independently seeks out, analyzes and applies relevant original research to decision-making.</td>
</tr>
<tr>
<td>e. ☐ Demonstrates a basic framework for critical thinking and problem solving.</td>
<td>e. ☐ Seeks and integrates evidence-based information to inform critical thinking and problem solving.</td>
<td>e. ☐ Models commitment to lifelong learning and interest in future technologies in internal discussions and continuing education.</td>
</tr>
<tr>
<td>f. ☐ Capable of high-quality digital image acquisition, modification, analysis, and storage.</td>
<td>f. ☐ Demonstrates appreciation of a culture that embraces lifelong learning and applying future technologies to practice of pathology.</td>
<td></td>
</tr>
<tr>
<td>g. ☐ Demonstrates basic use and familiarity with whole slide imaging, telepathology, quantitative imaging, and artificial intelligence applications.</td>
<td>g. ☐ Demonstrates ability to critically evaluate a scientific manuscript.</td>
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ACVP Milestone Achievement Record-Anatomic Pathology

Trainee:
Start date:

**Milestone 2: Shared AP and CP core competency in laboratory management, communication and professionalism**

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<tr>
<td>a. ☐ Responds promptly to instructions, requests or reminders to complete tasks and responsibilities.</td>
<td>a. ☐ Takes appropriate ownership and performs tasks and responsibilities in a timely manner with attention to detail.</td>
<td>a. ☐ Anticipates and intervenes in situations that may impact others’ ability to complete tasks and responsibilities in a timely manner.</td>
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<td>b. ☐ Identifies common barriers to effective communications and the need to adjust communication strategy to the situation.</td>
<td>b. ☐ Proactively communicates pertinent information to colleagues in a timely manner.</td>
<td>b. ☐ Models flexible communication strategies that value input from all team members.</td>
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<td>c. ☐ Participates as a collaborative team member and treats all laboratory team members with respect.</td>
<td>c. ☐ Establishes effective relationships within and across specialties and with ancillary staff using active listening, nonverbal behavior and clear language.</td>
<td>c. ☐ Models shared decision making and creative problem solving and takes ownership of system outcomes.</td>
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<tr>
<td>d. ☐ Demonstrates openness to receiving feedback and seeks opportunities to improve.</td>
<td>d. ☐ Actively seeks performance data and feedback with humility; practices self-reflection.</td>
<td>d. ☐ Manages conflicts; empowers junior trainees and other members of the laboratory team when appropriate; coaches others when their behavior fails to meet professional expectations; mentors others in situational awareness and critical self-reflection practices.</td>
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<td>e. ☐ Takes responsibility for own professionalism lapses.</td>
<td>e. ☐ Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others.</td>
<td>f. ☐ Understands the importance of customer service, responsiveness to input from stakeholders, fiscal responsibility, and continued efforts in innovation and technology.</td>
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<tr>
<td>f. ☐ Accepts responsibility for personal and professional development by establishing goals.</td>
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<td>g. ☐ Observes or participates in discussions of laboratory capital equipment acquisition decisions.</td>
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### Milestone 3: Core competency in the macroscopic and microscopic evaluation of tissues and data integration for disease diagnosis

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a. □ Identification of normal gross and histologic appearance of tissues in domestic and non-domestic animals including laboratory species.

b. □ Utilizes history, physical examination, diagnostic imaging and clinical pathology data to customize the post-mortem evaluation.

c. □ Understands and is able to describe the indications for use of common ancillary diagnostic tests.

d. □ Demonstrates basic knowledge of disease mechanisms and manifestations at the macroscopic and microscopic levels for common processes (e.g. necrosis, apoptosis, cell swelling, etc.).

e. □ Identifies appropriate and evidenced-based resources to inform diagnosis and interpretation.

f. □ Identifies the key elements of a complete pathology report and demonstrates understanding of timely reporting.

a. □ Distinguishes normal from abnormal macroscopic and microscopic changes and can interpret lesions and identify common disease processes (e.g. neoplasia, hyperplasia, infectious, degenerative, etc.) in domestic and non-domestic animals including laboratory species.

b. □ Integrates history, physical examination, diagnostic imaging and clinical pathology data with macroscopic and microscopic findings.

c. □ Identifies appropriate ancillary tests to discriminate between differential diagnoses.

d. □ Evaluates normal blood smears of domestic species.

e. □ Demonstrates basic knowledge of disease mechanisms and molecular pathogenesis for common pathologic changes.

f. □ Demonstrates critical thinking to determine relevant information within appropriate resources.

