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Formation of specialists in rheumatology: Accreditation criteria

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ABSTRACT

The National Rheumatology Board is responsible for postgraduate formation in rheumatology. Herein we present the new criteria for accreditation of teaching units. These criterion contemplate four domains, namely: structure, clinical work, teaching and research. Each domain is divided in subdomains and items. Some of them are of an obligatory nature. This document serves as reference for future applications. The document may be reviewed in the future.

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Criterios de acreditación para la formación de especialistas de reumatología

RESUMEN

La Comisión Nacional de Reumatología es el garante de la formación postgrado en reumatología. Se presentan a continuación los criterios de acreditación de unidades docentes. Estos criterios tienen en cuenta 4 dominios, a saber: la estructura, la asistencia, la docencia y la investigación. Cada dominio se subdivide en subdominios e ítems. Algunos de ellos son de obligado cumplimiento. Este documento es el marco de referencia para las evaluaciones de las solicitudes de acreditación. Es un documento que puede ser revisado en un futuro.

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It is important to highlight some aspects that make it possible to contextualize the accreditation system for teaching units that is to be used in the immediate future. The challenge of improving specialised training in a context not only of state-wide exams for hospital residents [in Spanish, MIR], but also at a European level of globalisation and competitiveness, should consider teaching units as a key factor in the quality of training. Moreover, it is up to the National Commission of any given specialty to ensure the quality of teaching in the training program for residents, as well as to supervise the correct fulfilment of this program through the corresponding accreditation process for teaching units, which is linked to the accreditation system of training hospitals. In this regard, the new rheumatology specialisation

program maintains the training tradition of this specialty, while incorporating scientific, technological, healthcare, and social changes that have taken place over the last decade and also allowing for some flexibility in their application.

The current project for an accreditation system attempts to guarantee adequate compliance to the speciality program, respecting the possible distinguishing characteristics of the various teaching units. These characteristics reflect the amplitude of rheumatology and the different origins, paths, interests, and activity environments in the teaching units. As has been the case in the past, the accreditation process can only guarantee the quality and relevance of some characteristics of the general outline of teaching units. Therefore, the future safeguard of the quality of teaching units should be associated with adequate assessment of their activities and of the acquisition of attitudes, knowledge, and abilities by the residents being trained. Regarding the current assessment system project, the explicit and detailed definition of accreditation requirements should allow the

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teaching units to establish their own path that can lead them to achieving the merits needed to qualify or to being in a position to compete and satisfy the specific requirements to train for a second or third resident. Lastly, methods of analysis of the adopted model will be established to allow for a readjusting of the model (from the perspective of the evaluation methodology), mostly in terms of evolution of the specialty, of the resident training program, and of the forthcoming introduction of the core curriculum.

This is the accreditation criteria document for teaching units to train rheumatology specialists. It describes the main features of the evaluation model to be applied by the National Rheumatology Commission.

Those rheumatology units applying for accreditation will present their application along with the required documentation, following the indications established in the following pages. These documents can be summed up as follows:

- The evaluation model groups the merits presented by the applicants into blocks (domains) with homogenous characteristics that can be rated together.
- The rating for each domain will be obtained through the partial rating for every subdomain comprising it.
- Furthermore, the rating for each subdomain will come from the individual rating of each of the merits (items) detailed.

The relative weighting and the minimum requirements of the different merits presented by the applicant units have been determined through consensus among the members of the National Commission of the Specialty, with the following decisions having been established:

- The relative weight is different for each of the 4 domains.
- The maximum obtainable scores to be granted for each domain and subdomain are defined. In other words: ratings "saturate" at a certain level, after which higher ratings may not be obtained.
- Minimum required ratings are defined for each of the domains and for some of the subdomains. In other words: a minimum score must be obtained to successfully pass the evaluation process.
- Items of compulsory compliance have been identified, which must be fulfilled to successfully pass the evaluation process. These items are independent of the minimum required ratings.

It is important to stress that this document is a first version that will serve as a reference for the first applicants, but it will be subject to further reviews in relation to the experience acquired. The definitive document shall be published in the near future by the corresponding Ministry.

Accreditation criteria

The National Rheumatology Commission will apply the evaluation criteria of applicant merits to accredit the training of

one, two or three residents, taking the criteria presented below into consideration.

1) Evaluation domains and maximum obtainable ratings

Rheumatology teaching units will request teaching accreditation by presenting their application. This will be accompanied by the justification of the merits they claim in the following domains, which will receive the following maximum ratings:

Structure: 45 points
Healthcare: 15 points
Teaching: 9 points
Research: 16 points

2) Requirements to obtain a positive evaluation

The requirements for unit accreditation to train one resident per year include passing all the compulsory items detailed below. As well as the previous section, teaching units must pass the minimum rating in each of the domains and subdomains. Once accreditation to train a resident has been obtained, those teaching units wishing to do so may be able to obtain the necessary accreditation to train a second or third resident by passing the minimum ratings for that purpose in each of the domains and subdomains. It is important to highlight that the accreditation of units will be performed based on their evaluation during a certain period of time. In general, the 3 years before the date of application will be evaluated, although some of the items will require the 5 previous years to be evaluated. This system is designed so that the weighting of merits is not a mere administrative calculation. Instead, the commission will evaluate the merits associated with the structure and activity of teaching units in qualitative, quantitative, and sequential manner (Table 1).

