GASTROENTEROLOGY FELLOWSHIP PROGRAMS
FREQUENTLY ASKED QUESTIONS

The Residency Review Committee for Internal Medicine has answered the following questions from gastroenterology 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 electrophysiogy, 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

Question:
"Do the General Subspecialty Program Requirements apply to gastroenterology?"

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
Gastroenterology 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 XI - XIV Gastroenterology Program Requirements

Section XI. Educational Program

Program Configuration

Question:
"Our gastroenterology fellowship is 4 years in length. Can we spread out the clinical training over 48 months?"
"Can we use the time fellows spend in continuity clinic to reduce the block time of 18 months clinical?"

Program Requirements:
The program must be 3 years in duration. (Educational Program, Section XI.B)

A minimum of 18 months must be devoted to clinical experience, and hepatology should comprise at least 5 months of this experience. (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 36-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 18 months clinical, continuity clinic, conferences, and research) must be completed during the accredited three years (36 months) of training:

Time spent in continuity clinic (one-half day weekly x 36 months) may not be used to reduce the minimum block time required for clinical training.

Procedures

Question:

"What procedures does the program need to track for gastroenterology fellows?"

Answer:

Gastroenterology Procedures that Must be Documented In Fellow' Procedure Log
1. Flexible sigmoidoscopy (colonoscopy with special emphasis on recto-sigmoid may be substituted)
2. Diagnostic upper gastrointestinal endoscopy (EGD)
3. Colonoscopy, including biopsy and polypectomy
4. Esophageal dilation
5. Percutaneous gastrostomy
6. Therapeutic upper and lower gastrointestinal endoscopy, including variceal and non-variceal hemorrhage
~~7. Liver biopsy.~~

Note that liver biopsy is no longer required by the ABIM (July 2007) for candidates to be eligible for the certification examination.
Effective July 2007, the RRC-IM will no longer require programs to track liver biopsy or train fellows to competence in this procedure.

Section XII. Faculty

Minimum Key Clinical Faculty

Question:

"What is the minimum number of ABIM-certified KCF for our GI program."
"How many publications are required by KCF"
"How do you define significant credentials for GI faculty in hepatology?"

Program Requirement:

See General Subspecialty FAQ for additional details and program requirements.

The program must provide a minimum of 4 institutionally-based key clinical faculty members, including the program director. (Faculty, Section XII.A.)

In programs with an approved complement of more than 6 fellows, a ratio of key clinical faculty to fellows of at least 1:1.5 must be maintained. (Faculty, Section XII.B.1.)

At least one key clinical faculty member should have demonstrated expertise and primary focus in hepatology, and one or more in all aspects of endoscopy, including advanced procedures. (Faculty, Section XII.B.)

Answer:

A GI program needs a minimum 4 ABIM-certified KCF, including:

- One "advanced" endoscopist capable of performing and training in ERCP, EUS, therapeutic endoscopy, etc.
- One hepatologist with special expertise in diseases of the liver.
    - This does not need to be an ABIM certified Transplant Hepatologist, as the KCF's responsibility for teaching will include all liver disease, not just transplant.

For approved complements of 7 and above, programs need one ABIM-certified KCF for every 1.5 fellows (round up.). See table below, which also includes KCF scholarship productivity expectations.

- The person identified as the hepatologist in a gastroenterology training program should have a primary clinical focus on hepatology and either have completed a specific hepatology fellowship,

have at least 3 years of clinical experience focused almost exclusively on hepatology, or be Board certified in Transplant Hepatology.

Gastroenterology

Minimum 4 KCF* or 1:1.5 faculty-fellow ratio for programs with 7 or more fellows

Approved Fellow Complement	Minimum Certified KCF (incl PD)	Minimum Hepatology KCF	Minimum Advanced Endoscopy KCF	Majority of Minimum KCF (51%)	PARTICIPATION KCF with at Least 1 Pub Past 3 Years	PRODUCTIVITY Pubs All KCF Past 3 Years (1/yr x 3 yrs)
3	4	1	1	3	3	9
4	4	1	1	3	3	9
5	4	1	1	3	3	9
6	4	1	1	3	3	9
7	5	1	1	3	3	9
8	6	1	1	4	4	12
9	6	1	1	4	4	12
10	7	1	1	4	4	12
11	8	1	1	5	5	15
12	8	1	1	5	5	15
13	9	1	1	5	5	15
14	10	1	1	6	6	18
15	10	1	1	6	6	18
16	11	1	1	6	6	18
17	12	1	1	7	7	21
18	12	1	1	7	7	21
19	13	1	1	7	7	21
20	14	1	1	8	8	24
21	14	1	1	8	8	24
22	15	1	1	8	8	24
23	16	1	1	9	9	27
24	16	1	1	9	9	27
25	17	1	1	9	9	27
26	18	1	1	10	10	30
27	18	1	1	10	10	30
28	19	1	1	10	10	30
29	20	1	1	11	11	33
30	20	1	1	11	11	33