g. □ Generates a timely report for simple cases with assistance. Identifies implications of the diagnosis and can make simple recommendations or comments regarding the significance of the findings.

a. □ Independently identifies, describes and interprets macroscopic and microscopic lesions in simple cases in domestic and non-domestic animals including laboratory species.

b. □ Independently generates a report that includes clinicopathologic correlations on routine diagnostic cases and is able to defend conclusions.

c. □ Proposes and interprets ancillary tests in the context of a simple pathology case.

d. □ Demonstrates ability to evaluate cytology, blood smears, and clinical pathology case data.

e. □ Demonstrates and applies advanced knowledge of disease mechanisms and molecular pathogenesis to common and uncommon disease conditions.

f. □ Synthesizes information from disparate sources and case information with assistance to inform diagnoses and interpretation of pathologic findings.

g. □ Independently generates reports for a simple case. Generates timely report for complex case that includes integration of ancillary diagnostics. Integrates the language of uncertainty, as appropriate, with assistance in complex cases.

a. □ Independently identifies, describes and interprets macroscopic and microscopic lesions in complex cases in domestic and non-domestic animals including laboratory species.

b. □ Independently integrates clinicopathologic correlations into complex cases to elucidate disease pathogenesis and is able to defend conclusions.

c. □ Recommends and utilizes, as appropriate, ancillary diagnostic tests and interprets results giving consideration to confounding factors to formulate an accurate diagnosis in complex cases.

d. □ Integrates advanced knowledge of disease mechanisms and molecular pathogenesis into pathology reports and disease investigations.

e. □ Independently synthesizes information in complex cases to inform diagnoses and interpretation of pathologic findings.

f. □ Independently generates timely and integrated reports for complex cases with ancillary diagnostics. Independently generates reports that include the language of uncertainty and complex pathogenesis.
### ACVP Milestone Achievement Record-Anatomic Pathology

#### Trainee:

#### Start date:

<table>
<thead>
<tr>
<th><strong>Milestone 4: Core competency in biosafety and laboratory technology</strong></th>
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<tr>
<td><strong>Level 1 (suggested 6 months)</strong></td>
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<td><strong>Target date:</strong></td>
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<tr>
<td>a. □ Plans and safely performs all aspects of routine post-mortem examinations (PME, i.e. necropsies) and biopsy sampling with assistance, to include collection of appropriate morphometric data, tissue samples and surgical margins where applicable.</td>
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<tr>
<td>b. □ Demonstrates knowledge of regulations for biosafety, biohazardous material removal, laboratory cleanliness, infection control, and equipment handling.</td>
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<tr>
<td>c. □ Demonstrates basic familiarity with the process to generate formalin fixed paraffin embedded tissues and can identify issues that may cause associated artifacts.</td>
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<tr>
<td>d. □ Demonstrates awareness of common artifacts in tissue sections and other samples (e.g. serum samples for chemical analysis).</td>
</tr>
<tr>
<td>e. □ Understands the importance of quality assurance and quality control (QA/QC) for laboratory technologies and equipment (e.g. staining equipment, bench-top analyzers).</td>
</tr>
<tr>
<td>f. □ Demonstrates awareness of troubleshooting guides for commonly used laboratory equipment.</td>
</tr>
<tr>
<td>g. □ Demonstrates appropriate care and use of microscope including condenser and diaphragm adjustment, Koehler illumination, polarizer application, and cleaning.</td>
</tr>
</tbody>
</table>
ACVP Milestone Achievement Record-Anatomic Pathology

Trainee:
Start date:

| Milestone 1: Shared AP and CP core competency in research and future practices |
|---------------------------------|-----------------|-----------------|
| Level 1 | Level 2 | Level 3 |
| Review date: | Review date: | Review date: |
| □ Exceeds Expectations | □ Exceeds Expectations | □ Exceeds Expectations |
| □ Meets Expectations | □ Meets Expectations | □ Meets Expectations |
| □ Improvement(s) needed | □ Improvement(s) needed | □ Improvement(s) needed |
| Reviewed by: | Reviewed by: | Reviewed by: |
| Trainee Signature*: | Trainee Signature*: | Trainee Signature*: |
| Comments: | | |
| Trainee Comments (Optional): | | |

*trainee signature acknowledges receipt of the review. Comment space is provided for trainees below.

