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The Accreditation Council for Graduate Medical Education-International (ACGME-I) is a US-based 501(c)(3) not-for-profit organization that provides accreditation services for graduate medical education (GME) programs and institutions outside of the United States. The organization was created in 2009, when the Accreditation Council for Graduate Medical Education (ACGME) was asked to provide services to improve GME programs in Singapore. At the time, the feasibility or desirability of developing global standards for GME programs that could be applied across a wide range of countries was unclear. Over the past 15 years, ACGME-I has gradually grown, and now provides accreditation services across 3 continents encompassing a diversity of medical practices and cultures. At the end of 2023, ACGME-I accredited 22 Sponsoring Institutions in 12 countries, and 188 programs in more than 45 specialties. In any given year, there are more than 3000 residents or fellows enrolled in ACGME-I-accredited programs. ACGME-I's growth has continued despite the multiple challenges of operating in a global setting, adding over 30 programs over the last 2 academic years alone. ACGME-I has learned from every engagement with colleagues in medical education in other countries. The organization also has gained considerable expertise in application of both the assurance and quality improvement functions of an accreditor. These functions must be executed with respect and sensitivity to local culture and context. These perspectives and values are the essential elements of professionalism as an international accreditor and have been reciprocated by all those we have had the privilege of meeting.

The mission of ACGME-I is to improve health care in the countries where we are engaged by advancing and improving a structured approach to GME. In addition to the cultural and geographic diversity of our accredited institutions, ACGME-I has also engaged institutions across a wide range of "maturity" of the GME enterprise. Some ACGME-I-accredited institutions are at an early stage in their GME journey, while others have had successful training programs for many decades. The value of the services that ACGME-I provides therefore varies widely from institution to institution and may include developing a structured GME framework and supporting infrastructure, improving the clinical learning environment, driving robust program quality improvement, enhancing the environment of inquiry and scholarship, or innovating in medical education.[1]

There is one value, however, that is universally noted across all ACGME-I-accredited institutions: the potential to improve and expand training opportunities for residents and fellows, both within and external to the local Sponsoring Institution. This value is aligned with an emerging concept that GME training in the future should become more global and that there likely is great benefit in sharing educational resources across institutions, programs, and borders.[2,3] Consistent with this emerging perspective, a major goal for ACGME-I is to enhance the educational opportunities for residents and fellows, all with a goal of enhancing the preparation of residents and fellows in order to serve the population.

Enhancing Training Opportunities Through Fellowship Eligibility

One of the major mechanisms by which ACGME-I facilitates training opportunities for its residents is through its eligibility rules for fellowship training. This is accomplished in 2 ways: opportunities within the ACGME-I network of accredited fellowship programs, and in a relationship between ACGME-I and ACGME (US) program requirements.

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ACGME-I Network of Accredited Fellowship Programs

The ACGME-I Subspecialty Foundational Requirements (Section III.A), which are applicable to all of our fellowship programs, explicitly state that graduates from ACGME or ACGME-I residency programs are eligible for fellowship positions.[4] ACGME-I fellowship programs may consider other candidates if approved by the Sponsoring Institution's Graduate Medical Education Committee, but they must consider ACGME/ACGME-I candidates as eligible. While the number of fellowships within the ACGME-I network is relatively small, it is growing. Thus, our framework promotes mobility of trainees within the network as a means to enhance training opportunities.

ACGME (US) Fellowships

In 2019, the Common Program Requirements for fellowships in the United States were modified to reference ACGME-I training.[5] Specifically, all review committees were given the option to include language stating that residents from programs "with ACGME-I Advanced Specialty Accreditation" were eligible for fellowship; all specialties except neurological surgery include such language.[6]

It is important to clarify the reference to "advanced specialty accreditation," as it is a term that may not be familiar to US-based program directors. Unlike in the United States, the ACGME-I program requirements are split into Foundational and Advanced Specialty requirements; the former is essentially a modified version of the Common Program Requirements, and the latter are the *specialty-specific* requirements. In the United States, requirements that are specific to a specialty and those that are common to all programs are included in one document. ACGME-I, however, separates these into 2 documents (Foundational and Advanced Specialty), and each program is assessed separately in each domain. Doing so provides a stepwise approach to accreditation in which programs can opt to initially focus on the common elements of program structure, such as developing the role of the program director or establishing an assessment framework, and then subsequently focus on the specialty-specific aspects of training, such as providing specific clinical rotations. This framework has potential to provide opportunity for programs in early developmental stages to focus their effort on achieving foundational accreditation *only*; individuals from such programs would not be eligible for fellowship in the United States, as their program would not have achieved advanced specialty accreditation yet.

Milestones

Programs accredited by ACGME-I are required to use the ACGME-I Milestones in the same way as US-based programs. Following input from a wide range of stakeholders across ACGME-I-accredited institutions, a revised version of ACGME-I Milestones (version 2.0) is currently being implemented across all international programs. This revised version is nearly identical to the Milestones used in ACGME (US) programs, which should facilitate the transfer and initial assessment of ACGME-I residents when they begin fellowships in the United States.[7]

Caveats

There are 3 main caveats when considering fellowship opportunities across borders. First, the trainee must be aware of local licensure and visa requirements. In the United States, for example, Educational Commission for Foreign Medical Graduates certification is required to obtain a training visa, and most states require it in order to obtain a training license. Practically, this also means that United States Medical Licensing Examination examinations are required to pursue fellowship in the United States. Second, the implications for physician board certification vary widely. Across the world, there are many bodies that certify physicians, and each determines their own eligibility rules that are subject to change at any time. The ACGME-I framework is designed intentionally to be transparent, rigorous, and free of conflict of interest, so that each certifying body may make its own informed decisions on eligibility for its examination. Third, residents who seek fellowships in ACGME or ACGME-I programs should understand that the process of obtaining positions is structured, under the leadership of the program director, and often includes a selection committee. In some programs, the competition for positions may be great. Neither ACGME-I nor ACGME (US) have any role whatsoever in the selection of candidates.

