International Review Committee Update

SES 068

James Arrighi, MD, Chair Medicine-based Committee
Llewellyn Lee, MD, Member Surgical Hospital-based Committee
Lorraine C. Lewis EdD, Executive Director Accreditation Services, ACGME-I

Disclosures

Dr. Arrighi
- Chairperson Medicine-based Review Committee, ACGME-I
- Director of GME and DIO, Brown University, Rhode Island Hospital – Lifespan
- No conflicts of interest to report

Dr. Lee
- Member Surgical-Hospital based Review Committee, ACGME-I
- Program director, Ophthalmology, National Healthcare Group, Singapore
- No conflicts of interest to report

Dr. Lewis
- ACGME-I staff member
- No conflicts of interest to report
Objectives

1. Provide an update on International Review Committee (RC-I) decisions and activities in 2018 and plans for 2019
2. Discuss philosophy of International Review Committee in determining requirements and evaluating programs
3. Provide some practical tips to help program directors, coordinators, faculty members and GME staff attain and maintain accreditation
APA visits in 2018 and planned for 2019

New sites in 2018

Cleveland Clinic Abu Dhabi

Sidra, Doha Qatar
New programs in 2018

American University Beirut
- Urology

Hamad Medical Center
- Allergy and Immunology
- Pulmonary Disease
- Rheumatology
- Geriatric Medicine

Accredited programs over time

- Singapore
- Abu Dhabi
- Qatar
- Lebanon
- Oman
- Saudi Arabia

Year:
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- 2016
- 2017
- 2018
- 2019
International Review Committee Responsibilities

- Full Committee
  - ✔ Review ACGME-I policies and procedures
  - ✔ Review ACGME-I accreditation standards
    - New specialties and subspecialties & Revisions of existing requirements
  - ✔ Approves new Review Committee members
- Each specialty-specific committee reviews programs in their area of expertise
International Review Committee
Policies and Procedures

Important policies and procedures
1. Confidentiality
2. Conflict of Interest
3. Duality of Interest

International Medicine-based Review Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Country</th>
<th>Institution</th>
<th>Specialty</th>
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<tbody>
<tr>
<td>Maha Al Fahim</td>
<td>Abu Dhabi</td>
<td>SKMC</td>
<td>FM/DIO</td>
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<tr>
<td>Sophia Archuleta, <em>vice-chair</em></td>
<td>Singapore</td>
<td>NUHS</td>
<td>IM/ID</td>
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<tr>
<td>Jim Arrighi, <em>chair</em></td>
<td>US</td>
<td>Brown</td>
<td>IM/Card/DIO</td>
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<td>See Meng Khoo</td>
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<tr>
<td>Steven Ludwig</td>
<td>US</td>
<td>CHOP</td>
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<td>Basem Saab</td>
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<td>FM</td>
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<td>Sandra G.B. Sexson</td>
<td>US</td>
<td>Med College Georgia</td>
<td>Psych</td>
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<td>David Turner</td>
<td>US</td>
<td>Duke</td>
<td>Peds</td>
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<tr>
<td>Salah Zeineldine</td>
<td>Lebanon</td>
<td>AUB</td>
<td>IM/CCM/DIO</td>
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International Medicine-based Review Committee

- Dermatology
- Family Medicine
- Internal Medicine and Internal Medicine subspecialties
- Neurology
- Pediatrics and Pediatric subspecialties
- Psychiatry

International Surgical/Hospital-based Review Committee

<table>
<thead>
<tr>
<th>Name</th>
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<td>Ghalib Al Haneedi</td>
<td>Qatar</td>
<td>HMC</td>
<td>Orthopaedic Surg</td>
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<tr>
<td>Neela Al Lamki</td>
<td>Oman</td>
<td>OMSB</td>
<td>Radiology</td>
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<tr>
<td>Nihal Al Riyami</td>
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<td>OB/Gyn</td>
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<td>Salahddin Gehani, vice-chair</td>
<td>Qatar</td>
<td>HMC</td>
<td>General Surgery</td>
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<td>Jim Hebert</td>
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<td>Fletcher Allen, VT</td>
<td>General Surgery</td>
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<td>Roy Kan</td>
<td>Singapore</td>
<td>NHG</td>
<td>Anesthesiology</td>
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<tr>
<td>Llewellyn Lee</td>
<td>Singapore</td>
<td>NHG</td>
<td>Ophthalmology</td>
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<tr>
<td>Ken Simons, chair</td>
<td>US</td>
<td>Med College WI</td>
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<td>Kay Vydareny</td>
<td>US</td>
<td>Emory</td>
<td>Radiology</td>
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International Surgical/Hospital-based Review Committee

Anesthesiology  Otolaryngology
Emergency Medicine  Pathology
General Surgery  Plastic Surgery
Neurological Surgery  Preventive Medicine
Obstetrics Gynecology  Radiation Oncology
Ophthalmology  Radiology
Orthopaedic surgery  Transitional Year
Urology