Note: For space to provide additional review dates, cut and paste the above table.
ACVP Milestone Achievement Record-Anatomic Pathology

Trainee:
Start date:

<table>
<thead>
<tr>
<th>Milestone 2: Shared AP and CP core competency in laboratory management, communication and professionalism</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong></td>
</tr>
<tr>
<td>Review date:</td>
</tr>
<tr>
<td>☐ Exceeds Expectations</td>
</tr>
<tr>
<td>☐ Meets Expectations</td>
</tr>
<tr>
<td>☐ Improvement(s) needed</td>
</tr>
<tr>
<td>☐ Exceeds Expectations</td>
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<tr>
<td>☐ Meets Expectations</td>
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</tr>
<tr>
<td>☐ Improvement(s) needed</td>
</tr>
</tbody>
</table>

Reviewed by:

Trainee Signature*:

Trainee Comments (Optional):

*trainee signature acknowledges receipt of the review. Comment space is provided for trainees below.

Note: For space to provide additional review dates, cut and paste the above table.
ACVP Milestone Achievement Record-Anatomic Pathology

Trainee:  
Start date: 

<table>
<thead>
<tr>
<th>Milestone 3: Core competency in the macroscopic and microscopic evaluation of tissues and data integration for disease diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong></td>
</tr>
<tr>
<td>Review date:</td>
</tr>
<tr>
<td>☐ Exceeds Expectations</td>
</tr>
<tr>
<td>☐ Meets Expectations</td>
</tr>
<tr>
<td>☐ Improvement(s) needed</td>
</tr>
</tbody>
</table>

| Reviewed by: | Reviewed by: | Reviewed by: | Reviewed by: |
| Trainee Signature*: | Trainee Signature*: | Trainee Signature*: | Trainee Signature*: |

| Comments: | |
| Trainee Comments (Optional): | |

*trainee signature acknowledges receipt of the review. Comment space is provided for trainees below.

**Note:** For space to provide additional review dates, cut and paste the above table.
ACVP Milestone Achievement Record-Anatomic Pathology

Trainee:
Start date:

<table>
<thead>
<tr>
<th>Milestone 4: Core competency in biosafety and laboratory technology</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong></td>
</tr>
<tr>
<td>Review date:</td>
</tr>
<tr>
<td>☐ Exceeds Expectations</td>
</tr>
<tr>
<td>☐ Meets Expectations</td>
</tr>
<tr>
<td>☐ Improvement(s) needed</td>
</tr>
</tbody>
</table>

Reviewed by:

Trainee Signature*:

Comments:

Trainee Comments (Optional):

*trainee signature acknowledges receipt of the review. Comment space is provided for trainees below.

Note: For space to provide additional review dates, cut and paste the above table.
Appendix 5

Initial and 5-Year Accreditation Renewal Applications

Each anatomic or clinical pathology training program applying for initial or 5-year renewal accreditation must complete an application with a program description that is submitted to the ACVP Training Program Accreditation Committee. Recommendations for format of this program description (e.g. online forms, Submittable.com, uploads to an ACVP portal, or emails of .pdf documents) are provided. Suggested content below is listed without formatting, pending future decisions on the submission format that will work best. The content below shows the questions that the task force recommends; these allow the programs flexibility in narrative to demonstrate how the standards are fulfilled.

New programs can apply for initial accreditation review at any time. The 5-year renewal application must be submitted by the Program Director by the announced yearly deadline. Anatomic pathology and clinical pathology programs within the same institution must submit separate applications and program descriptions. Within a discipline, only one application should be submitted that encompasses all available specialty track offerings in the program. For example, an anatomic pathology program that has several tracks of training (such as comparative pathology, wildlife, and aquatic pathology) in the same program will submit one program description that describes how all of the required standards are met.

Initial and 5-year Renewal Application (Program Description) Content

The program description must include:

1. **Program discipline** (Anatomic or Clinical Pathology?)

2. **Primary Institution**
   a. Institution name
   b. Address
   c. Training Program Director name
   d. Training Program Director email

3. **Participating Sites**: (additional campuses or collaborative institutions formally associated with the training program). For each participating site, list:
   a. Name of institution
   b. Address
   c. Site coordinators

4. **Standard 1: Pathology Instruction and Trainees**
   Refer to Standard 1 for full instructional requirements and definitions.
   a. **Supervising Diplomates** (ACVP, ECVP, ECVCP). For each:
      i. Name
      ii. Pathology discipline (AP, CP, or dual)
      iii. Job title
iv. Provide CV (such as in National Institutes of Health (NIH) biosketch format)

v. Describe interactions with trainees, to include percentage of effort dedicated to pathology training

b. Supplemental Trainers
   i. Name
   ii. Pathology discipline if applicable (AP, CP, or dual)
   iii. Job title
   iv. Provide CV (such as in National Institutes of Health (NIH) biosketch format)
   v. Describe interactions with trainees, to include percentage of effort dedicated to pathology training

c. Trainees
   i. Current number of trainees
   ii. Maximum program capacity of trainees
   iii. Names, start dates, and estimated end dates for currently enrolled trainees
   iv. Specialty track of trainees, if applicable
   v. Indicate if enrolled in graduate degree program and if so, specify

