

ENDOCRINOLOGY FELLOWSHIP PROGRAMS

FREQUENTLY ASKED QUESTIONS

The Residency Review Committee for Internal Medicine has answered the following questions from Endocrinology 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
Endo = Endocrinology

Section I-VIII General Subspecialty Program Requirements

Question:

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

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

Endocrinology 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 which are common to all internal medicine subspecialty fellowships 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 XI - XIV Endocrinology Program Requirements

Section XI. Educational Program

Length of Training

Question:

“Our endocrinology 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:

The program must be 2 years in duration. (Educational Program, Section XI.B.)

There must be at least 12 months of devoted to clinical experiences. (Educational Program, Section XI.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 minim block time required for clinical training.

The program must provide a minimum 12 months clinical training. Continuity clinic (or the required additional clinic) time during research may not be used to reduce the 12 months of (block) clinical time. Fellows must attend at least 2 half-days of clinic per week averaged over 2 years (see Section XIV).

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.

Answer:

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

Endo 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 XIII. Facilities and Resources

Resources at the Primary Training Site

Question:

What facilities are required to start an endocrinology fellowship?"

Program Requirement:

In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:

Diagnostic Laboratory Services: a complete biochemistry laboratory and facilities for hormonal immunoassay. (Facilities and Resources, Diagnostic Laboratory Services, Section XIII.A.1.)

Diagnostic Laboratory Services: access to karyotyping and immunohistologic studies. (Facilities and Resources, Diagnostics Laboratory Services, Section XIII.A.2.)

Imaging Services: Imaging services must include nuclear, ultrasound, and radiologic facilities, including bone densitometry. (Facilities and Resources, Imaging Services, Section XIII.B.)

There must be a sufficient population of inpatients and outpatients representing the full range of endocrinologic disorders. (Facilities and Resources, Other Facilities, Patient Population, Section XIII.E.1.)

The patient population must include adolescents. (Facilities and Resources, Other Facilities, Patient Population, Section XIII.E.2.)

Answer:

The Committee will examine carefully for the presence of each of the following at the primary training site:

- A complete biochemistry laboratory and facilities for hormonal immunoassay (XIII.A.1)
- Karyotyping and immunohistologic studies (XIII.A.2.) – Note: The key word is “access to” so programs could utilize the services of reference laboratories for karyotyping and immunohistologic studies, as long as the fellows have ready access to both order these studies when clinically indicated, and to obtain the results in a timely manner.
- Bone densitometry (XIII.B.)
- Adolescent patients (XIII.E.1-2.)

Section XIV. Specific Program Content

Outpatient Education

Question:

“Please explain the outpatient requirement.”

Program Requirement:

Fellows must be given opportunities to assume responsibility for, and to follow, patients throughout the training period in both inpatient and outpatient settings in order to observe both the evolution and natural history of endocrine disorders and the effectiveness of therapeutic interventions. To accomplish these goals, the program must include a minimum of 2 half-days of ambulatory care per week, as averaged over the 2 years of training, which includes the continuity ambulatory experience. The RRC suggests, however, that 3 half-days of ambulatory care per week occur. (Specific Program Content, Clinical Experience, Section XIV.A.1.)

Answer:

The Committee and the endocrinology community recognize that much of the practice of clinical endocrinology 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 the program can demonstrate 104 ambulatory teaching half-day sessions in 2 years (≥ 96 when taking into account absence during vacation weeks), over and above continuity clinic.

Procedures

Question:

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

Program Requirement

[Fellows must have formal instruction, clinical experience, and must demonstrate competence in the performance of:] fine needle aspiration of the thyroid. (Specific Program Content, Technical and Other Skill, Section XIV.B.1.c), CAAR-1429, CIT:4.E;)

Answer:

Committee Standard:

All fellows must become competent in the performance of thyroid FNA. No minimum number of FNAs is specified in the PRs. Each program must develop standards for assessing competency. Procedures must be tracked in a logbook and programs must document competency in writing.

Endo Procedure that Must be Documented In Fellow's Procedure Log

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| 1. Thyroid aspiration biopsy |
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