3) Description of the structure domain

This is the most important domain in the evaluation, as it represents the physical and organisational structure of the service, with a maximum possible score of 45 points in the evaluation. It is composed of 5 subdomains: physical spaces, material resources, human resources, continuous training, and organisation. These 5 subdomains are in turn composed of 30 individual items, which will be evaluated according to the documentation delivered. Due to the relevance of this domain, 17 of the 30 individual items are considered mandatory, with these 17 being spread over the 5 subdomains. Most of them are related to the provision of healthcare, specific techniques of the specialty, and continuous training. To obtain the accreditation to train one resident, teaching units must obtain at least another 2 additional points in physical spaces and another 1 in material resources, in addition to the mandatory items, requiring a total of 20 points in this domain.

Table 1
Domains, requirements and scores

	Mandatory items	Maximum rating	Minimum ratings		
			1 resident	2 residents	3 residents
Structure	Yes	45	20	24	28
Healthcare	Yes	15	4	8	12
Teaching	Yes	9	3	5	7
Research	Yes	16	2	7	11
Total	All	85	29	44	58

Obtaining the accreditation for a second or third resident requires higher scores in physical spaces, human resources, and organisation. These increments will lead to a minimum rating of 24 and 28 points in this domain to train a second or third resident, respectively (Table 2).

4) Description of the healthcare domain

This domain represents the healthcare activity of the units and is very relevant because it attempts to guarantee the exposure of training residents to different clinical situations. It can reach a maximum of 15 points in the evaluation. It is composed of 7 independent items, all of them grouped into a single subdomain. Of the 7 independent items, 3 are mandatory, referring a minimum activity of new consultations, reviews, and admitted patients. To obtain the accreditation to form 1 resident, units must obtain at least 1 more point in addition to these compulsory items. This last point may come from different increases in healthcare activity, from a higher level of complexity or quality of healthcare for admitted patients, or from the presence of monographic consultations. Therefore, the minimum score in this domain to train 1 resident will be 4 points. Obtaining the accreditation for a second and

third resident will require significant increases in scores, which may be obtained through increases in any of the 7 items in the domain. These increments shall lead to a minimum rating of 8 and 12 in this domain, in order to train a second and third resident, respectively (Table 3).

5) Description of the teaching domain

This domain has less relative weight in the evaluation than the previous domains, probably due to the eminently practical character of the resident training program, which means a majority of the teaching aspects are included in previous domains. This domain can represent up to 9 points in the evaluation. It is composed of 4 different items, all grouped into one single subdomain. Of these 4 independent items, only 1 is considered compulsory: the performance of a minimum number of weekly clinical sessions. Besides this mandatory item, to obtain the accreditation to form 1 resident, teaching units must obtain at least 1 more point. This last point may come from any of the 3 other items, which include the existence of a training coordinator, a teaching unit report, and the weekly review of admitted patients. Obtaining accreditation for a second and third resident requires different increases in ratings, which may be obtained in any of the

Table 2
Description of the structure domain

Domain	Subdomain	Items	Maximum	Minimum rating for...			
				One resident	Two residents	Three residents	
Structure	Physical space	1. Hospital outpatient services	2	1	1	1	
		2. Specialty centre outpatient consultations	1	–	–	–	
		3. Hospital check-in	1	1	1	1	
		4. Space for special techniques	1	–	–	–	
		5. Meeting room	1	–	–	–	
		6. Work area for residents	1	–	–	–	
		7. Secretariat	2	–	–	–	
		8. Research laboratory	2	–	–	–	
		9. Day-care centre	1	1	1	1	
		10. Other specialties	2	1	1	1	
		<i>Subtotal physical spaces</i>		14	6	8	10
	Material resources		11. Polarized light microscope	2	1	1	1
			12. Ultrasound	2	1	1	1
			13. Capillaroscopy	2	1	1	1
			14. Fine needle arthroscopy	2	–	–	–
			15. Bone densitometer	2	–	–	–
			16. Other techniques	1	–	–	–
			17. Material for performing biopsies	2	–	–	–
		<i>Subtotal material resources</i>		13	4	4	4
	Human resources		18. Rheumatologists in staff	3	1	2	3
			19. Establishment time of teaching unit	1	1	1	1
			20. Other medical staff	2	–	–	–
			21. Permanent staff structure	1	1	1	1
		<i>Subtotal human resources</i>		7	3	4	5
	Continuous training		22. Access to Internet	1	1	1	1
			23. Personal computer	1	1	1	1
			24. Access to publications	1	1	1	1
			25. Access to books	1	1	1	1
				<i>Subtotal continuous training</i>		4	4
	Organization		26. Internal organization rules	1	1	1	1
27. Annual program of activities			1	1	1	1	
28. Protocols/procedures/processes			3	1	1	1	
29. Electronic medical history			1	–	–	–	
30. Quality policy			1	–	–	–	
	<i>Subtotal organization</i>		7	3	4	5	
	Total structure		45	20	24	28	

other 4 items in this domain. These increments represent a minimum rating of 5 or 7 points to train a second or third resident, respectively (Table 4).

