

Supplemental Material

TABLE 1
 OMSB Residency and Fellowship Programs' Accreditation Status, Duration, and Total Number of Residents

Program	Accreditation Status	Accreditation Effective Date	Accreditation Cycle Duration (y)	Accredited Program Duration	No. of Residents as of November 2018
Histopathology	Initial Accreditation ^a	July 1, 2016	2	5	9
Orthopedics	Initial Accreditation	July 1, 2017	2	5	19
Anesthesia	Initial Accreditation	July 1, 2017	2	5	28
Psychiatry	Initial Accreditation	July 1, 2017	2	5	29
Family Medicine	Initial Accreditation	July 1, 2017	2	4	75
Ophthalmology ^b	Initial Accreditation	July 1, 2017	2	4	10
Dermatology	Initial Accreditation ^a	July 1, 2017	2	4	11
Internal Medicine	Continued Accreditation	July 19, 2018	2	4	80
Emergency Medicine	Continued Accreditation	July 20, 2018	2	5	36
Pediatrics	Continued Accreditation	July 19, 2018	3	4	78
General Surgery	Continued Accreditation	July 20, 2018	3	5	24
Radiology	Continued Accreditation	July 20, 2018	4	5	40
ENT	Continued Accreditation	January 10, 2019	2	6	26
OB-GYN	Continued Accreditation	January 10, 2019	2	6	38
Hematology	Continued Accreditation ^a	January 10, 2019	2	5	14
Microbiology	Continued Accreditation ^a	January 10, 2019	2	5	17
Adult Diabetes ^c	NA	NA	NA	1	4

^a Foundational Accreditation only.

^b OMSB Ophthalmology program is 5 years with a total of 14 residents. The accredited years are from year 1 to 4.

^c Fellowship program.

TABLE 2
Steps, Challenges and Tips Toward International Accreditation

	Phase 1 Infrastructure Development	Phase 2 Institutional Accreditation	Phase 3 Program Accreditation
Years	2012–2014 (pre-agreement) 2014–2015 (post agreement)	2015	2016 onwards
Steps taken	<ul style="list-style-type: none"> • Obtain support from institution leadership to pursue international accreditation • Conduct detailed and comprehensive review of ACGME-I institutional, foundational and program specific requirements • Select an individual with strong leadership skills and medical education experience <ul style="list-style-type: none"> ○ In our case, the OMSB vice-president for academic affairs fulfilled the criteria ○ In addition, Associate DIO at major training sites were appointed as well as PGMEC offices • Identify key GME office staff • Develop a comparison table identifying where we meet requirements and potential areas of non-compliance that require additional preparation • Develop detailed implementation plan for the phased implementation of key changes required within the system • Sign agreement • Work on developing structures and policies <ul style="list-style-type: none"> ○ Create GMEC, identify key members, develop GMEC committee remits 	<ul style="list-style-type: none"> • Review of the ACGME-I Sponsoring Institution requirements and check for compliance • GMEC minutes—Proper documentation—Discussion of all required topics, eg, stipends and benefits, program changes, etc. • Hospital Accreditation—Review of the status of participating sites’ accreditation status (international, eg, JCI or equivalent) • Review and revision, if any, of Institutional policies to meet ACGME-I requirements • Update Sponsoring Institution information in ADS including: <ul style="list-style-type: none"> ○ Answer to citations ○ Institutional Review questions ○ Major Changes ○ Competency Question Assessment • Collect all pertinent documents for site visit <ul style="list-style-type: none"> ○ GMEC minutes ○ OMSB policies and guidelines ○ GME annual reports • Logistics for the site visit to be prepared by GME Office 	<p><i>Filling the application</i></p> <ul style="list-style-type: none"> • Communicate with program directors regarding ACGME-I initial or continued accreditation • Communicate with ACGME-I regarding the programs applying for accreditation • ACGME-I communicates the dates of the program site visits • DIO opens the applications in ADS (new programs) or programs update their information in ADS (continued accreditation) • Ensure curriculum is in line with ACGME-I requirements • Ensure program letters of agreement are signed and executed • Ensure that documents for onsite review are available and current • Programs should start collecting statistics/information as required in the application documents or program information forms (PIF) and the required attachments • Programs to submit applications in ADS to DIO for review • DIO review the forms and returns to programs as needed • DIO meets with PD and PA to go over the revisions and suggestions regarding the forms • Programs makes changes as needed, and resubmit the application forms in ADS

