May 4, 2006

Henry Schultz, MD, Chair
Internal Medicine Residency Review Committee
Accreditation Council for Graduate Medical Education (ACGME)
515 North State Street, Suite 2000
Chicago, IL 60610-4322

Dear Dr. Schultz:

On behalf of the Infectious Diseases Society of America (IDSA), we are seeking changes and flexibility in the current fellowship requirements to allow infectious disease (ID) fellows to spend three to 12 months performing research and training in developing country settings during the accredited portion of their fellowship training. IDSA represents more than 8,000 physicians and scientists in the field of infectious diseases. The vast majority of our members are physicians formally trained in infectious diseases. Most ID physicians and ID fellows in the United States are members of IDSA.

This proposal was developed based on feedback from ID fellows and considerable discussion among ID training program directors. Many current fellow-candidates and ID fellows are interested in training in developing countries because it would greatly enhance their educational experience. For example, 30 percent of recent ID fellowship applicants to the University of Washington stated a desire to perform some or all of their research training in developing countries; and 70 percent of ID fellowship applicants to Johns Hopkins University requested international training. A national poll of ID program directors demonstrated there is considerable interest among fellows in this training opportunity.
It is increasingly recognized that the subspecialty of infectious diseases is a global specialty and studies of diseases endemic to developing countries are an important part of fellowship training and research. This type of training is particularly important for the study of HIV, sexually transmitted diseases, malaria and other parasitic diseases, diarrheal diseases, tuberculosis, and other maladies that plague developing countries but are relatively rare or have different epidemiologies in the United States. Already, fellows at many ID training programs are eagerly entering research in the developing country settings, but this research time is now only available to them after the accredited two years is over, unless they take a leave of absence from their accredited training.

IDSA believes that additional accredited training should be permitted, even encouraged, in developing country settings after a clinical year in the United States at the primary training site. During the US clinical year, the fellow would do the required inpatient rotations. In the second research year, the fellow would spend three to 12 months in the developing country setting at an accredited site that would provide all of the required components of training for the ID subspecialty, and the remainder of his or her time at the US primary training site. Required ambulatory continuity clinic requirements will be met at either the US primary training site or the developing country site. For ID fellows seeking international training in HIV medicine, we believe flexibility in completion of the HIV continuity clinic is necessary to meet the training and career goals of our trainees. As increasingly requested by our trainees with a career goal of participating in HIV global research, we ask for the flexibility to allow trainees to complete the 12 month HIV continuity clinic at either the primary US training site or at the developing country site or, alternatively, as two six-month clinic rotations, one conducted in the US and one abroad. This latter approach is being requested by trainees seeking careers in HIV international health to provide them with outpatient HIV medicine experience in two distinct, but complementary, clinical sites.

The ID training program director will remain in control of the training program at the developing country site, and the performance of the site would be regularly reviewed by direct consultation with the fellow and faculty members and by evaluations of the site. It is anticipated that the fellow would participate in a continuity clinic at this site, overseen by
an experienced ID MD, and that clinical experience will be enriched from the ID clinical diversity that would not be available to him or her in the United States. In addition, the educational opportunities, including clinical conferences, journal clubs, and core curriculum, would be made available to the fellow at the site by use of electronic and web-based tools. In the attached document we detail how the ID fellowship training programs would need to comply with each of the ACGME regulations for training sites in developing countries. We expect that some, but not most, training programs would be able to establish sites in developing countries.

IDSA believes that facilitating international training is critical to the specialty of infectious diseases, and the important leadership role the United States must play in addressing global emerging infections. We believe that this can be done in a fashion that will greatly enhance the educational experience of participating fellows while still meeting other important educational requirements for ID training.

Very truly yours,

[Signature]

Martin J. Blaser, MD
President

Attachments
cc: William E. Rodak, PhD
    Executive Director, Internal Medicine Staff, ACGME
    IDSA Board of Directors
    IDSA ID Training Program Directors Committee
    Michael Saag, MD, Chair, ID Subspecialty Board, ABIM
International Training Proposal for Infectious Diseases Fellowship

Checklist of Requirements for an International Site to Conform to General and Specific ACGME Requirements for Infectious Diseases Subspecialty Fellowship

Abstracted from ACGME requirements effective July 1, 2005, revised April 25, 2005

From General Requirements for Fellowship Program

II. B 3. The Residency Review Committee (RRC) must give prior approval for participation of any institution providing 3 months or more training in a 12- or 24-month program.

Programs will prospectively apply through WebADS to accredit their developing country sites.

III. A 4. a) The Program Director must oversee and organize the activities of the educational program at each participating institution, appointing a local site director and monitoring appropriate Fellow supervision at each site.

The ID training program director will remain in control of the training program at the developing country site and the performance of the site will be regularly reviewed by direct consultation with the fellow and faculty members and by evaluations of the site. A formal written inter-institutional agreement to ensure this control will be in place. A faculty member will be appointed to monitor fellow supervision at the site. A teleconference, webconference, or face-to-face evaluation and counseling session will be arranged with the program director and the fellow at least at six-month intervals to monitor the fellow’s progress and the quality of training provided at the site.

