It's a Small World, ACGME International’s Peer Review Process for GME

Lorraine C. Lewis, EdD, Executive Director, Accreditation Services
Susan Day, MD, Senior Vice President of Medical Affairs, ACGME International
Disclosure: Both authors are employees of ACGME International and have no financial conflicts to report

Background

ACGME International
- LLC of ACGME
- Began in 2009
- Accredits 145 residency and fellowship programs

How program reviews are conducted

Step 1: Sponsoring Institution receives Accreditation
Step 2: Program receives International Foundational Accreditation
Step 3: Program receives International Advanced Specialty Accreditation

How faculty qualifications are addressed
- Requirement is ABMS certification or equivalent
- Equivalency is difficult to determine with many international certifications
- Committee reviews policies and procedures used to determine faculty qualifications at the institutional level
- Committee collects basic information on independence of certification, and standardized criteria for admission into the certification process to determine equivalency.

Medicine-based Committee
- Specialties represented:
  - 4 Internal Medicine
  - 2 Pediatrics
  - 2 Family Medicine
  - 1 Psychiatry
- Countries represented:
  - 1 member from Abu Dhabi
  - 2 members from Lebanon
  - 2 members from Singapore
  - 4 members from U.S.
- Programs reviewed:
  - Dermatology, Family Medicine, Internal Medicine, Neurology, Pediatrics, Psychiatry and their fellowships

Surgical/Hospital-based Committee
- Specialties represented:
  - 1 each Anesthesiology, Emergency Medicine, Orthopedic Surgery, Obstetrics/Gynecology
  - 2 General Surgery
  - 2 Ophthalmology
  - 2 Radiology
- Countries represented:
  - 2 members from Oman
  - 2 members from Qatar
  - 2 members from Singapore
  - 4 members from U.S.
- Programs reviewed:
  - Anesthesiology, Emergency Medicine, Neurological Surgery, Obstetrics/Gynecology, Ophthalmology, Orthopedic Surgery, Otolaryngology, Pathology, Plastic Surgery, Preventive Medicine, Radiology, General Surgery, Urology, Transitional Year

Review Committee International

Impact

Benefits of international peer review
- Provides culturally sensitive perspective
- Builds capacity in ACGME-I-accredited institutions and program
- Enhances trust in the review process

Example: Pediatrics
Issue: Pediatric practice in some Middle Eastern countries ended at age 12. No physicians were trained in adolescent medicine.

Action: Committee determined that care for adolescents was necessary and cited pediatric programs for lack of an adolescent medicine curriculum.

Result: Adolescent medicine specialists are being hired. Age of pediatric care has risen to 16 with plans to move to 18 in the next few years.

Example: Surgery
Issue: Because of local practice patterns, general surgery programs were unable to meet minimum cases for pediatric surgery in Singapore.

Action: Committee formed a task force of US, Middle East and Singapore surgeons who reviewed data on graduate case logs data and pediatric surgery practice. The goal was to provide residents with education in proper care of pediatric surgical patients.

Result: Pediatric surgery case minimum remain at 20, but first assistant can count for up to 10 cases.

Example: Pathology
Issue: Because of religious practices in some Middle Eastern countries, pathologists in Saudi Arabia, Jordan, Kuwait, and Qatar do not perform autopsies.

Action: Committee formed a task force of review committee members, pathology program directors from the Middle East and a U.S. pathology expert who the task force studied the pathology of the Middle East.

Result: Program requirements for the total number of autopsies were reduced from 50 to 30. Requirements were added to provide clarity on ways to meet the requirement.

The Review Committee International has no ex officio board representatives. With the exception of ABMS-I in Singapore, there are no standard board stakeholders internationally.