- 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

Adequate Facilities at the Primary Teaching Site

Question:
"We are considering starting a GI fellowship, but do not have an esophageal motility laboratory at the primary site. The VA hospital does have an esophageal motility laboratory."

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: There must be a procedure laboratory completely equipped to provide modern capability in gastrointestinal procedures. This equipment must include an up-to-date array of complete diagnostic and therapeutic endoscopic instruments and accessories, with esophageal motility instrumentation. (Facilities and Resources, Diagnostic Laboratory Services, Section XIII.A.1.)

Answer:
If programs have two or three participating institutions to provide fellowship training (i.e., university, VA, community), then the RRC-IM will accept certain facilities (i.e., motility lab) at one site if:

- Fellows have required rotations that include experience in that facility
- Fellows are able to easily obtain the necessary studies at the other site(s) lacking the facility.

Section XIV. Specific Program Content

Competency

Question:
"How does the RRC-IM define "competence?"

Program Requirement:
[Fellows must have formal instruction, clinical experience, and must demonstrate competence in the evaluation and management of:] diseases of the esophagus. (Specific Program Content, Clinical Experience, Section XIV.A.1.)
See similar PRs XIV.A.2-26, XIV.B1-2.

Answer:
Note the common stem for these PRs: "Fellows must have formal instruction, clinical experience, and must demonstrate competence …"
The RRC-IM expects programs to develop metrics and instruments to evaluate and measure competency in each of these content areas.

For certain procedural skills, the RRC-IM requires that the program demonstrate a minimum number of procedures have been performed by the fellow as the primary operator. The RRC-IM expects that

programs will provide each fellow with this minimum experience. However, completion of the minimum number of procedures does not insure procedural competency. Programs must also evaluate and measure competency in each of these procedural skills.

Flexible Sigmoidoscopy

Question:
"The PRs require competency in Flexible Sigmoidoscopy. This procedure is performed infrequently by gastroenterologists in our program."

Program Requirement:
[Fellows must have formal instruction, clinical experience and must demonstrate competence in the performance of:] flexible sigmoidoscopy (fellows must perform a minimum of 30 supervised studies). (Specific Program Content, Technical and Other Skills, Section XIV.B.1.c))

Answer:
The RRC-IM will allow programs to substitute colonoscopy with special emphasis on the recto-sigmoid region to substitute for flexible sigmoidoscopy.

Liver Biopsies

Question:
"Most of our liver biopsies are done in radiology. The ABIM no longer requires liver biopsy performance by GI fellows. Will the RRC still require programs to train GI fellows in liver biopsy?"

Program Requirement:
[Fellows must have formal instruction, clinical experience and must demonstrate competence in the performance of:] percutaneous liver biopsy (fellows must perform a minimum of 20 supervised studies). (Specific Program Content, Technical and Other Skills, Section XIV.B.1.e))

Answer:
Effective July 2007, liver biopsy is no longer required by the ABIM for candidates to be eligible for the certification examination.
Therefore, the RRC-IM will no longer require programs to track liver biopsy or train fellows to competence in this procedure.
Note that Transplant Hepatology fellows still must train to competency in liver biopsy, but that this training can occur under the supervision of interventional radiology.

ERCP

Question:
"What is the minimum ERCP experience required for each fellow?"

Program Requirement:
[Fellows must have formal instruction and clinical experience in the interpretation of following diagnostic and therapeutic techniques and procedures:] ERCP, in all its diagnostic and therapeutic applications. (Specific Program Content, Technical and Other Skills, Section XIV.B.2.d), CAAR-1442, CIT:4.E;)

Answer:
Note that ERCP is a "didactics and experience" PR, and training to competency is not required.
Therefore, there is no requirement for a specific number of ERCP procedures.
The program needs to provide formal instruction and sufficient experience in the interpretation of ERCP for graduates to be able to order this study appropriately and interpret the results. The amount and nature of both is up to the program to decide what fellows need when they enter practice.