

Greetings!

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

ACGME-I Graduates' Eligibility for US Fellowships

The newly approved Common Program Requirements (effective July 1, 2019) for residency and fellowship programs in the United States will have a significant impact on our international colleagues. The Common Program Requirements include determination of eligibility qualifications for applicants to enter ACGME-accredited fellowships in the United States. The previous version of the Common Program Requirements had a complex way of addressing eligibility, using "exceptional candidate" status in part to help define this eligibility. The new Common Program Requirements are much clearer, and yet still retain individual US Review Committee authority to determine what options exist for eligibility in a given specialty or subspecialty program.



Review Committees in the United States had two options when determining eligibility for fellowship programs. Option 1 allows identical eligibility for graduates of US ACGME-accredited programs (both allopathic and osteopathic), as well as for graduates of programs accredited by the Royal College of Physicians And Surgeons of Canada and ACGME International. This option places ACGME-I graduates on equal

footing from the standpoint of where a residency is done. Very importantly, in order to meet this requirement, an ACGME-I program must have achieved both Foundational and Advanced Specialty Accreditation. There still are many steps, including ECFMG certification, that international graduates will need to take. Further, in no way does it guarantee either an interview or an acceptance; it simply provides eligibility.

If a Review Committee in the United States selected Option 2, however, graduates of ACGME-I-accredited programs are not eligible to apply for ACGME-accredited US fellowships in that subspecialty.

The majority of the 28 US specialty Review Committees have selected Option 1. As such, graduates of ACGME-I-accredited programs in those specialties are eligible to apply for ACGME-accredited fellowships in the US as long as other criteria for training in the US has been met. The Review Committee for Neurological Surgery has selected Option 2. Graduates of ACGME-I-accredited residency programs in neurological surgery are not eligible to apply for ACGME-accredited fellowships in the US.

Questions of the Quarter

Each quarter, this section of the ACGME-I newsletter answers a different question applicable to all ACGME-I-accredited programs. This quarter's focus is on program complement, and requesting a change in your program's approved complement of residents or fellows.

Question 1: What does the term "resident complement" mean and how is the complement determined?

The resident complement is the maximum number of learners (residents or fellows) that the program can enroll. When a program is reviewed by the Review Committee-International, decisions are made on accreditation status and on the resident or fellow complement.

The Review Committee-International judges the number of learners that a program can enroll based on the program's educational resources, including current citations, the current number of core faculty members and total faculty members, the types of patients available, and for procedural specialties, the number of procedures performed each year at the program's participating sites. The Review Committee-International approves resident and fellow complement per year in the program and expects that, in general, the number enrolled each year will be equal.

Question 2: How can a program change its complement?

Requests for a change in complement are submitted through the ACGME-I's Accreditation Data System (ADS). On the Program page in ADS, click the "Complement Change" button under "Change Requests" on the right-hand side of the page, and follow the directions. Any request for a change in complement must be sent to the local Graduate Medical Education Office and submitted through the designated institutional official.

Programs can apply for two types of complement increases. A temporary complement increase is granted for the length of the educational program for the learners added. A temporary increase is most often requested if learners are admitted off-cycle or if a resident is returning from medical leave and there is an overlap. A permanent complement increase is requested when the program wants to change the number of learners enrolled for the date requested and going forward. Programs with Initial Accreditation can only request a temporary increase that can change to a permanent increase once Continued Accreditation has been achieved.

Note that even though a program has received permission from an educational authority in its country or jurisdiction to take more residents, it still must

The list of specialties and the fellowship eligibility decisions are on the ACGME web site [here](#).

The Common Program Requirements, (see III.A.-III.A.1.c).(2) for fellowship eligibility requirements) can be found [here](#). The new Common Program Requirements go into effect July 1, 2019.

request a complement increase from the ACGME-I through ADS. Also, the Review Committee-International asks for an educational rationale for the request to be submitted at the time the request is made. A request will not be approved if it is based on manpower needs alone without evidence of educational planning and the resources to support the increase.

Review Committee-International Update

The Review Committees-International met in Chicago 19-21 July. The Committees welcomed three new members:

- Dr. Nihal Al Riyami is program director in obstetrics and gynecology at Oman Medical Specialty Board.
- Dr. See Meng Khoo is a senior consultant and former program director in internal medicine at National University Health System in Singapore.
- Dr. Basem Saab is program director in family medicine at American University Beirut.



The Committee made accreditation decisions on one Sponsoring Institution and 19 programs, and reviewed nine progress reports and six requests for complement increases.

