

TRANSPLANT HEPATOLOGY FELLOWSHIP PROGRAMS

FREQUENTLY ASKED QUESTIONS

The Residency Review Committee for Internal Medicine has answered the following questions from transplant hepatology 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 GMEC)
GMEC = 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
GI = gastroenterology
TH = transplant hepatology

Section I-VIII General Subspecialty Program Requirements

General Subspecialty vs. Transplant Requirements

Question:

“Do the General Subspecialty Program Requirements apply to transplant hepatology?”

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

Transplant hepatology 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.

Please note that transplant hepatology is considered a dependent internal medicine sub-sub specialty of gastroenterology. Programs must be in substantial compliance with the General Subspecialty program requirements as well as the transplant hepatology program requirements.

Section XI - XIV Program Requirements

Section XI. Educational Program

Parent Gastroenterology Program

Question:

“Can a TH program exist without an accredited gastroenterology program?”

Program requirement:

XI.A A subspecialty educational program in transplant hepatology must function as an integral component of an accredited subspecialty fellowship in gastroenterology and be organized to provide training and experience at a sufficient level for fellows to acquire the competency of a specialist in the field.

Answer:

- Transplant hepatology must function as a dependent sub-subspecialty of an ACGME accredited gastroenterology program.
- The major site of fellowship training must be at the same institution that sponsors the internal medicine residency program and the gastroenterology fellowship program, or at a participating institution where there is a continuous presence of the sponsoring institution’s core residents, GI fellows, and faculty.

Applicant Qualification Requirements

Question:

“Can my program accept trainees into the transplant hepatology program that have not completed a 3-year ACGME-accredited gastroenterology program? Can training be spread over 2 years?”

Program Requirement:

XI. B. The transplant hepatology program must be 1 year in duration. Fellows entering the program should have completed a 3-year ACGME-accredited gastroenterology program.

Answer:

All accredited training must be completed within one year; programs may offer additional (research or other) non-accredited training years, but the accredited training may not be spread out over 2 or more years.

When the ACGME approved the program requirements for Transplant Hepatology, the specialty was designated as a dependent subspecialty of gastroenterology. The ACGME does not accredit training that does not lead to certification. The ABIM requires gastroenterology certification for all candidates seeking certification in transplant hepatology.

Therefore the ACGME requirements for accredited training programs in transplant hepatology require that fellows entering the program have completed the gastroenterology training in an ACGME-accredited program both to (1) Ensure eligibility for certification at the completion of training and to (2) Ensure that all fellows entering the program have completed the minimum hepatology training (i.e. 5 months of clinical hepatology under the direction of a hepatology key clinical faculty member, endoscopic variceal hemostasis management in at least 20 patients including 5 active bleeders, etc.) required of a gastroenterologist prior to entering advanced hepatology training.

Training must be sequential, that is: fellows should complete three years of accredited gastroenterology training prior to entering a TH fellowship.

Exceptions to Applicant Qualifications

Question:

“Will the RRC-IM allow any exceptions to this requirement? “

Answer:

The RRC-IM will approve exceptions to the prior training rule for:

1. A fully trained international medical graduate gastroenterologist coming to the US for only 1-year of transplant hepatology training. The program must notify this individual in writing that this training will not lead to ABIM certification and must not exceed the approved resident complement for the program.
(Note that programs cannot accept more than 25% of entering fellows who have not completed ACGME accredited internal medicine residency and GI fellowship, when averaged over a 5-year period).
2. Fellows that have been accepted for training prior to the July 2007 accreditation date. This exception will only be allowed for the 2007-2008 academic year.

The RRC-IM will also consider, by written request only, an exception for individuals who have completed two years of training in an ACGME-accredited gastroenterology program and wish to complete their transplant hepatology fellowship prior to completion of their third year of gastroenterology training. Requests may only be made if the individual has completed all of the clinical gastroenterology training, including the five months of required hepatology training. Decisions will be made on an individual program basis.

Fellow Scholarly Activity

Question:

“What are the research requirements for TH fellows?”

Program Requirement:

Fellows should participate in scholarly activity. (Educational Program, Fellow’s Scholarly Activity, Section IV.B.2.)

Participation in an active research program is an essential component for fellows enrolled in subspecialty fellowship training programs of 24 months or greater duration. (Educational Program, Fellow’s Scholarly Activity, Section IV.B.2.a.)

The program must ensure a meaningful, supervised research experience with appropriate protected time for each fellow—either in blocks or concurrent with clinical rotations—while maintaining the essential clinical experience. (Educational Program, Fellow’s Scholarly Activity, Section IV.B.2.a.1.)

