

## **Infectious Diseases Accredited Training in International Health (IH)**

### **Residency Review Committee for Internal Medicine (RC-IM) Action**

The RC-IM supports initiatives to promote training in international health (IH) for fellows in ACGME accredited infectious disease programs.

The Committee has drafted the following policy for discussion with the IDSA Program Directors prior to final approval at the January 2007 RC-IM Meeting.

1. The Committee will review requests for a 2-12 month international health experience on a program-by-program basis. Approval will be as an exception (“Variance”) to the program requirements since accredited training will occur in a location not accessible to site visitor inspection and confirmation. Rotations of less than 6 weeks in duration will not require the following approval process. Those programs that are sending fellows abroad outside the 2 accredited years will not require the following approval process. This includes fellows who take a leave of absence from the 2 accredited years to work abroad, for instance while pursuing research.
2. The Committee will not allow a specialty-wide exception to the General Subspecialty or Infectious Disease Program Requirements.
3. Request must be made by written letter to the RC-IM, with sign-off by the GMEC and the DIO. Only programs with a review cycle of 3 years or longer will be considered for a variance. Programs on short cycles of <3 years should contact the RC-IM to be considered for initiating an exception.
4. Programs must delineate specific competency-based goals and objectives for this experience and the methods by which they will be evaluated.
5. Programs must address how each of the requirements referenced below will be met. For those requirements that cannot be met overseas (e.g., autopsies), the program must demonstrate how the educational experience offsets the unfulfilled program requirement.
6. The experience must ensure:
  - That there is a continuity experience for fellows at the site
  - That the core conferences are maintained. This may be accomplished in different ways including replication of the core conferences at the site or by electronic participation in home institution conferences, either live or archived.
  - That fellows will be supervised by at least one qualified ID physician who will serve as the Key Clinical Faculty (KCF) for the IH rotation (This KCF must be ABIM certified in the specialty, or have significant ID experience and training documented such that it is acceptable to home institution and the RC). The program should be able to justify to the RC-IM that the supervising physician is in fact adequate to teach the fellows at the distant site.Requests that fail to meet these three criteria will not be approved for a variance.
7. The request must specify how and where the fellow will meet the 12-month HIV longitudinal requirement.

8. The ID program director must maintain full control of all aspects of the experience. This includes:
  - Execution of a Program Letter of Agreement between the fellowship program and the supervisor/site director of the fellows' clinical and research experience(s)
  - The appointment of a local Site Director who will be responsible to the program director for the fellows' clinical and research experience(s) (note: the Site Director may also serve as the KCF, or these may be separate positions)
  - Monitoring of the quality of the educational experience, and the fellows' compliance with ACGME program requirements
9. All 12 months of clinical training must occur in the United States.
10. The experience must be elective (not required).
11. The site must be approved by the RC-IM in the application letter as a Participating Institution for the program if the rotation is >3 months in duration.
12. The program must provide evidence of sufficient salary support and institutional/departmental support of salary and institutional benefits. There must be sign-off and approval of this salary and benefits, and prior notification of the fellows as to the level of this salary support and benefits.
13. At completion of the rotation, the fellow will be required to complete an RC-IM developed Fellow Questionnaire which will be returned to the RC-IM in order to track the fellows' experiences.
14. The program must provide the Committee with a progress report on outcomes of the international health experience after the first two years of the variance.
15. At the time of the reaccreditation site visit, the program must provide a mechanism for the site visitor to interview the fellows assigned at the international site.
16. As with all exceptions to the Program requirements, the variance must be renewed at the time of each reaccreditation.

**Effective Date: July 2007**

Sunset Provision: Three years after implementation of this policy (July 2010), the RC-IM will examine carefully all progress reports and reaccreditation reviews of ID programs with approved variances for accredited training in international health outside the United States. Based on this evaluation, the Committee will determine whether to renew, modify, or discontinue these variances.