ACGME-International

and its relevance to ABMS

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How we started

• Ministry of Health Singapore approached ACGME
• ACGME-I LLC formed in 2009
  • Financially independent
  • Reports to ACGME Board of Directors
The mission of ACGME International (ACGME-I) is to improve health care by assessing and advancing the quality of resident physicians’ education through accreditation. We improve the quality of teaching and protect the interests of residents, learning, research, and professional practice with the ultimate goal of benefitting the public that our accredited programs and graduates serve.
How we have grown

Haiti HUM 2015
Saudi Arabia KKESH 2015
Oman OMSB 2014
Abu Dhabi SEHA 2012
Lebanon AUB 2014
Qatar HMC 2012
Singapore MOH 2009
Panama UP 2016
Total programs as of 2017

- Singapore
- Abu Dhabi
- Qatar
- Lebanon
- Oman
- Saudi Arabia
Number of residents and fellows

Total number of learners

- 308 (2010/11)
- 684 (2011/12)
- 991 (2012/13)
- 1768 (2013/14)
- 2260 (2014/15)
- 2336 (2015/16)
- 2937 (2016/17)
Total learners by country 2016/17

- UAE: 47%
- Saudi Arabia: 14%
- Qatar: 16%
- Oman: 12%
- Lebanon: 10%
- Singapore: 1%
Relationship with ACGME

- Similar mission/ vision/ values
- System is designed to help country needs
- Inter-woven resources (data collection, field staff)
- ACGME-I staff: 4
- Separate program requirements/ accreditation/ awards
Comparable educational principles

- Professionalism
- Experiential Learning
- Graded or Progressive Responsibility
- Meaningful Patient Responsibility coupled with Expert Supervision
- Extensive Formative Evaluation
- Balance between Clinical Service and Clinical Education
- Team-based Education and Patient Care
- Learning through Responsibility for Subordinates
- “Learning Environment”
- Patient Safety
- Competency Based, Outcomes Oriented
- Shared Responsibility for Outcomes
- Integrity of the Continuum of Medical Education
Comparable Requirements Based on US

- Core Concept of Graded Responsibility;
- Measurement of learning outcomes based on the six core competencies;
- Systematic evaluations and feedback of residents, faculty, and program director;
- Continuous improvement in education and patient care;
- Standardization of education to allow all residents to achieve specialty-specific educational milestones;
- Proficient resident ready for independent practice and delivery of quality patient care.
Comparable program review process

• New Review Committee Structure
  • Surgical/Hospital-based programs
  • Medicine-based programs
  • Both groups meet to conduct business

• Members are DIOs, PDs, former PDs from ACGME-I-accredited programs

• Members are former members of US Review Committees and/or ACGME Board

• Same Conflict of Interest, Duality of Interest, Confidentiality policies
Measureable Goals
Linked to Mission

- Improve residency completion & retention
- Improve retention of faculty
- Promote better health care
Prevent brain drain
Our challenges

- **Political differences**
  - Qatar, UAE, Oman, Saudi Arabia
  - So far effect on GME is unclear

- **Physician practice differences**
  - Family Medicine practice quite different, based on population needs
  - Pediatrics Adolescent Medicine in Middle East
  - Pathology requirement for autopsies in Middle East
  - Normal workload of physicians varies

- **Differences in the quality of certification**
  - Strong desire for region-specific certification
Our approach

• Maintain quality but provide for flexibility
  • Remove US-centric requirements
  • Allow for variable program length
  • Use region-specific milestones
• Provide a tiered approach to accreditation, particularly for under-resourced countries
• Partner with stakeholders to address certification needs
In the Future

- Singapore will move to an annual accreditation review model (NAS-I)
  - First annual review January 2019
- Expansion is likely in other regions of the world
- We will increasingly use technology to connect international partners
What we have learned

• There is a global desire for improved quality
  • In GME
  • In patient care
• US system of GME is largely transferable across the world
• US system of education and certification of physicians is the GOLD Standard
• Structured GME is seen as necessary because of the growing complexity of medicine throughout the world
Questions & Discussion