All 12 months must include clinical experiences and appropriate protected (block or concurrent) time for research. (Educational Program. XI.C.)

Answer:

Principles:

- TH training requirements are designed as 12 months of intensive CLINICAL training.
- TH fellows must participate in scholarly activity, but cannot be held to the same research standard as fellows in 2-year and 3-year programs where up to 50% of training may be spent in research
- Thus, TH fellows can meet the Scholarship Requirement by:
 - a. A research project (with faculty mentorship), or

- b. Participation with the faculty in the initiation and conduct of clinical trials within the department,
or
- c. Participation in QA/QI or process improvement projects

Minimum Clinical Training

Question:

“How much of the TH program must be devoted to clinical training?”

Program Requirement:

XI.C. All 12 months must include clinical experiences and appropriate protected (block or concurrent) time for research.

Answer:

A TH fellowship is intended to be a one-year clinical training program. While fellows must be exposed to research and scholarly activity, the training program must fulfill minimum clinical training requirements.

- The RRC-IM, in conjunction with the transplant hepatology advisory committee, has determined that at **least 80% of accredited training must be clinical.**
- Up to 20% of training may be research, either concurrent or in blocks.
 - Continuity clinic may not be interrupted during research blocks; there may be no purely research months.
 - New programs will not be accredited with < 80% clinical training.

All accredited training must be completed within the 12-month training program. An additional (non-accredited) research year may be offered following the accredited year, but required experiences may not be spread out over the additional time.

Procedures

Question:

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

Answer:

TH Procedures that Must be Documented In Fellow’s Procedure Log
1. Liver Biopsy - performance of at least 30 percutaneous liver biopsies, including allograft

Section XII. 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.

For programs with an approved complement of 1-3 fellows, the program must provide a minimum of 2 institutionally based key clinical faculty members, including the Program Director. (Faculty XII.A.)

In programs with an approved complement of 4 or more fellows, a ratio of key clinical faculty to fellows of at least 1:1.5 must be maintained. (Faculty XII.B.)

Answer:

Each program must have two GI-certified hepatology KCF, one of whom is the PD.

New programs will not be accredited without two ABIM certified KCF

- In gastroenterology
- After July 2011, in gastroenterology and transplant hepatology

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

Transplant Hepatology KCF and Research Productivity Minimum 2 KCF or 1:1.5 faculty-fellow ratio				
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	2	2	2	6
3	2	2	2	6
4	3	2	2	6
5	4	3	3	9
6	4	3	3	9
7	5	3	3	9
8	6	4	4	12
9	6	4	4	12

- 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

PD and KCF Qualifications

Question:

“What are the certification requirements for the program director and the key clinical faculty? “

Program Requirement:

II.C. [The key clinical faculty must:] have current certification in the subspecialty by the American Board of Internal Medicine or possess qualifications judged by the RC to be acceptable. (Program Personnel and Resources, Other Program Personnel, Section II.C.1.a.2.)

XII.C The Program Director must be certified in the specialty of Transplant Hepatology or possess qualifications judged to be acceptable by the RC-IM.

Answer:

Only ABIM certification is acceptable; no other credentials are accepted.

The RRC-IM does not grant waivers for the ABIM-certification requirement (for PDs or for KCF). Rationale: The RRC-IM uses ABIM certification as one of its major outcome measures. A major goal and outcome of each IM subspecialty training program has been the training of ABIM-certified graduates. ABIM-certified PD (and KCF) demonstrate to the trainees the value and importance of ABIM certification by becoming ABIM certified and by maintaining certification in the subspecialty. Note that the ABIM now has a pathway for certification of faculty who were not trained in an ACGME accredited program.

The RRC-IM will withhold accreditation of new programs that are not led by ABIM-subspecialty-certified internists.

The Committee standard for subspecialty program director certification is as follows: The Subspecialty IM program director must be ABIM-certified, and must maintain certification in the internal medicine subspecialty. i.e., The Subspecialty PD may allow core internal medicine certification to lapse, but must maintain certification in subspecialty (e.g., gastroenterology)

In Sub-Subspecialties, the PD and KCF must maintain primary subspecialty certification and sub-subspecialty certification

EXCEPTION FOR THE INITIAL PHASE OF NEW PROGRAM APPLICATIONS IN TRANSPLANT HEPATOLOGY

The RRC-IM recognizes that the program director and key clinical faculty will not have had the opportunity to obtain certification in transplant hepatology at the time of the initial application phase. Therefore the Committee will accept the following as equivalent credentials only for the initial phase of accreditation:

Consistent with ABIM policy, the RRC-IM will only consider (1) An active ABIM certification in gastroenterology plus (2) Significant experience in transplant hepatology as equivalent credentials to serve as program director and key clinical faculty for transplant hepatology programs.

