

RHEUMATOLOGY FELLOWSHIP PROGRAMS

FREQUENTLY ASKED QUESTIONS

The Residency Review Committee for Internal Medicine has answered the following questions from rheumatology fellowship programs. The answers provided represent a summary of the actions previously taken by the Committee. You should not interpret the answers as a second set of standards. The RRC-IM provides these answers to give training programs insight on how the peer review process works. Each program reviewed is unique. The RRC-IM interprets substantial compliance with the Program Requirements that reflect the unique composite of a given program. The Requirements are as stated.

Abbreviations Used

PR = Program Requirement
PD = Program Director
APD = Associate Program Director
Sub = Internal Medicine subspecialty program
Sub-sub = Subspecialty requiring completion of training in a parent subspecialty (i.e., clinical cardiac electrophysiology, interventional cardiology, transplant hepatology)
RRC-IM = Residency Review Committee for Internal Medicine
ACGME = Accreditation council of Graduate Medical Education
DIO = Designated Institutional Official (usually serves as chair of GMCEC)
GMCEC = Graduate Medical Education Committee, as required by the IRC
IRC = Institutional Review Committee
PIF = Program Information Form
KCF = Key Clinical Faculty
Pub = Peer-reviewed publication or other acceptable product of scholarship as defined by the RRC-IM
Rheum = Rheumatology

Section I-VII General Subspecialty Program Requirements

Question:

“Do the General Subspecialty Program Requirements apply to Rheumatology?”

Program Requirements:

For Sections I. through VIII., see:

- **ACGME Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine**
- **RRC-IM Web Subspecialty FAQ**

Answer:

Absolutely

Rheumatology PDs should study carefully the General Subspecialty Program Requirements, and the FAQs related to these PRs. The requirements cover required structural elements in the program such as required institutional support, facilities and resources, key faculty and PD qualifications and responsibilities, conferences, continuity clinic, scholarship and research, evaluation, etc.

Subspecialty fellowship programs are expected to be in full compliance with both the General Subspecialty Program Requirements, and the Subspecialty Specific Program Requirements.

Section VIII - XI Rheumatology Program Requirements

Section VIII. Educational Program

Length of Training

Question:

“Our rheumatology fellowship is 3 years in length. Can we spread out the clinical training over 36 months?”

“Can we use the time fellows spend in continuity clinic to reduce the block time of 12 months clinical?”

Program Requirement:

A subspecialty educational program in rheumatology must be organized to provide training and supervised experience at a level sufficient for the fellow to acquire the competency of a specialist in the field.

(Educational Program, Definition and Scope of Rheumatology, Section VIII.A.)

The training program must be 2 years in duration. (Educational Program, Duration of Program, Section VIII.B.)

A minimum of 12 months must be devoted to clinical experiences. (Educational Program, Duration of Clinical Experience, Section VIII.C.)

[The program director must obtain review and approval of the sponsoring institution’s GMEC/DIO before submitting to the ACGME information or requests for the following:] major changes in program structure or length of training. (Program Personnel and Resources, Program Director, Section II.A.4.n.3.)

Answer:

All required training must be completed within the accredited 24-months of training.

An additional year of training (i.e., for research may be required (or offered) by the program, but the required training (at least 12 months clinical, continuity clinic, conferences, and research) must be completed during the accredited two years (24 months) of training:

Time spent in continuity clinic continuity clinic (one-half day weekly x 24 months) may not be used to reduce the minimal block time required for clinical training.

Outpatient Education

Question:

“Please explain the outpatient requirement.”

Program Requirement:

The program must include a minimum of 2 half-days of ambulatory care per week, averaged over the 2 years of training, which includes the continuity ambulatory experience. The RRC suggests, however, that the program should include 3 half-days of ambulatory care. (Educational Program, Ambulatory Medicine Experience, Section VIII.D.)

Answer:

The Committee and the rheumatology community recognize that much of the practice of clinical rheumatology occurs in the ambulatory setting. As such the PRs require that fellows spend at least two half-days per week throughout the two years of required training in an ambulatory/ outpatient teaching setting.

Continuity clinic provides 1/2 day per week, thus programs need an additional 1/2 day per week – averaged

over 24 months. A third half-day is suggested, but not required.

Programs may organize this additional training in any way that they desire, as long as it can demonstrate 104 ambulatory teaching half-day sessions in 2 years, over and above continuity clinic.

Section IX. Faculty

Minimum Key Clinical Faculty

Question:

“What is the minimum number of ABIM-certified KCF for our program.”

