



Greetings!

Enclosed you'll find news updates, resources, and highlights of our global efforts to improve health care worldwide.

Open Comment Period for Revision of ACGME-I Foundational Requirements

To keep current with changes in academic medicine, ACGME-I policy is that all Requirements are reviewed at least every 10 years. Since the ACGME-I Foundational Requirements for residency programs and the Foundational Requirements for subspecialty fellowship programs were initially approved in 2010, the Review Committee-International began a revision process approximately one year ago so that revised Foundational Requirements would be effective 1 July 2020. The proposed revision of the Foundational Requirements for residency programs and a separate set of Foundational Requirements for fellowship programs are now on the [ACGME-I website](#) for 60 days of public comment.

The Review Committee-International welcomes all comments, including comments that support the proposed requirements. All comments received during the 60-day public comment period are carefully considered by the Review Committee-International, which will make revisions, as appropriate, based on the information received, and then recommend final adoption. When submitting comments, please use the form on the Review and Comment page. The deadline for submitting comments is 6 December.

The proposed revisions include an initial Introductory Statement and Background and Intent statements throughout the requirements. These sections are italicized, indicating they are not requirements and cannot be used for citations. Instead, they provide context and a rationale for the requirements. The revisions also include new sections on Patient Safety, Supervision and Accountability, and Well-Being. These new sections are based on additions made to the US Common Program Requirements, and are meant to highlight the importance of these areas to a quality graduate medical education program.

Advanced Specialty Requirements in Family Medicine were also revised and are on the Review and Comment page, along with Advanced Specialty Requirements for six new subspecialties: child radiology; occupational medicine; pediatric endocrinology; pediatric gastroenterology; pediatric infectious diseases; and pediatric nephrology. A summary document is posted for each set of new or revised requirements to provide a quick guide to important elements.

A Summary of the Review Committee-International Meeting: New Requirements and Discussion of Minimum Case Requirements

The Review Committee-International met in Chicago 18-20 July. The Committee reviewed new applications for one Sponsoring Institution and three programs, and conducted scheduled reviews of 10 programs and one Sponsoring Institution. ACGME-I now accredits 153 residency and fellowship programs and 15 Sponsoring Institutions in six countries.

At the business meeting, the Review Committee-International finalized its review of a proposed revision to the Advanced Specialty Requirements for Radiology. Public comments on these requirements were collected in 2017 and 2018. The revised requirements are effective 1 July 2020, and are now on the [Radiology specialty page](#) on the ACGME-I website in both clean and track changes versions. Revised application forms are also available on the same page.

The Review Committee-International also reviewed public comments received for new subspecialties in child neurology, obstetric anesthesiology, pediatric cardiology, pediatric critical care, pediatric hematology/oncology, pediatric pulmonology, and pulmonary critical care. The new requirements are effective immediately and the requirements and application forms are on the [Pediatric specialty page](#), for Obstetric Anesthesiology on the [Anesthesiology specialty page](#) and for Pulmonary Critical Care on the [Internal Medicine specialty page](#), on the ACGME-I website.

A subcommittee of the Review Committee-International charged with reviewing ACGME-I use of US case minimums for procedural specialties presented their

Questions of the Quarter: How can I ensure a request for more residents is approved?

A common dilemma for program directors is how and when to request an increase in resident complement. These 'Questions of the Quarter' should help solve this dilemma and result in a request that can be readily reviewed by the Review Committee-International.

Question 1: When is it the best time to request an increase in resident complement?

To plan effectively, first consider the program's application and appointment process. Establish the specific date you need to appoint additional residents. Second, remember all complement increases must be submitted through the graduate medical education (GME) office. Find out what their approval process involves and how long it takes. Finally, consider the Review Committee-International's approval process. Permanent or temporary increases of more than 15 percent require Review Committee approval. Sometimes, based on a program's accreditation status and current citations, a smaller increase may also need Review Committee approval. It is best to plan ahead and submit the final request to ACGME-I no

findings. The subcommittee's work included a review of Case Log data from all procedural specialties accredited by ACGME-I, a review of how case minimums are developed in the US, and information on availability of cases in ACGME-I-accredited procedural specialties. Using this information, the Review Committee-International determined that since Case Logs are new to many ACGME-I-accredited programs, changing case minimum requirements is not advisable until more data is available, and based on a more valid and complete recording of cases. Two important actions are required on the part of programs to accomplish the goal of using complete and valid data in making decisions on ACGME-I case minimum requirements. First, to provide the Review Committee-International with a complete picture of their experience, residents must continue to log cases even after they have met minimum requirements. Second, to ensure that all residents meet minimum requirements by graduation, program directors must regularly monitor resident case completion and make adjustments. Residents in ACGME-I-accredited procedural specialties should be advised that if they are contemplating applying for US fellowship programs, it is important to meet the current US case minimums by completion of their residency program.



later than eight weeks prior to the date established to appoint additional residents.

Question 2: What are the common reasons why a request is not approved?

When considering complement increase requests, the Review Committee-International reviews the educational resources available to the program to support the increase. These resources are adequate faculty and core faculty members; sufficient clinical experience, such as the number and scope of cases completed by program graduates; and the number and type of clinical sites. Be sure that the Faculty Roster in the Accreditation Data System (ADS) is up to date, and check that with the increased number of residents there in an adequate number of faculty and core faculty members listed to meet requirements. Review the program's block diagram to make sure it accurately reflects all rotations needed with an increased number of residents. Finally, make sure any new participating sites are listed in ADS and that a program letter of agreement (PLA) is in place for all sites added to support the increase.

Perhaps the most common error is not including a well thought out educational rationale for the increase. Simply needing more specialists is not an educational rationale. Instead, summarize the benefit that an increase will provide to the education of all residents. Some areas to consider are how additional residents will enrich the learning environment and improve learning for all residents in the program; how additional residents will improve the care of patients assigned to residents; and the ways a complement increase will support education in other specialties.



Did you know:

- Registration opens in early November 2019 for the 27 February-29 February 2020 ACGME Annual Educational Conference in San Diego, California, USA. Look for further information and periodic updates [here](#).
- As the largest graduate medical education conference in the world, with close to 4,000 attendees, the Annual Educational Conference offers world class speakers; specific sessions for coordinators, new program directors, and designated institutional officials (DIOs); and an international track. Dr. Shirley Ooi, Singapore, winner of the 2020 ACGME International Physician Leader Award; Dr. Houd Alabri, Oman, winner of the 2020 ACGME International Physician Educator Award; and Ms. Kelly Kiernan, Abu Dhabi, winner of the 2020 ACGME International Staff Award will be honored and recognized.

- ACGME-I, in collaboration with the Journal for Graduate Medical Education (JGME), published an International Supplement in August 2019, highlighting research and innovation in graduate medical education around the world. Learn more [here](#).
- Dr. Tarek Shahour, program director for psychiatry at Sheik Khalifa Medical City in Abu Dhabi, is the newest member of the Review Committee-International for medicine-based programs. The Review Committees-International are currently accepting nominations for a position on the Surgical/Hospital-based Review Committee. For more information, contact the ACGME-I Executive Director: llewis@acgme-i.org. Deadline for nominations is 1 November.

401 North Michigan Avenue, Suite 2000, Chicago, IL 60611

+1.312.755.5000