

Additional Years of Training

Neither the Residency Review Committee for Internal Medicine (RRC-IM) nor the Accreditation Council for Graduate Medical Education (ACGME) can endorse an additional year of training beyond that approved by them. Any such “endorsement” of additional training could easily be interpreted as the equivalent of “accredited.”

The actual accreditation of a Graduate Medical Education (GME) program 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. These comments and criticisms are from program director groups and organizations with knowledge, interest, and experience in that and related disciplines.

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 more than 8,000 residency programs currently accredited by the ACGME, this procedure has been recognized and accepted as the standard for GME in this country.

Advances 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 by the ACGME for all accredited programs. Currently there are ninety-six 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 impact patient care. It is not beneficial for any one 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.