5. Standard 2: Training Program Length
   a. Minimum number of total months of training expected of residents
   b. Typical total length of program (if different from minimum)
   c. Target months of training or program requirement for ACVP Phase I Examination application if not in 2nd year of program
   d. Target months of training or program requirement for the ACVP Phase II Certifying Examination application if not in 3rd year of program

6. Standard 3: Describe how the training program provides the curriculum, environment, and/or opportunity for the trainees to successfully learn the core competencies and to develop necessary skills and practices in wellness, professionalism, and leadership.

Include the following in the narrative description and answer for both 1) the primary institution and 2) each collaborative institution:

- A description of facilities
- Listing of equipment. Provide context for direct use of the equipment by trainees
- In house and external service rotations in the practice of pathology
- Program’s annual caseload by service rotation (include species or other relevant descriptors)
- Availability of ancillary diagnostic services (microbiology, virology, electron microscopy, immunohistochemistry)
- Specialty tracks available within the program (identify how the core competencies and milestones are covered in each specialty track, if applicable. Only one application/program description should be submitted per AP or CP program at an institution, and should include all specialty tracks available in the program.)
- Interactions of trainees with other veterinary or medical specialties within the institution or participating sites
- Required or available coursework
- Trainee research and/or publication requirements if required by program
• Conference attendance by trainees. Describe whether conference participation is required or encouraged and whether conference fees and travel expenses are paid.
• Graduate degree options (if available) to trainees while in training program
• Pathology resources available to trainees (reference materials, slide sets, etc.)

Provide a description of how the training program (primary institution and participating sites) provides training, resources, and support (See Appendix 1 for suggestions) for:
• Promoting a culture of wellness in the training program
• Fatigue mitigation practices
• Supporting professionalism and the professional and career growth of trainees
• Supporting and encouraging leadership and leadership skills development

Provide a description of practices that support Diversity, Equity, and Inclusion in the training program.

7. **Standard 4: Milestone Achievement Record Documentation**
   • Describe the milestone achievement review process in your training program.
   • How is cross training in the other pathology discipline (e.g. training in AP histopathology in a CP program) accomplished?
   • Describe if and how the training program would approach the application and integration of a trainee with incomplete training experience from another accredited training program (program transfer request). Milestone documentation would be provided by the trainee during program transfer discussions.

8. **Participating Sites or Collaborating Programs**
   For any training that will not be accomplished on site of the primary institution, provide a copy of the collaborating site’s agreement(s). Include the scope of the training and amount of time the resident will be away from the home institution.

9. **Veterinary degree confirmation:**
   Describe how you ensure that trainees accepted into your program will meet the following ACVP credentialing requirement:
   
   *ACVP requires that candidates seeking eligibility to take the Certifying Examination be veterinarians who have a degree necessary for the practice of Veterinary Medicine from a veterinary college in some state, province, territory, or possession of the United States or Canada, or from an American Veterinary Medical Association (AVMA)-listed veterinary college.*

10. **Policies on Codes of Conduct and Diversity, Inclusion, and Antidiscrimination:**
    The American College of Veterinary Pathologists (ACVP) is committed to providing a respectful environment free from harassment, discrimination, retaliation, intimidation, and disruptive behavior for all its members, staff, residents, veterinary and graduate students, speakers, exhibitors, guests, and volunteers. Such conduct will not be tolerated. The ACVP expects a similar atmosphere free of harassment and discrimination within training programs.

    ACVP is also committed to a framework of common principles and standards of professional practice. This code of professional ethics reflects what ACVP values as professionals and establishes expectations for practice and research based upon principles of professional and scientific responsibility, integrity, competency, accountability, and fairness.
Training programs accredited by ACVP are expected to comply with the following policies and provide an environment in which trainees can raise and resolve issues without fear of intimidation or retaliation.

Indicate with a check mark in the three boxes below that your program has reviewed and is in compliance with the ACVP Anti-Harassment and Discrimination Policy, ACVP Code of Conduct Policy, and ACVP Code of Professional Ethics with trainees, Supervising Diplomates, Supplemental Trainers, and other applicable parties involved in the training program. Programs are responsible for implementing these principles in alignment with applicable laws and institutional policies.