Medicine-based International Review Committee

James Arrighi, MD, Chair Medicine-based Committee

#ACGME2019
Medicine-based citations issued 2018/19

Areas for Improvement issued 2018/19

Educational Environment highest

Others

- Faculty Scholarly activity
- Educational content
- Clinical experience
- Evaluation
Next Accreditation System – International (NAS-I) in Singapore

All programs are screened annually using the following data indicators:

- ACGME-I Resident Survey
- ACGME-I Faculty Survey
- Case logs of graduates
- Annual ADS Update
  - Program – structure and resources
  - Changes – PD, core faculty, residents
  - Scholarly Activity – Faculty and residents
  - Omission of data
  - Block schedule

How the RC-I conducts the annual review

Step 1.
Key annual data elements used to screen programs

Step 2.
Most programs have annual accreditation decision. If needed, additional information requested (site visit, clarifying information)

Step 3.
Requested additional information reviewed and accreditation decision made on remaining programs
NAS-I summary

All programs receive a letter of notification every year
• Accreditation status
• Approved resident complement
• Citations – resolved, extended, new
• Areas for Improvement

All programs will be reviewed again in 12 months

Program Director – To Do List

✔ Meet reporting deadlines
  ADS Annual Update
  Resident operative logs

✔ Carefully check ADS Annual Update
  Your program is speaking directly to the RC-I

✔ ACGME surveys are an important data element
  Do residents have time and a shared understanding of what the question asks
International Review Committee goal

Promoting and maintaining quality

Allowing for flexibility

RC-I values and priorities

Requirements are based on quality education practices that will

1. Result in quality patient care;

2. Respect country-specific needs and cultural norms; and,

3. Maintain transparency and open communication
Example: Quality patient care

**Issue:**
Adolescent Medicine was not practiced in some countries as the age that pediatricians stopped seeing patients was 13. No physicians were being trained in Adolescent Medicine.

**Response:**
Requirement for education in adolescent medicine was kept. Now adolescent medicine subspecialists are available and the age that pediatricians treat patients has increased.

Example: Respect for country-specific needs

**Issue:**
Minimum requirement for general surgery residents to function as surgeon for pediatric surgery cases was not achievable in Singapore where all pediatric surgery cases are completed by subspecialty trained surgeons.

**Response:**
Minimum required number of pediatric cases was kept; however, residents were allowed to count procedures completed as first assistant, allowing exposure in caring for pediatric patients post-surgery.
Example: Respect for cultural norms

**Issue:**
Islamic tradition limits the number of autopsies performed throughout the Middle East.

**Response:**
The number of autopsies required for pathology programs was reduced and additional ways to meet the required number was outlined in the Advanced Specialty requirements.

Example: Maintaining transparency and open communication

Comment requested on proposed requirements for
- New specialties or subspecialties
- Revisions of existing requirements

Comments can
- Suggest clearer wording or request clarification
- Outline difficulty that may occur in meeting the requirement
- Verify the importance and usefulness of the requirement
Foundational Requirements
Areas where RC-I is requesting comment

- Program director qualifications and responsibilities
- Number of faculty and/or core faculty members
- Faculty qualifications and responsibilities
- Resident supervision
- Clinical Competency Committee (CCC) requirements
- Program Evaluation Committee (PEC) requirements
- Duty hours
- Resident and faculty well-being

https://www.acgme-i.org/Newsroom/Review-and-Comment
Surgical/Hospital-based International Review Committee

Llewellyn Lee, MD, Surgical/Hospital-based Committee

#ACGME2019

Surgical/Hospital-based citations issued 2018/19

- Service to education imbalance: 1
- Duty hours: 2
- Evaluation of program and faculty: 2
- Evaluation of residents: 2
- ACGME-I Competencies: 2
- Scholarly activity: 4
- Procedural experience: 4
- Patient care experience: 4
- Curricular development: 12
- Didactics: 11
- Resident appointment: 1
- Resources: 18
- Faculty qualifications: 15
- Faculty responsibilities: 8
- Responsibility of program director: 5
- Qualifications of program director: 2
- Participating site: 2
- Institutional support for PD: 2

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Areas for Improvement

1. Evaluations
2. Learning and Working Environment
3. Procedural Volume

Others
- Faculty Scholarly Activity
- Resident Scholarly
- Failure to provide accurate information
- Educational Content

Program Director – To Do List

✔ Carefully check block diagram submitted in ADS
✔ Use case log reports available in ADS to monitor and adjust resident schedules
✔ Answer questions on faculty member certification
How does the RC-I use the block diagram?

To verify required specific rotations in the Advanced Specialty Requirements, Section V.B.
To determine if participating sites are being used as described
To verify the total length of the program

What does your block diagram say?

