

Endocrinology Fellowship Programs FAQ	
General Subspecialty Program Requirements	
Question	Answer
Do the General Subspecialty Program Requirements apply to Endocrinology? [see ACGME Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine] [see RRC-IM General Subspecialty FAQ]	<ul style="list-style-type: none"> • Absolutely. Endocrinology program directors should study carefully the General Subspecialty Program Requirements, and the FAQs related to these program requirements. 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 program director qualifications and responsibilities, conferences, continuity clinic, scholarship and research, evaluation, etc. • Subspecialty fellowship programs are expected to be in full compliance with <u>both</u> the General Subspecialty Program Requirements, and the Subspecialty Specific Program Requirements.
Educational Program	
Question	Answer
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 VIII.B.]	<ul style="list-style-type: none"> • 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 (one-half day weekly x 24 months) may not be used to reduce the minimum 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). • Some programs encourage additional continuity clinic and additional clinical experiences during the additional (unaccredited) year, but these must be over and above the required training, which must be completed during the accredited training years.
Facilities and Resources	
Question	Answer
What facilities are required to start an endocrinology fellowship? [Program Requirement X.]	<p>The Committee will examine carefully for the presence of each of the following at the primary training site:</p> <ul style="list-style-type: none"> • A complete biochemistry laboratory and facilities for hormonal immunoassay (X.A.1) • Karyotyping and immunohistologic studies (X.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 (X.B.) • Adolescent patients (X.E.1-2.)
Must Karyotyping and Immunohistologic Studies be available at the primary site? [Program Requirement X.A.2.]	Not necessarily. If Karyotyping and Immunohistologic studies are not located at the primary training site, the program may utilize the services of an off-site or remote facility. However, the program must demonstrate that this remote site allows access to obtaining these studies and the results.
What is required regarding experience with adolescents? [Program Requirement X.E.2.]	Endocrinology programs must include experience caring for adolescents because care of Type I diabetes is unique. The committee does not define the age range for adolescents.

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Specific Program Content	
Question	Answer
<p>Please explain the outpatient requirement. [Program Requirement XI.A.]</p>	<ul style="list-style-type: none"> • The Committee and the endocrinology community recognize that much of the practice of clinical endocrinology occurs in the ambulatory setting. As such the program requirements 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.
<p>What procedures does the program need to track for endocrinology fellows? What is required regarding procedural competence in thyroid biopsy? [Program Requirement XI.B.1.c)]</p>	<p>All fellows must become competent in the performance of thyroid fine needle aspiration. A minimum number of fine needle aspirations is not specified in the program requirements. Each program must develop standards for assessing competency. Procedures must be tracked in a logbook and programs must document competency in writing.</p> <p><u>Endocrinology procedure that must be documented in fellow's procedure log:</u></p> <ul style="list-style-type: none"> • Thyroid aspiration biopsy

Appendix I

RRC-IM Calculation of Minimum Key Clinical Faculty (KCF) and Key Clinical Faculty (KCF) Scholarship Participation/Productivity Endocrinology				
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 (50%)	PARTICIPATION KCF with at Least 1 Pub Past 3 Years [259]	PRODUCTIVITY Pubs All KCF Past 3 Years (1/yr x 3 yrs) [259]
2	3	2	2	6
3	3	2	2	6
4	3	2	2	6
5	3	2	2	6
6	4	2	2	6
7	5	3	3	9
8	6	3	3	9
9	6	3	3	9
10	7	4	4	12
11	8	4	4	12
12	8	4	4	12
13	9	5	5	15
14	10	5	5	15
15	10	5	5	15
16	11	6	6	18
17	12	6	6	18
18	12	6	6	18
19	13	7	7	21
20	14	7	7	21
21	14	7	7	21
22	15	8	8	24
23	16	8	8	24
24	16	8	8	24
25	17	9	9	27
26	18	9	9	27
27	18	9	9	27
28	19	10	10	30
29	20	10	10	30
30	20	10	10	30

- 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, program director 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