☐ ACVP Anti-Harassment and Discrimination Policy

☐ ACVP Code of Conduct Policy

☐ ACVP Code of Professional Ethics

11. **What are your program strengths?**

12. **What are your self-identified program weaknesses or opportunities for growth?**
   Describe your goals and plan for improvement, growth, or development.

13. What are programmatic issues identified by trainees on program evaluations and how will they be addressed?

14. **Trainee History**
   a. Names of trainees who have successfully completed the program in last 10 years and current jobs
   b. Names of trainees who have left the training program in last 12 months prior to successful program completion
      i. Names of trainees who have transferred to another training program (list new institution) and their date of program departure
      ii. Names of trainees who have withdrawn from training or were asked to leave the program and their date of program departure
ACVP accredited training programs must submit an annual report to ACVP that: confirms continued compliance with the program description for the 4 standards; states progress on self-identified improvement goals; addresses any new program needs or changes; lists currently enrolled trainees; and adds or deletes collaborative arrangements.

The following report content should be submitted annually by a date to be set by ACVP after a program receives accreditation status and between the 5-year renewal periods. Programs should refer to their last full initial or renewal accreditation application in discussing any changes.

1. **Program discipline** (Anatomic or Clinical Pathology?)

2. **Primary Institution**
   a. Institution name
   b. Address
   c. Training Program Director name
   d. Training Program Director email

3. **Participating Sites**: (additional campuses or other institutions formally associated with the training program). For each participating site, list:
   a. Name of institution
   b. Address
   c. Site coordinator(s)

4. **Standard 1: Pathology Instruction and Trainees**
   Refer to Standard 1 for full instructional requirements and definitions.
   a. **New Supervising Diplomates** (ACVP, ECVP, ECVCP) since last report. For each:
      i. Name
      ii. Pathology discipline (AP, CP, or dual)
      iii. Job title
      iv. Provide CV in NIH biosketch format
      v. Describe interactions with trainees, to include percentage of effort dedicated to pathology training

   b. **Names of Supervising Diplomates who have left the program since last report**

   c. **Current total number of Supervising Diplomates**:

   d. **New Supplemental Trainers since last report**
      i. Name
      ii. Pathology discipline if applicable (AP, CP, or dual)
      iii. Job title
      iv. Provide CV in NIH biosketch format
      v. Describe interactions with trainees, to include percentage of effort dedicated to pathology training

   e. **Names of Supplemental Trainers who have left the program since last report**
f. Trainees
   i. Current number of trainees
   ii. Maximum program capacity of trainees
   iii. Names, start dates, and estimated end dates for currently enrolled trainees
   iv. Specialty track of trainees, if applicable
   v. Indicate if enrolled in graduate degree program, and if so specify

5. List any significant changes in facilities, equipment, resources, caseload, or opportunities for trainees during the last 12 months

6. Confirm that all trainees are given milestone goals at the start of their program and are receiving periodic (recommended at 6 and 12 months then annually thereafter) milestone evaluations corresponding with milestone level target dates set by the program.

7. Trainee History
   a. Names of trainees who have successfully completed the program in last year and current jobs
   b. Names of trainees who have left training program in last 12 months (and have not successfully completed program)
      i. Names of trainees who have transferred to another training program (list new institution) and their dates of program departure
      ii. Names of trainees who have withdrawn from training or were asked to leave the program and their dates of program departure
Interim Reports for Self-Reporting of Program Changes or Deficiencies

Accredited programs are required to submit a notice to ACVP within 60 days if any changes will result in one or more of the 4 program standards not being met (e.g. insufficient Trainee:Supervising Diplomate ratio; loss of facilities, equipment, or resources to provide trainees; major decreases in caseload; loss of a participating site; etc.). Failure to report can result in non-compliance and a change in accreditation status. After an interim report is filed for a deficiency or projected deficiency, a plan of action will be determined between the program and the TPAC. An interim report should also be filed to report new formal collaborations or participating sites. Any other changes can be reported in the annual report.

1. **Program discipline** (Anatomic or Clinical Pathology)?

2. **Primary Institution**
   a. Institution name
   b. Address
   c. Training Program Director name
   d. Training Program Director email

3. **Summary of change or deficiency**
   If deficiency, list steps being taken to address the deficiency and projected timeline.

4. **Names of Trainees currently in the program or accepted to begin the program with start and projected completion dates**