

Frequently Asked Questions: Rheumatology

Review Committee for Internal Medicine ACGME

Question	Answer
Resources	
Is it necessary to have a physical medicine and rehabilitation residency program at the same primary clinical site in order to start a rheumatology fellowship? <i>[Program Requirement: II.D.4.b)]</i>	No. While the Review Committee considers an active rehabilitation medicine clinical program essential for rheumatology education, an existing physical medicine and rehabilitation residency program is not required.
Educational Program	
What does the Review Committee require of a program to demonstrate that competency in areas such as rheumatoid arthritis and systemic lupus erythematosus is achieved? <i>[Program Requirements: IV.A.5.a).(2)(a)-(q)]</i>	The fellowship defines the measures of competency for each fellow.
Can a program use the time fellows spend in continuity clinic toward the required minimum of 12 months of clinical experience? <i>[Program Requirement: IV.A.6.a)]</i>	Time spent in continuity clinic (one half-day weekly for 24 months) <i>may not</i> be used to reduce the minimum time required for clinical education.
How does the Committee expect programs to demonstrate compliance with the requirements regarding outpatient clinic? <i>[Program Requirement: IV.A.6.c).(2)]</i>	The Review Committee and rheumatology community recognize that much of the practice of clinical rheumatology occurs in the ambulatory setting. As such, the Program Requirements state that fellows must spend at least two half-days per week averaged over the two years of required education in an ambulatory/outpatient teaching setting. Continuity clinic provides one half-day per week. Thus programs need to provide fellows with an additional half-day per week, averaged over the 24 months of the fellowship. A third half-day is suggested, but not required. Fellowships program directors may organize this additional education in any way that works for their

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	particular programs, as long as they are able to demonstrate 104 ambulatory teaching half-day sessions in two years, over and above continuity clinic.

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Appendix I

Review Committee for Internal Medicine Calculation of Minimum Key Clinical Faculty (KCF) and KCF Scholarship Participation/Productivity				
Rheumatology				
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 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
 - o 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 September 2012, count publications from 2009, 2010, 2011, and 2012
- Contribute to participation: Only American Board of Internal Medicine (ABIM)-certified KCF
- Contribute to productivity:
 - o certified KCF
 - o additional sub-specialty KCF (above minimum required, certified or non-certified)
 - o non-physician faculty members and faculty members in other specialties IF:
 - contribute to fellow education
 - devote at least 10 hours/week to the program