

Frequently Asked Questions: Med-Peds

Question	Answer
Relation to Core Residencies	
<p>Can an institution sponsor more than one combined med-peds program?</p> <p><i>[Program Requirement II.A]</i></p>	<p>No, only one med-peds program may be sponsored by an institution.</p>
<p>Can a core program participate in more than one combined med-peds program?</p> <p><i>[Program Requirement II.A]</i></p>	<p>No, a core program may only participate in one med-peds program.</p>
<p>Do both core programs need to be sponsored by the same institution?</p> <p><i>[Program Requirement II.C]</i></p>	<p>Both core programs must be sponsored by the same institution. Exception: in cases where the pediatrics program is sponsored by a free standing children's hospital:</p> <p>The core programs may have different sponsors, only IF:</p> <ul style="list-style-type: none"> • The Children's Hospital sponsors the Pediatrics Program • The institution and DIO sponsoring the Internal Medicine program sponsors and has oversight responsibility for the combined program.
<p>Are Program Letters of Agreement required for all offsite rotations, even those that are used by the core programs?</p> <p><i>[Program Requirement II.D]</i></p>	<p>No. If a Med-Peds program uses a site that has been approved for use by a core program, the Med-Peds program does NOT need to seek a separate Program Letter of Agreement for that site. Program Letters of Agreement are only needed for sites that are unique to the Med-Peds program.</p>
Residents	
<p>Must I notify the RC's of any complement changes?</p> <p><i>[Program Requirement III]</i></p>	<p>Complement changes must be requested through the Accreditation Data System (ADS) and require DIO approval. Even short-term changes must be reported.</p>
<p>Prior to ACGME accreditation, a core medicine or core pediatric resident could only transfer into a Med-Peds program if the resident had done the PGY-1 year at the same institution. How are transfers handled now?</p> <p><i>[Program Requirement III]</i></p>	<ul style="list-style-type: none"> • This answer specifically addresses transfers from a non-Med-Peds program into a Med-Peds program. • Transfers from a core internal medicine or core pediatric training program into a Med-Peds program are permitted if the transfer occurs prior to the start of Year-2 of combined training. <ul style="list-style-type: none"> ○ The program directors must ensure the resident will meet all program requirements and the process should follow that outlined in the ACGME Common Program Requirements ○ The core program training need not occur at the same institution as the combined program training. • Transfers from preliminary programs into Med-Peds require

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	<p>prior review by the American Board of Internal Medicine and American Board of Pediatrics. These may be allowed if the preliminary year is identical to the core R-1 training year, including attendance at continuity clinic.</p> <ul style="list-style-type: none"> • Transfers from others programs are not generally allowed. Questions regarding credit for prior training should be directed to the appropriate board.
Shared Curricular Requirements for Medicine and Pediatrics	
<p>What is a Key Clinical Faculty? (KCF)</p> <p><i>[Program Requirement V.A.]</i></p>	<p>ABIM-, ABP-, or dually-certified faculty who devote 10 hours or more per week throughout the year to the training program are called Key Clinical Faculty (KCF)</p>
<p>How do I know who should be included as KCF for the combined program?</p> <p><i>[Program Requirement V.A.]</i></p>	<p>The RC does recognize that Core IM and Peds faculty participate in the program – do not include these individuals. Only include KCF whose contributions are specific to the combined program (i.e. program director, co-director, clinic preceptor, etc.)</p>
<p>What are the requirements for combined continuity clinics with respect to volume and balance?</p> <p><i>[Program Requirement V.I.3.a.]</i></p>	<ul style="list-style-type: none"> • For programs with combined continuity clinics, the Committees will not place emphasis on the balance of pediatric and adult patients per clinic session, but rather calculate the annual volume of patients using the numbers outlined below: <ul style="list-style-type: none"> PGY-I 54 adult and 54 pediatric patients/year PGY-II 72 adult and 72 pediatric patients/year PGY-III 90 adult and 90 pediatric patients/year PGY-IV 90 adult and 90 pediatric patients/year • These calculations are based on the program requirements for the minimum numbers of patients per session as described in the requirements, an equal distribution of pediatric and adult patients, and a minimum of 36 clinics per year. • For programs that are not able to meet these minimum numbers, programs can count patients seen by residents in a second weekly continuity clinic. This second clinic must be scheduled as a weekly continuity clinic during both medicine and pediatric rotations, allowing for the same flexibility in scheduling as the continuity clinic experience for categorical medicine and categorical pediatrics (i.e., one clinic per week during ward rotations or interruptions during medical ICU months).
Duty Hours	
<p>How do the RCs define intermediate-level residents in a combined internal medicine-pediatrics program?</p> <p><i>[Program Requirement:</i></p>	<p>PGY-2 residents are considered intermediate-level.</p>