What rotations are required in your Advanced Specialty requirements?
Are these clearly labeled in your block diagram?
Is resident research and/or outpatient care required element(s) of your Advanced Specialty requirements?
Is the time that residents or fellows devote to outpatient care and/or research clearly indicated?
What does your block diagram say?

Are keys used to provide additional information as needed?

Are all abbreviations used in the block diagram defined in the key?

Does information match throughout your submission?

Same numbering for participating sites throughout?

Is time for vacation indicated?

Key defines sites and rotation abbreviations

Specific rotations named

Vacation time noted

Research and outpatient time noted
How does the RC-I use case log data?

To verify that program graduates have opportunity to experience the depth and breadth of practice in the specialty

To help determine if service needs are emphasized over education

To verify that all residents have similar experience throughout the program

### 2016-2017 Graduate Residents Minimums Report

**Specialty:** The Very Special Specialty

**Program:** 0000000000-Outside Hospital

**Report Date:** February 13, 2018

**Programs in Nation:** 3  
**Residents in Nation:** 19  
**Residents in this Program:** 7

Out of 98 opportunities to meet minimums, residents failed to meet the minimums 29 times (29%) (highlighted below).

<table>
<thead>
<tr>
<th>Defined Category</th>
<th>Number Logged</th>
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<tr>
<td>Tan Procedure</td>
<td>74</td>
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<tr>
<td>Ooi Procedure</td>
<td>64</td>
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<tr>
<td>Chia Procedure</td>
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<tr>
<td>Al Hassani Procedure</td>
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<td>Elghul Procedure</td>
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<td>Al Fahim Procedure</td>
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<tr>
<td>Alkaram Procedure</td>
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<tr>
<td>Al Shahwan Procedure</td>
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<td>Al Sinani Procedure</td>
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<td>Zeinelidine Procedure</td>
<td>15</td>
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<tr>
<td>Lee Procedure</td>
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*Based upon primary credit role procedures logged by residents. Residents with fewer procedures performed than the minimums are highlighted.*

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2016-2017 Graduate Residents Minimums Report

Specialty: The Very Special Specialty
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Report Date: February 13, 2018

Programs in Nation: 3  Residents in Nation: 19   Residents in this Program: 7
Out of 98 opportunities to meet minimums, residents failed to meet the minimums 29 times (29%) (highlighted below).

<table>
<thead>
<tr>
<th>Resident 000001</th>
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<tr>
<td>Number Logged</td>
<td>Number Logged</td>
<td>Number Logged</td>
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<td>5</td>
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For Tan, Al Fahim and Al Shahwan procedures, there are plenty of cases logged; however, 2 to 3 residents in each did not meet the minima.

For Tan, Al Fahim and Al Shahwan procedures, there are plenty of cases logged; however, 2 to 3 residents in each did not meet the minima.

How were these residents monitored? Are residents avoiding these procedures and if so, why? Are some faculty not allowing residents to act as surgeon on these procedures, and if so who?

Based upon primary credit role procedures logged by residents. Residents with fewer procedures performed than the minimums are highlighted.
For Zeineldine and Lee procedures most residents did not meet the minima and the total number of cases was below the minima.

Why is this occurring? Should the minima for these procedures in this country be adjusted to better reflect practice? Should assisting in these procedures count? Should simulation for these procedures count?

How does the RC-I judge faculty qualifications?

Foundational requirement II.B.4.a) for residencies
II.B.3.a) for fellowships

All physician faculty members must have current ABMS certification in the program specialty or possess qualifications acceptable to the Review Committee International
What is acceptable

Granted by an autonomous authority

There are specific requirements that must be met for entry into the examination process

Requires a written and sometimes oral examination with specific pass criteria

What is not acceptable

Listing of clinical fellowship or other additional clinical training

Attestation of faculty member competence from the Sponsoring Institution

Advanced degrees such as PhD, or masters

*Note: The RC-I will be revising how faculty qualifications are judged in the future. You input will be helpful.*
Additions to ACGME-I Resident Survey

- Spring 2019 will add 12 questions on well-being
- Include questions from Oldenburg burn-out survey
- Responses will be aggregated and provided to programs and sponsoring institutions
- Results will not be used in accreditation decision
Please help

Preliminary comments are being requested for ACGME-I Foundational Requirements

Comments are being requested for Advanced Specialty requirements for new fellowships in Child Neurology and Pulmonary Critical Care

Deadline 30 April

International Awards

NEW – 3 categories of awards

Physician Leader – individual instrumental in initiating improvements in graduate medical education

Physician Educator – individual with exceptional mentoring skills, sensitivity to resident needs, and the ability to imbue professionalism in his/her trainees

Staff – individual who has provided extraordinary service to the educational process, to the residents, and to meeting ACGME-I requirements
Deadline for nominations is 1 June

Congratulations to 2019 winners

Kamal Badr, MD
American University of Beirut

Ms. Rosemarie Rodanilla,
Oman Medical Specialty Board