III. B 6. Key clinical faculty (KCF) are attending physicians who dedicate more than 10 hours per week to the training program. Fellows must have exposure to KCF. Some sites will already have KCF from the program who spend substantial portions of their time at developing country sites, and these faculty will meet the exposure requirement. At other sites, if the program director can identify experienced and qualified clinical mentors on site, these mentors may act as attending physicians without becoming KCF.

III. D 1. The program must assure adequate resources are present (lab space and equipment, computer and statistical consultation, etc.).

It is anticipated that developing country sites can meet these needs.

III. D 3. Medical records must be available at all times.

It is anticipated that developing country sites can meet this need.

III. D 4. a) There must be access to reference materials (journals & textbooks, can be electronic).

This requirement can be met with Internet access to ID program electronic libraries, where available*, as Internet access is now often available in the developing world.

III. D 6. a) b) Pathology: All deaths of patients cared for by fellows must be reviewed and autopsies performed whenever possible; fellows must receive an autopsy report on patients they cared for when an autopsy was performed.

It is anticipated that a few developing country sites can meet this need, however, many program directors stated that cultural norms and the reality of outpatient medicine in developing countries may make autopsies unlikely to be performed. Since the international component will be an outpatient rotation, we urge that this requirement be relaxed by stipulating “where possible”.*
International Training Proposal for Infectious Diseases Fellowship

IV. E Fellows must have clearly defined written lines of responsibility for all clinical experiences.

These written lines of responsibilities will be developed for each site.

V. D 1-6 The ACGME Six Core Competencies must be evaluated in reviews of clinical and fellowship activities (in this case, for outpatient reviews of performance).

These evaluations will be performed by the on-site attending physician, who will review them with the fellow, and the program director will review them with the fellow as well.

V. E 2. a) Regular conferences must be available to fellows. (The below requirements can be met at the developing world site or supplemented with electronic or web-based resources where Internet access is available.*)

1. One clinical conference weekly
2. One literature review (aka journal club) monthly
3. One research conference monthly
4. One core curriculum conference weekly, when averaged over one year

V. E 2. c) Fellows must participate in conference planning and in conducting conferences. This requirement will be met at the developing country site, where possible.*

V. F 1. Ambulatory Medicine. (The below requirements will be met at each developing country site.)

a) There must be on-site faculty whose primary responsibility includes the supervision and teaching of fellows.
b) Fellows must be able to obtain consultation from other specialties for their ambulatory patients and preferably be notified when they are hospitalized.
c) Ancillary services must be available from nurses, social workers, interpreters, and dieticians.

V. F 2. a) At least ½ day per week of continuity ambulatory clinic experience during the two years of the accredited part of the fellowship must be provided.
b) Fellows should be responsible for, on average, 4-8 patients per ½ day session. In some clinics, fellows may see more patients per half day clinic, but adequate time must be available for consultation and teaching.*
e) Continuity clinic cannot be interrupted by more than 1 month, excluding a fellow’s vacation.

ID Specific Program Requirement

XIII. A Convenient access to clinical microbiology laboratory with readily available direct and frequent interaction with lab personnel.

This requirement will be met at the developing country site, where possible.*

XIII. D 1. Facilities for isolation of patients with infectious diseases must be available.

This requirement will be met at the developing country site, where possible.*

XIII. D 2. Suggested ID training be held in a facility where training programs in surgery, obstetrics, gynecology, pediatrics, and other med/surg specialties and subspecialties are available.

This requirement will be met at the developing country site, where possible.*

XIV B 6. Ambulatory Medicine Experience

a. Must include longitudinal care of at least 12 months of direct supervision of each patient, and of at least 20 patients with HIV infection.
b. Direct oversight of the fellows for the HIV requirement must be provided by an experienced HIV physician.

*This requirement will be met in either the first or second year of the fellowship training program at either the primary US training site or the developing country site. For select trainees whose career goals are in the field of global HIV medicine, the HIV continuity clinic may be completed as a six-month continuity clinic at the US primary site combined with a six-month continuity clinic in the developing country site to provide 12 months of HIV continuity clinic experience.*

Other ID continuity clinic rotations will be for at least 6 months

*This requirement will be met at either the US primary training site or the developing country site by an HIV or ID continuity ambulatory clinic. When needed for educational and logistical purposes, however, it will be requested that shorter continuity clinic (e.g., three months) be performed at the developing country site, with the remaining nine months at the US primary site.*

c. 25% of patients of either gender must be represented but if not feasible, alternative clinical experiences or didactic instruction must be provided.

*This requirement will be met at the developing country site.*

XIV. C  2. Conferences & Seminars: a minimum of 25 hours each year must be devoted to the discussion of HIV-related topics.

*This requirement will be met at the developing country site.*

*NOTE: A poll of national ID program directors regarding the above guidelines resulted in 25 responses from ID program directors interested in international rotations in developing country settings. The issues with a * were issues most frequently thought to be difficult to provide in the international setting.*