After July 1, 2011, all program directors and key clinical faculty must have active ABIM certificates in gastroenterology and transplant hepatology.

Section XIII. Facilities and Resources

UNOS Approval

Question:

“Why is UNOS Approval Required?”

Program Requirement:

XIII.A. Liver Transplant Program: The transplant program must be a member in good standing of the United Network for Organ Sharing (UNOS) or of the equivalent Canadian organization, and must be affiliated with a gastroenterology training program accredited by the ACGME.

Answer:

The Committee considers a member in good standing in UNOS to be one measure that the transplant program has met minimum standards for quality and safety, and therefore fellow education.

If the transplant program loses its good standing in UNOS, the program ceases to be in compliance with ACGME requirements for fellowship education in Transplant Hepatology. It is the responsibility of the Transplant Hepatology program director to inform the ACGME RC-IM should the transplant program lose its status in UNOS.

Interactions with Transplant Surgeons

Question:

“What type of interaction with transplant surgeons is expected?”

Program Requirement:

XIII.C.1.

The fellows and faculty in the program must share patient co-management responsibilities with transplant surgeons from the preoperative phase to the outpatient period.

Answer:

Liver transplant medicine is predicated on close cooperation with transplant surgery. The burden of responsibility for clinical management shifts during the patient’s clinical course: predominantly medical management prior to transplantation, predominantly surgical management in the perioperative phase, with reversion to medical management thereafter.

Important clinical decisions, such as placement or removal from the transplant list, are taken collectively by the transplant team. The fellow and transplant hepatology faculty must share responsibilities within this paradigm of cooperative care.

Note: Surgeons or other specialists who are not gastroenterology-certified hepatologists may not serve as KCF.

Interactions with Liver Transplant Pathologists

Question:

“What type of interaction with pathologists is expected?”

Program Requirement:

XIII.C.2.

The program must ensure close interactions and education with an experienced liver transplant pathologist.

Answer:

Regular scheduled review of pathology with a liver hepatologist is the norm in transplant programs during Clinical Case Conferences and Core Curriculum Conferences.

This should be supplemented by day to day review and analysis of pathology in accordance with the needs of clinical care.

Section XIV. Specific Program Content

Liver Biopsy Experience

Question:

“What are the requirements for liver biopsy?”

“If fellows had an adequate liver biopsy experience during GI fellowship, do they need to perform additional procedures during TH fellowship?”

Program Requirement:

XIV.B.

1. Fellows must have formal instruction and clinical experience, and must demonstrate competence in the following:
 - a. performance of at least 30 percutaneous liver biopsies, including allograft; and
 - b. knowledge of indications, contraindications, and complications of allograft biopsies
2. Fellows must have formal instruction and clinical experience in interpretation of the following diagnostic and therapeutic techniques and procedures:
 - a. performance of liver biopsy;
 - b. review of 200 native and allograft liver biopsies; and
 - c. the appropriate use of ultrasound localized, laparoscopy-guided and transjugular liver biopsies.

Answer:

These requirements dovetail with the requirement for a close educational interaction with liver transplant pathology. The Committee expects that the transplant hepatology fellow will share in the analysis of the data leading to a decision to biopsy the patient’s liver, perform the biopsy (at least 30 during the transplant hepatology training program), and then he/she reviews the slides at the microscope with the pathologist.

The 30 biopsies can be a mix of native and allograft livers, but must include some allograft biopsies. The biopsies can be performed at the bedside, with hand held ultrasound guidance, or in the radiology department with the fellow as primary operator. They are in addition to the required number in the Gastroenterology training program. Note that effective July 2007, gastroenterology fellows are no longer required to perform liver biopsies.

This review of pathology should occur in the setting of regular review of liver biopsy material generated within the program.

Conference

Question:

“How do the Conference Requirements apply to TH programs?”

“Can we use other forms of didactics to fulfill conference requirements?”

Program Requirement:

IV.D.2. Conferences and Seminars

- a) Conferences must be conducted regularly as scheduled and must be attended by faculty and fellows. At a minimum, these must include:
 - (1) at least one clinical conference weekly,
 - (2) one literature review conference (journal club) monthly,
 - (3) one research conference monthly; and,
 - (4) at least one core curriculum conference weekly, when averaged over one year.
 - (a) The core curriculum conference series must include the basic sciences relevant to the subspecialty;
 - (b) The core curriculum conference series must cover the major clinical topics in the subspecialty; and,
 - (c) The core curriculum conference series must repeat often enough, or be made available for review on tape or electronically, to afford each fellow an opportunity to attend or review most of the core conference topics.
- b) Fellows must participate in formal review of gross and microscopic pathological material from patients who have been under their care.

