

TO: Program Directors
Subspecialty Residencies

FROM: William E. Rodak, Ph.D.
Executive Director
Residency Review Committee
For Internal Medicine

RE: J-1 Visa Extensions

The Residency Review Committee for Internal Medicine (RRC-IM) and the Accreditation Council for Graduate Medical Education (ACGME) get requests for endorsement or support of an additional year of training beyond that approved by the Residency Review Committee. Yet, an such “endorsement” could easily be interpreted as the equivalent of “accredited.”

The actual accreditation of Graduate Medical Education (GME) programs is a multistage process. It involves the agreement on standards for each discipline through the leadership of recognized peers comprising the Residency Review Committee for Internal Medicine. The RRC-IM requests and receives comments, criticisms and suggestions on the standards in the development process from groups and organizations with knowledge, interest and experience in that and related disciplines, which include the program directors themselves.

The program requirements, once established, are then used as the standard against which all programs in that discipline are assessed for substantial compliance to be judged as “accredited”. When programs receive an adverse action through such a review, an appeal process is available to the program. For the 7,731 residency programs currently accredited by the ACGME, this procedure has been recognized and accepted as the standard for GME in this country.

Advance in medicine bring about new disciplines periodically, some of which are sufficiently substantial to spawn a new training program. If such training programs are of one year duration or longer, reflect a new discipline that is distinct, well defined, and not included in other currently accredited training programs, then the ACGME may recognize the discipline and accredit the new training programs. This, of course, implies that the discipline and such training programs meet the other standards of quality set out by the ACGME for all accredited programs. Currently there are eighty such subspecialized areas accredited by ACGME in addition to the twenty six core disciplines.

This process for accreditation by the ACGME has been recognized for providing quality standards for education which similarly impacts patient care. It ill behooves any of us to circumvent these standards whenever GME accreditation is required. ACGME and the RRC-IM expect that formal requests for accreditation of new disciplines will continue as further advances in medical science bring them to maturity. Until the accreditation process has properly assessed the quality and validity of such new disciplines, it is not appropriate to suggest that they carry the standard of accreditation.