Preliminary Data on ACGME-I Residents Obtaining US-Based Fellowship

In the 3-year period from 2019 to 2021, 85 residency graduates matriculated directly to subspecialty fellowships in the United States after completion of an ACGME-I-accredited residency program. The largest core specialties were anesthesiology, internal medicine, pediatrics, radiology, and orthopedic surgery. Smaller numbers were seen from emergency medicine, family medicine, neurology, otolaryngology, psychiatry, and surgery.

BOX Specialties in Which ACGME-I Residency Graduates Have Obtained Fellowships in the United States (2019-2021)

Obstetric anesthesiology
Pediatric anesthesiology
Regional anesthesiology

Emergency medical services
Medical toxicology
Pediatric emergency medicine

Cardiovascular disease
Geriatric medicine
Hematology & medical oncology
Hospice & palliative medicine
Nephrology

Clinical neurophysiology
Epilepsy
Neuromuscular medicine

Nuclear medicine

Adult reconstructive orthopedic surgery
Hand surgery
Orthopedic sports medicine
Orthopedic surgery of the spine
Pediatric orthopedic surgery

Pediatric otolaryngology

Neonatal-perinatal medicine
Pediatric endocrinology
Pediatric gastroenterology
Pediatric infectious diseases
Pediatric pulmonology

Consultation-liaison psychiatry
Child/adolescent psychiatry
Geriatric psychiatry

Abdominal radiology
Neuroradiology
Pediatric radiology

Surgical critical care
Surgical oncology

The subspecialties in which fellowships were obtained are listed in the BOX. These fellowships were located in 47 Sponsoring Institutions across the United States, 23 of which accepted more than one ACGME-I resident for matriculation into fellowship.

Commentary and Limitations

These preliminary data reflect considerable diversity in multiple domains, representing 35 subspecialties across 47 US institutions over just a 3-year period. This is encouraging, as it implies that ACGME-I graduates are being recognized as viable candidates for fellowship training in the United States across a range of specialties in many institutions. In the future, as numbers of trainees accumulate, ACGME-I will evaluate educational outcomes of these trainees and provide that information to the field.

The primary limitation of these data is that the practice type or location of graduates after completion of their US fellowship programs cannot be determined. ACGME-I does not have the mechanisms in place to obtain this information from individuals after graduation from our programs. Establishment of a process for voluntary reporting of such information may be an area of future work. Anecdotal information from one ACGME-I-accredited institution suggests that most individuals return to their home country to practice; however, a more systematic review is needed.

It is not appropriate at this time to report the distribution of fellowship matriculants by subspecialty or institution, given that the absolute numbers are small. Over time, we anticipate that institutions will publish their experiences on the educational outcomes of their graduates, including data on advanced subspecialty training and location of practice.

Conclusions

We have described the framework through which ACGME-I accreditation may enhance subspecialty training opportunities for the graduates of those programs. The experience from the first 3 years following implementation of changes to ACGME Common Program Requirements is positive. Over time, we expect that as fellowship programs in the United States and elsewhere gain experience and familiarity with ACGME-I residency graduates, educational relationships will form across institutions and the opportunities for exchange of trainees will grow.

References

1. Holt KD, Miller RS, Byrne LM, Day SH. The positive effects of accreditation on graduate medical education programs in Singapore. *J Grad Med Educ*. 2019; 11(suppl 4):213-217. doi:10.4300/JGME-D-19-00429
2. Archuleta S, Chew N, Ibrahim H. The value of international research and learning in graduate medical education. *J Grad Med Educ*. 2019;11(suppl 4):1-4. doi:10.4300/JGME-D-19-00478
3. Hayton RA, Garba LT, Teferi AN, O'Neill LR, Namm JP, Reeves ME. An international mutually beneficial global surgery rotation in Malawi. *J Grad Med Educ*. 2019;11(suppl 4):193-194. doi:10.4300/JGME-D-18-01021
4. Accreditation Council for Graduate Medical Education-International. Subspecialty foundational program requirements for graduate medical education. Accessed January 18, 2024. https://www.acgme-i.org/globalassets/acgme-international/specialties/common/foundinternationalfellowship.pdf
5. Accreditation Council for Graduate Medical Education. Common Program Requirements (fellowship). Accessed January 18, 2024. https://www.acgme.org/globalassets/pfassets/programrequirements/cprfellowship_2023.pdf
6. Accreditation Council for Graduate Medical Education. ACGME Review Committee Eligibility Decisions. Updated January 30, 2023. Accessed January 18, 2024. https://www.acgme.org/globalassets/pfassets/programrequirements/acgme-review-committee-eligibility-decisions_012023.pdf
7. Accreditation Council for Graduate Medical Education-International. Milestones. Accessed January 18, 2024. https://www.acgme-i.org/accreditation-process/milestones/

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