Program Requirement Changes and Changes to Minimum Case Requirements in Surgery

A change in the Advanced Specialty Requirements for Pathology has been approved, effective 1 July 2018. The revision requires that residents in anatomic pathology or anatomic and clinical pathology programs complete at least 30 autopsies, down from a requirement of 50. The revision also allows four residents to share an autopsy case, and allows for simulation, focused autopsies (no more than 10), stillborn autopsies (no more than five), and single-organ autopsies (no more than five) to count toward the required total. The revised Requirements for Pathology and revised application forms are available on the ACGME-I website, [here](#).

New Advanced Specialty Requirements for fellowship programs in child and adolescent psychiatry and pediatric surgery were approved, effective 1 August 2018. Child and adolescent psychiatry is a fellowship under psychiatry, and the new requirements and application forms are available [here](#). Pediatric surgery is a fellowship under general surgery, and the new requirements and application forms are available [here](#).

Finally, the Review Committee-International approved a revision to the minimum case requirements for general surgery programs. In the category of pediatric surgery cases, the Committee is still requiring residents to log at least 20 cases prior to graduation from the program; however, at least 50 percent (or up to 10 cases) can be performed as First Assistant. Revised Case Log guidelines for faculty and staff members and residents in general surgery are available on the ACGME-I website, [here](#).

New Fellowship Requirements Being Developed

We are pleased to announce that Advanced Specialty requirements for new fellowship programs are being developed. The first set of requirements developed are for fellowship programs in obstetric anesthesiology; pediatric cardiology; pediatric critical care medicine; pediatric hematology oncology; and pediatric pulmonology. The proposed requirements are now available on the ACGME-I website for public comment [here](#).

Public comment is critically important to the Review Committee-International's review of proposed requirements. Comments can be related to changes in language, the resources that programs have available to meet proposed requirements, or can verify that the requirements are acceptable as proposed. The Committee carefully considers all comments when making decisions on new requirements or changes to existing requirements prior to finalizing the documents for implementation. Please consider providing feedback, using the form on the ACGME-I website, by 30 November, 2018. The Review Committee-International thanks you in advance for your valuable assistance and input.

Education Resources and Collaboration for ACGME-I-Accredited Programs and Sponsoring Institutions

In early 2018, ACGME International began producing resources with the Office of Distance Learning at the ACGME, with a goal to create an active virtual learning community of accredited programs and institutions to engage in new collaborations, facilitate communication, and above all foster innovation through shared insights. We've chosen to offer the free resources in MangoApps, the ACGME-I's online learning forum.

MangoApps allows members of the ACGME-I community to view resources and communicate with other program directors and coordinators in ACGME-I-accredited programs around the world.

Do you have questions of other ACGME-I-accredited programs about how they construct their block diagram? Do you have a great idea for collecting faculty scholarly activity that would you like to share? Could you use some advice to help streamline your Clinical Competency Committee meetings? MangoApps will allow you to accomplish all this in a free, confidential, online forum.

Three informative 10-minute videos for ACGME-I-accredited programs and institutions are currently available:

- How to enter Scholarly Activity into ADS
- Responding to Citations
- How to Construct a Block Diagram

New materials will be posted in the months to come on the following subjects:

- Introduction to Assessment
- Introduction to the Milestones
- How to Use and Monitor Case Logs in Procedural Specialties

After a simple, one-time registration, users can navigate to the 'Newsfeed' to access the educational tools developed and evaluated by the ACGME-I team. Login information has been sent to all coordinators, program directors, and designated institutional officials in ACGME-I-accredited programs.

Please e-mail acgme-i@acgme-i.org or the Office of Distance Education, de@acgme.org, with any questions or if you need login information.

Did You Know?

The ACGME-I Has Expanded!

We are proud to announce that a new contract with Cleveland Clinic Abu Dhabi (CCAD) has recently been signed. CCAD has the ultimate goal of obtaining ACGME-I accreditation as a Sponsoring Institution and for multiple residencies.

Please Welcome Ms. Goodrich!

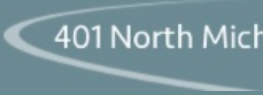
Melissa Goodrich recently joined the ACGME International team as the new Administrative Assistant for Dr. Day. She has over 10 years of experience in administrative coordination, travel arrangements, and service to attorneys. Ms. Goodrich earned a Bachelor of Science degree, majoring in music business, from Elmhurst College. She actively pursues creative design of custom portraits using pencil, acrylic, or oil-based paint. Her e-mail address is: mgoodrich@acgme-i.org



2019 is fast approaching! Here Are Important Dates to Note for the First Half of 2019



10-12 January 2019	Review Committee-International meeting
29 October 2018-11 January 2019	Deadline for mid-year Milestones evaluations to be posted in ADS
1 March 2019	All programs in Singapore will receive a Letter of Notification summarizing their annual review prior to this date
7-10 March 2019	ACGME Annual Educational Conference, Orlando, Florida, USA
Early March-Late April 2019	ACGME-I Faculty and Resident Surveys available



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