Fellows should become proficient in the critical assessment of medical literature, medical informatics, clinical epidemiology, and biostatistics. (Educational Program, Didactics, Section IV.D.3.a.)

Educational experiences should include instruction in the following: clinical ethics, medical genetics, quality assessment, quality improvement, patient safety, risk management, preventive medicine, pain management, end-of-life care, and physician impairment. (Educational Program, Didactics, Section IV.D.3.b.)

Answer:

The RRC-IM requires the program to provide at least 10 conferences per month attended by fellows and faculty:

- Four (once weekly, averaged over 1 year) core curriculum conferences

Programs may “front-load” some or all of the core curriculum conference series at the beginning of the year, as long as the total core curriculum conferences average at least one per week. Averaging is not permitted for other required conferences.

 - The core curriculum is a planned, year-long course in the subspecialty of advanced and transplant hepatology.
 - The core curriculum conference series must cover the major topics in the subspecialty of advanced and transplant hepatology
 - The core curriculum conference series is distinct from a case conference, though it may be case based.
 - The core curriculum conferences are so sub-subspecialty specific that a separate conference series is necessary, and cannot be “shared” between the gastroenterology program and the transplant hepatology program.
 - A separate basic science conference is no longer required for subspecialty programs. Instead basic sciences should be covered at the required core curriculum conferences and clinical case conferences.
- Four (once weekly) clinical case conferences
 - The clinical case conference is the presentation of a patient(s) currently or recently cared for by the faculty and fellows, with a discussion of the relevant pathological material, radiographic and laboratory data, multidisciplinary perspectives, and relevant literature.
 - Case conferences provide a forum for fellows and faculty to discuss a variety of issues related to the specialty: pathophysiology, diagnosis, management, evolving therapeutics, ethical considerations, etc.

- The clinical case conferences are so sub-subspecialty specific that a separate conference series is necessary, and cannot be “shared” between the gastroenterology program and the transplant hepatology program.
- A separate M&M or CPC is not required for subspecialty programs. But pathological material must be reviewed at the required core curriculum conferences and clinical case conferences.
- One (once monthly) journal club
 - A TH program may combine journal club with the parent GI program if:
 - All TH fellows attend the journal club at least monthly (not just when TH or hepatology topics are discussed)
 - Key TH faculty from the sub-subspecialty attend the same conference with the fellows (not just when TH or hepatology topics are discussed)
 - Topics in TH are discussed regularly
 - TH fellows are to be exposed to and discussing both the recent and classic literature in the sub-subspecialty.
- One (once monthly) research conference
 - While this conference may include didactics on research methodology, the primary purpose of the research conference is for fellows and faculty in the subspecialty to discuss current and future research projects in the subspecialty division.
 - A TH program may combine research conference with the parent GI program if:
 - All TH fellows attend the same research conference at least monthly (not just when TH or hepatology topics are discussed)
 - Key faculty and researchers in the sub-subspecialty attend the same conference with the fellows (not just when TH or hepatology topics are discussed)
 - Topics in the sub-subspecialty are discussed regularly at the research conference.

Web-Based Learning

Principle: There are many potential advantages to e-learning venues, but two major concerns:

What is the quality of the educational product?

Did the learning actually take place?

- Programs may use Web-based instruction or other forms of electronic learning for some of the Core Curriculum Conferences provided the following criteria are met.
 - E-learning should be considered as an adjunct to Core Curriculum conferences presented by the faculty.
 - E-learning venues must satisfy the following criteria in order to be substituted for a traditional didactic conference:
 - The educational content must be reviewed and approved by the Key Clinical Faculty.
 - Commercially-produced modules must be reviewed and endorsed by a professional society committed to the area under consideration, in order to assure competent and unbiased sources of educational material.
 - The e-learning must be followed by a discussion (in a formal set-aside session) with key faculty in order to answer questions, provide relevance, and to demonstrate the importance of the learning venue and topic. Video-conferencing or tele-conferencing can be used for this purpose
 - There must be tracking by the fellow and the program to insure that the fellow completed the prescribed module. An educational portfolio of learning, with subsequent reflection upon practice-based learning experiences, is suggested as the most appropriate measure of competency.

Horizontal Disciplines

Principle: Ethics, QA/QI, medical legal, end-of-life, etc. should be covered during residency and GI fellowship.

- It is not necessary for TH to have separate conferences specifically devoted to ethics, end of life issues, quality improvement, etc.
- Instead, these topics should be discussed as appropriate during the case conferences, research conference, journal club, and core curriculum conference series, as well as during case-based learning (teaching rounds, during procedure supervision, clinic, etc.).