6) Description of the research domain

This domain is more important for the accreditation of a second resident and is essential to train a third resident. It is composed of 7 different items, all grouped into one single subdomain. Of the 7 independent items, only 1 of them is mandatory, specifically that referring to published articles. Besides this mandatory item, to obtain the accreditation to form a resident, the teaching unit must obtain at least 1 more point. This last point may come from any of the 7 items, which include different quantitative and qualitative indicators of scientific quality, projects, post-training research, theses, and patents. Obtaining the accreditation for a second and third resident requires a significant increase in all ratings, which can be obtained in any of the items from this domain. These increases lead to a minimum rating of 7 or 11 points in order to train a second or third resident, respectively (Table 5).

7) Definition of items and ratings

All of the items assessable through the current accreditation system are shown grouped into their respective subdomains and ordered according to the sequential numbering used previously, in the first column of the series in Tables 6-A to 6-H (annex online). The definition, criterion, and rating of each item are shown in the columns of those tables. The definition is a brief description of the item, the criterion can be: numerical (a certain number of consultation rooms, of admitted patients, of articles published, and so on), qualitative (having or lacking a certain administrative capacity or technical or resource allocation), and of resources (whether a teaching unit possesses a certain technology or simply has access to it). The rating given to each item can be different according to criteria that are numerical (1 point is given for having 4 physicians on staff, 2 points for 5–7, and 3 points for more than 8), qualitative (1 point is given if the teaching units have a meeting room), or concerning resources (2 points are given if there is a microscope available for capillaroscopy techniques but only 1 point is given if this microscope is shared). The ratings for compulsory items are shaded in the table: if the ratings in the shaded region are not met, then that item is considered not

Table 3
Description of the healthcare domain

Domain	Subdomain	Items	Maximum	One resident	Two residents	Three residents
Healthcare	Healthcare activities	31. <i>New consultations</i>	3	1	1	1
		32. <i>Review consultations</i>	3	1	1	1
		33. <i>Number of admissions</i>	3	1	1	1
		34. <i>Average weighting</i>	2	–	–	–
		35. <i>IEMA rheumatism service group</i>	1	–	–	–
		36. <i>Day-care centre admissions</i>	2	–	–	–
		37. <i>Monographic consultations</i>	1	–	–	–
		Subtotal healthcare activities		15	4	8
Total healthcare			15	4	8	12

Table 4
Description of the teaching domain

Domain	Subdomain	Items	Maximum	One resident	Two residents	Three residents
Teaching	Training activities	38. <i>Teaching coordinator</i>	2	–	–	–
		39. <i>Teaching unit report</i>	2	–	–	–
		40. <i>Weekly sessions</i>	4	2	–	–
		41. <i>Weekly discussion with admitted patients</i>	1	–	–	–
		Subtotal training activities		9	3	5
Total teaching			9	3	5	7

Table 5
Description of the research domain

Domain	Subdomain	Items	Maximum	One resident	Two residents	Three residents
Research	Research activities	42. <i>Articles published</i>	3	1	1	1
		43. <i>Indexed articles published</i>	4	–	–	–
		44. <i>Indexed articles first and second quartile</i>	3	–	–	–
		45. <i>Participation in projects</i>	2	–	–	–
		46. <i>Post-training research</i>	1	–	–	–
		47. <i>Theses</i>	2	–	–	–
		48. <i>Patents</i>	1	–	–	–
		Subtotal research		16	2	7
Total research			16	2	7	11
Total of all domains			85	29	44	58

fulfilled and it will therefore not be possible to obtain accreditation, regardless of the rest of scores. A shared material resource is one that, while not being exclusive property of the rheumatology unit, can be used by any rheumatologist on staff with independence of use, free access, and operational autonomy.

8) *Justification of merits*

The specific documentation required for teaching units requesting accreditation is shown in the supplementary material (Tables 7A-H). Those units wishing to request accreditation must formalise their

request in written form, also providing an evaluation questionnaire that will be attached via e-mail, similar to those in [Table 1], [Table 2], [Table 3], [Table 4], [Table 5] and Tables 6 and 7 (the last two in Annex 1), as well as the merit accreditation documentation, numbered and ordered. Applications will be assessed quarterly by the National Rheumatology Commission.

Annex 1. Supplementary material

Supplementary information associated with this article can be found in the online version at doi: [10.1016/j.reuma.2010.05.003](https://doi.org/10.1016/j.reuma.2010.05.003)