Frequently Asked Questions: Adult Congenital Heart Disease Review Committee for Internal Medicine ACGME

Question	Answer
Institutions	
How will the Review Committee assess compliance with the requirement that an ACHD fellowship "must function as an integral part of an ACGME-accredited fellowship in cardiovascular disease"? [Program Requirement: I.A.1.]	Evidence that the fellowship is an integral part of the cardiovascular disease program can be demonstrated through any of the following: (1) faculty members of the cardiovascular disease program are involved in teaching ACHD fellows (e.g., by lecturing or supervising a rotation); (2) faculty members of the ACHD program are involved in teaching fellows from the cardiovascular disease program; or 3) ACHD fellows are involved in teaching and providing training to cardiovascular disease fellows.
What portion of the program director's salary should be provided by the institution if it is a small program (e.g., a program with three fellows)? [Program Requirement: I.A.2.]	The program director has many administrative responsibilities, regardless of the size of the program, including: developing and implementing the curriculum; planning and coordinating didactic conferences; evaluating the fellows/faculty members/program; giving feedback to fellows and faculty members; selecting faculty members for teaching assignments; conducting semi-annual reviews; preparing the program application form; implementing the competencies; and more. The Review Committee expects that that each program director will be provided with adequate time to fulfill these administrative responsibilities.
	Programs will be cited if the program director judges that the salary support is inadequate to cover the time spent carrying out the administrative responsibilities of the fellowship, or if the program director needs to generate clinical income to cover the cost of this administrative time. Note that 25-50 percent of a program director's salary is a range to account for the differences between small and large programs.
Program Personnel and Resources	
What are the certification requirements for the program director? [Program Requirement: II.A.2.b).(1)]	The Review Committee recognizes that the program director may not have had the opportunity to obtain certification in ACHD during the initial application phase. Therefore the Committee will accept the following combination as equivalent credentials <i>through June 30, 2019</i> : (1) current ABIM certification in cardiovascular disease; and (2) significant experience in ACHD.
	After July 1, 2019, the program director must be certified by the ABIM in cardiovascular

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	disease and ACHD.
What are the certification requirements for physician faculty members?	The Review Committee recognizes that the members of the key clinical faculty (KCF) may not have had the opportunity to obtain certification in ACHD during the initial application phase. Therefore the Committee will accept the following as equivalent
[Program Requirement: II.B.3.]	credentials for the KCF <i>through June 30, 2019</i> : (1) current ABIM certification in cardiovascular disease; and (2) significant experience in ACHD.
	After July 1, 2019, all KCF must be certified by the ABIM in cardiovascular disease and ACHD.
	Other members of the physician faculty (e.g., physicians from other disciplines, or internationally-trained physicians) may be appointed as appropriate, but may not serve as KCF.
Educational Program	
What documents "attestation of education in core competencies in internal medicine care"?	Education in core competencies in internal medicine care can be documented by either:
[Program Requirement: IV.A.3.a).(5).(c).(iii)]	 at least 70 CME credits obtained via attendance at or participation in general internal medicine courses or an internal medicine Board Review course prior to the ACHD fellowship; or,
	at least 70 CME credits related to internal medicine care obtained over the course of the ACHD fellowship (35 CME credits per year).
Educational Program	
What does the Review Committee consider	The Review Committee does not expect each program to use a simulator or have a
"training using simulation"?	simulation center. Simulation means that learning about patient care occurs in a setting that does not include actual patients. This could include objective structured clinical
[Program Requirement: IV.A.3.b)]	examinations (OSCEs), standardized patients, patient simulators, or electronic simulation of codes, procedures, and other clinical scenarios.