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

Your Review Committee in Action

The Review Committee-International (RC-I) is the group that definitively determines the accreditation status of both institutions and programs. This is a peer review committee, in which representatives from medical education and from internationally accredited programs render the decisions. Its process includes review of data gathered during site visits and submitted via the Accreditation Data System (ADS). When the RC-I meets, members from the region of the program/institution being reviewed do not participate in the review discussion or in making the accreditation decision.

The review process is lengthy, and occurs twice a year. At the recent meeting in June, many important aspects of the accreditation process were discussed.

1. **Length of residency programs:** There will be a reconsideration of allowable program length for accredited programs in order to be more considerate of specific country needs. In all likelihood the new standards will set both a minimum and a maximum length for a residency. Practically speaking, our expectation is that programs will maintain their current length. Yet, they will be accredited for that length rather than for a shorter period of time (example: some four year programs must meet all case log requirements during an "accredited" length of three years; in the new requirements, the case log requirements could be achieved during a four year period). These new program length standards will be finalized at the December RC-I meeting. The specific and final details will be communicated at that time.

2. **At-home call and duty hours:** It is important that residents who take call at home log any additional hours that they must return to the hospital (such as a consultation in the emergency room). These hours must be included in the total number of hours worked, and thus added to the 80-hour
duty hour limit. The specific hours that must be added are those actually spent at the hospital. This does not apply to time spent at home answering phone call inquiries. Example: a resident goes home at 4:30 p.m. At 8:00 p.m. he/she is called by the Emergency Room for a consultation. The resident arrives at 8:30 p.m. to evaluate this patient. He/she leaves the hospital at 11:30 p.m. after evaluating the patient. Three additional hours must be added to the total number of hours for that day.

3. **Importance of resident and faculty surveys:** The data obtained in these surveys is of importance to the RC-I. Trends of improvement or of declining educational emphasis are indicators of the strength of individual programs. Even though accreditation length is defined in accreditation decisions, the RC-I uses trends such as are found in surveys to monitor educational effectiveness, and does so on an annual basis. In the event significant downward trends are noted, the RC-I may expedite a more thorough program review in order to ensure effective education for residents.

4. **Review Committee structure:** In an effort to provide even greater peer review presence, the RC-I is evolving toward structural changes to strengthen the peer-review process. It will explore specific changes, where the prevailing aims are to enhance specialty expertise, increase membership of international colleagues, and balance work load to allow thoughtful, comprehensive, and culturally sensitive review of programs and international accreditation standards.

**Resident Complement**

Why is resident complement important, and how flexible is this number? Resident complement refers to the number of approved residency positions and it is designed as one component of ensuring the best possible education. If there are too few residents, it is likely that "service" needs will prevail, with residents so busy caring for patients that they do not have time to learn or to reflect on their experiences. If there are too many residents, there is dilution that could compromise learning experiences for each individual resident.

When the RC-I reviews a program, it not only makes a determination about the program's compliance with the International Foundational and Advanced Specialty Requirements, but also determines the number of residents the program can admit to maximize the learning experience. The number that the RC-I approves represents the total number of residents in all years of the ACGME-I-accredited program. When making a decision on complement size, the RC-I reviews the following information:

- Number of faculty members
- Number of core faculty members
- Participating sites
- Block diagram, outlining rotation schedules
- Volume and variety of cases and/or procedures

Any change in resident or fellow complement must be submitted through the ADS and will require an educational justification for the change and approval of the Designated Institutional Official (DIO).

Two types of complement change can be requested: temporary and permanent.
Temporary increases can be requested for a defined period to allow for additional residents when there is overlap. Overlap occurs when residents need additional time to complete the program because they were admitted off-cycle, had medical or parental leave, or required additional time to reach competency. Temporary increases are granted only for the time period of the overlap, are administratively reviewed and approved based on program information available in ADS, and can be requested at any time.

Permanent increases can be requested once a program achieves Continued Accreditation, and when it wants to change the number of residents it admits each year. Most often, permanent increases represent a responsiveness to changes in clinical volume, such as when new participating sites are added. Permanent increases require RC-I approval prior to implementation. Even if the program has been granted additional training spots by the Ministry of Health or other governmental body, RC-I approval is required so that the adequacy of the educational program for additional residents can be evaluated. If the permanent increase is significant, the RC-I may postpone a decision and request additional information or a site visit to evaluate the ability of the program to implement the complement increase. Requesting a permanent increase requires additional documentation and takes planning. It is important for the program director to submit a request for a permanent increase to allow time for DIO approval and review by the RC-I at its twice-yearly meeting.

For both temporary and permanent complement increases, programs cannot admit additional residents until approval is granted. Although the RC-I approves total complement of residents, programs should try to equally distribute residents during all years of the program. In other words, it is preferable to increase program size gradually rather than add one substantially larger group at the entrance level. When complement size is changed, the RC-I will evaluate the impact of complement increases at the time of the next site visit to the program.

New Video Content on ACGME-I.org

Thank you to all who have shared their accreditation stories! We have posted videos here so that you can all learn how accreditation has helped institutions, residents, and the people you serve.

Our new website now also features videos from the ACGME-I leadership team! Thomas J. Nasca, MD, MACP, and Susan Day, MD, have shared their thoughts about the mission of our organization and the steps to accreditation in a series of videos available here. Dr. Nasca provides a global view of ACGME-I and its goal of improving health care across the globe. Dr. Day outlines specifically

Save the date!

2016 ACGME Annual Educational Conference

It is with great enthusiasm that we invite you to join us at the 2016 ACGME Annual Educational Conference, which will be held at the Gaylord National, National Harbor, Maryland from February 25 - February 28, 2016.
the international difference and the benefits of accreditation for international programs.

More information about the 2016 ACGME Annual Educational Conference will be coming soon!

Loss of a Leader

Dr. Vijayan Appasamy, renowned trauma surgeon at Tan Tock Seng Hospital in Singapore, died suddenly and unexpectedly in March 2015. "Vijay" was a tremendous leader in his local community, as well as in the international community. He was a beloved member of the international accreditation family and served as a charter member of the Review Committee-International.

Dr. Appasamy lived life to the fullest. He was a compassionate physician; a dedicated teacher of physicians; a surgeon's surgeon; a devotee of the spirit of lifelong learning and of continuous improvement; a proud father and husband. He is survived by his lovely wife and two daughters.

We will all miss his intensity, his contagious laugh, and his commitment to make the world a better place. With his family's permission, a video narrative from our Annual Educational Conference (February 2015) is included on the ACGME-I website.

Please Send Us Your Feedback
We would love your feedback on our e-newsletter! We aim to provide you content that is informative and interesting. Please e-mail acgme-i@acgme-i.org to tell us the types of news and information that would be most engaging and beneficial to you.

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