“How many publications are required by KCF”

Program Requirement:

See General Subspecialty FAQ for additional details and program requirement.

Answer:

See below for calculation of minimum required key clinical faculty, and the scholarly productivity expected of the KCF.

Rheum KCF and Research Productivity				
Minimum 3 KCF or 1:1.5 faculty-fellow ratio for programs with 6 or more fellows				
Approved Fellow Complement	Minimum Certified KCF (incl PD)	Majority of Minimum KCF (51%)	<u>PARTICIPATION</u> KCF with at Least 1 Pub Past 3 Years	<u>PRODUCTIVITY</u> Pubs All KCF Past 3 Years (1/yr x 3 yrs)
2	3	2	2	6
3	3	2	2	6
4	3	2	2	6
5	3	2	2	6
6	4	3	3	9
7	5	3	3	9
8	6	4	4	12
9	6	4	4	12
10	7	4	4	12
11	8	5	5	15
12	8	5	5	15
13	9	5	5	15
14	10	6	6	18
15	10	6	6	18
16	11	6	6	18

- Publication = Research publication, review article, or editorial in a peer review journal (PRJ), funded peer-review grant, or book chapter.
- Scholarly case reports acceptable (Sept 2007) if indexed in Pub Med, and copy submitted with PIF
- Peer review publication = indexed in Pub Med (or Medline). If not in Pub Med, PD must supply evidence of peer review
- In press or accepted for publication counts. Submitted or in preparation does not count.
- Abstract, illustration, letter to the editor, presentation, or publication in non-PRJ does not count.
- Peer-reviewed funding (NIH, NCI, or other government-funded or national-foundation funded) counts
- Industry, pharmaceutical, or other non-peer-review grant does not count.

- Exception: Pharmaceutical studies in which the KCF is the overall PI (lead investigator) for all sites will be accepted as counting as one product of scholarship
- 1 paper = 1 paper; Do not count multi-author papers more than once.
- Count the last three calendar years prior to PIF submission. If site visit is in Sep. 2008, count publications from 2005, 2006, and 2007 as well as 2008.
- Contribute to participation: Only ABIM certified KCF
- Contribute to productivity:
 - Certified KCF
 - Additional sub-specialty KCF (above minimum required, certified or non-certified)
 - Non-physician faculty and faculty in other specialties IF:
 - Contribute to fellow education
- Devote at least 10 hours/ week to the program

Section X. Facilities and Resources

Rehabilitation Training

Question:

“Is it necessary to have a PMR residency in order to start a rheumatology fellowship?”

Program Requirement:

In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, there must be facilities for rehabilitation medicine. (Facilities and Resources, Other Facilities, Resources, and Support Services, Section X.D.2, CAAR-1304, CIT:1.E;)

Answer:

The RRC-IM considers an active rehabilitation medicine clinical program essential for rheumatology training. A PM&R training program is not required.

Section XI. Specific Program Content

Procedures

Question:

“What procedures does the program need to track for Rheumatology fellows?”

Program Requirement:

Fellows must receive formal instruction and clinical experience, and also demonstrate competence in diagnostic aspiration and analysis by light and compensated polarized light microscopy of synovial fluid. (Specific Program Content, Technical and Other Skills, Section XI.B.2.)

Fellows must receive formal instruction and clinical experience, and also demonstrate competence in therapeutic injection of diarthrodial joints, bursae, tenosynovial structures, and entheses. (Specific Program Content, Technical and Other Skills, Section XI.B.1.c.)

Answer:

Rheum Procedures that Must be Documented In Fellow’ Procedure Log	
1.	Diagnostic aspiration and/ or therapeutic injection of bursae, joints, entheses and tendon sheaths.
2.	Analysis by light and compensated polarized light microscopy of synovial fluid.

Competency

Question:

“The PRs require competency in a number of areas (RA, SLE, etc.). What will the Committee require to demonstrate that competency is achieved?”

Program Requirement:

Fellows must have formal instruction, clinical experience, and demonstrate competence in the prevention, evaluation and management of rheumatoid arthritis. (Specific Program Content, Clinical Experience, Section XI.A.1.a.)_See also XI.A.1.b-p.

Fellows must receive formal instruction and clinical experience, and also demonstrate competence in the examination of patients, to include a specific examination of structure and function of all joints, both axial and peripheral, as well as periarticular structure and muscle units. (Specific Program Content, Technical and Other Skills, Section XI.B.1.) See also XI.B.1.b-d.

Answer:

These PRs require competence (+ instruction and experience) in 20 content areas, both disease specific (XI.A.) and technical competency (XI.B.). The program defines the measures of competency.