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<i>VI.G.5.b)]</i>	
How do the RCs define residents in the final years of education in a combined internal medicine-pediatrics program? <i>[Program Requirement: VI.G.5.c)]</i>	PGY-3 and PGY-4 residents are considered in the final years of education.
Review Process	
Will the combined programs be reviewed by both Review Committees?	Programs will be assigned to only one RC for full review. However, the Internal Medicine and Pediatrics specific program content will be reviewed by the non-sponsoring RC and comments will be provided to the assigned RC. There are no plans for a separate RC for Med-Peds
What is the impact on the core program if the combined program receives citations?	Since the combined program is dependent on the resources of the core programs, it is assumed that most citations will appear in the core letters. Citations specific to combined training will impact the status of the combined program. Citations specific to the core programs may impact the status of the combined program.
Program Information Forms	
What should be included in the description of unique med-peds experiences?	Joint medicine-pediatric experiences such as continuity clinics, subspecialty experiences or acute illness/ED experiences should be described, as well as any other combined experiences unique to the program.
What service should we mark if a rotation is combined?	For the combined rotations, check both the combined box and the specialty to which the resident is assigned.
Should the required pediatric subspecialty rotations be listed?	Yes, all required rotations must be listed. For example, the four required pediatric block months must be listed individually (i.e. ped cardiology, ped nephrology, etc.).
Should the 10% clinic ambulatory time be included in each rotation? How should ambulatory time be totaled?	Yes, ½ day per week over 4 years should count as 10% ambulatory time. Totals should be provided in percentages.
What is meant by the program evaluation section? Is this different than quarterly meetings?	This section refers back to the core program requirement for an annual review of the program. The quarterly meetings are different in that these meetings are specific to evaluating the goals of the program and the success/failure in achievement of these goals.
New Application Questions	
How do I initiate an application?	The Designated Institutional Official (DIO) must initiate the application process. Once the DIO has completed the initial log-in, the Accreditation Data System (ADS) will send an e-mail to the individual the DIO has identified as the program director with instructions on how to complete the application.
What is the fee for a new	A fee is charged for processing applications for programs

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program application?	seeking initial accreditation. This also applies to programs seeking re-accreditation following any withdrawal status. For information on fees for applications and other items, please refer to the ACGME website at http://www.acgme.org/acWebsite/GME_info/gme_feesAccred.asp
Does an institution have to be in good standing to apply for a combined med-peds program?	Yes, the sponsoring institution must be in good standing to apply for accreditation of a new program. Institutions with an unfavorable or probationary status from the Institutional Review Committee are ineligible to apply for accreditation of a new program.
Do the core programs both need to be in good standing to apply for a combined med-peds program?	Yes, both core programs must be fully accredited in good standing. Core programs with a status of probation or whose accreditation has been withdrawn are not eligible to submit an application for a combined program.
When will the program be scheduled for a site visit?	<ul style="list-style-type: none"> • Newly accredited programs will be given a maximum of a two year review cycle and efforts will be made to schedule the site visit with the sponsoring core program. • Subsequent site visits will always be completed at the same time as the sponsoring core program.
How do we know which core RC will be the sponsoring RC for my program?	Assignments are based on preferences from each program director. Please review your 10 digit ACGME ID number to ascertain to which RC you have been assigned. Programs that are assigned to the RC for Internal Medicine have 14 as their sixth and seventh number. Programs that are assigned to the RC for Pediatrics have 32 as their sixth and seventh number.

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