	<ul style="list-style-type: none"> ○ Create PGMEC, identify key members, develop PGMEC merits ○ Identify relations between PGMECs and GMEC ○ Update existing policies and develop new ones to meet requirements ● Introductory workshop by ACGME-I <ul style="list-style-type: none"> ○ For key leaders ○ Introduction to accreditation process, Accreditation Data System (ADS) and Q&A. ● Awareness Campaign <ul style="list-style-type: none"> ○ Q&A sessions for all stakeholders ○ Conducted within training centers ○ Email blasts to faculty and residents including facts and bite sized information ○ Promotional materials were developed (posters, brochures, etc.) ● Mock site visits for sponsoring institution and 4 programs 		<ul style="list-style-type: none"> ● DIO re-reviews and submits the applications to ACGME-I in ADS after GMEC approval <p><i>The program site visit</i></p> <p><i>1.5 months prior to the site visit</i></p> <ul style="list-style-type: none"> ● Site visitor sends the tentative program for review of the program ● Book the room for the meeting, program site visits <ul style="list-style-type: none"> ○ As soon as the schedule is confirmed ● If the site visitor wants a hospital tour, the DIO writes to the hospital directors and arranges the tour ● Program submits to the GME office the names of the faculty and residents meeting with the site visitor ● Program collects all documents necessary for the site visit, for review and by GME Staff and the DIO <p><i>1 month prior to the site visit</i></p> <ul style="list-style-type: none"> ● DIO writes a release letter for the faculty and residents to attend site visit meetings ● DIO and PD meets with the faculty and residents participating in the site visit <p><i>2 weeks prior to the site visit</i></p> <ul style="list-style-type: none"> ● Schedule is sent to the site visitor, including transport schedule ● Program sends the list of faculty and residents to the site visitor ● Coordinate pickup from the airport, visa processing and transport to the hotel on arrival as well as transport on departure ● GME Office staff coordinates with administrative section regarding transportation during the site visit ○
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Resources	<ul style="list-style-type: none"> • Leadership • DIO • GME office staff • OMSB staff • Faculty • Residents • ACGME-I staff • Other international DIOs and program directors • Online resident management system • Emails • Face to face Q&A sessions 	<ul style="list-style-type: none"> • DIO • GME office staff • GMEC • PGMEC • OMSB staff • Faculty • Residents • Other international DIOs and program directors • Online resident management system 	<ul style="list-style-type: none"> • DIO • GME office staff • OMSB staff • Program directors • Program administrators • Faculty • Residents • Online resident management system • ADS
Challenges	<ul style="list-style-type: none"> • OMSB unique structure hence involvement of multiple parties • Updating the language used for competencies and switching from CanMEDS to ACGME core competencies 	<ul style="list-style-type: none"> • Ensuring hospital accreditation • Ensuring documentation of all required materials 	<ul style="list-style-type: none"> • Difficulty in implementing some program specific requirements, eg, geriatrics, adolescent medicine, autopsies • Faculty CVs and scholarly activities. Programs must understand what qualifications are acceptable to ACGME-I for faculty appointment. Core faculty must understand what counts as scholarly activity.
Tips	<ul style="list-style-type: none"> • Form coalitions, eg, appoint associate DIOs at major sites and create PGMEC that report to GMEC • Involve stakeholders and increase their awareness and confidence in the process • Use emails to disseminate bite sized information about the processes • Conduct informal Q&A sessions at your hospitals. Reach out to your stakeholders and get them involved in the process early. 	<ul style="list-style-type: none"> • Form coalitions and involve hospital administration through PGMECs and GMEC • Make use of checklists and have review process in place prior to site visits 	<p>Completing the application forms:</p> <ul style="list-style-type: none"> • Thorough review of requirements • Review of frequently asked questions • Fill out the form early • Get multiple stakeholders to review it including faculty and residents • Describe the current program clearly, and where deficiencies exist, provide a plan and timeline to meet the requirement • Ensure multiple reviews and proof-reading by DIO and GME Office prior to submission <p>Core Faculty and Scholarly activities:</p> <ul style="list-style-type: none"> • Carefully select your core faculty in order to meet the faculty to resident ratio

Al-Bualy R, Al Lamki N, Al SinanibS, Al Sabti H, MD, Rodanilla R. Preparing for ACGME-I Accreditation: An International Perspective. J Grad Med Educ. 2019;11(4 suppl):10–13.

			<ul style="list-style-type: none">• Ensure that your faculty qualifications meet the requirements. Only appoint those who meet the requirements as core faculty.• Provide a detailed list to your faculty with what counts as scholarly activity• Encourage faculty to update their CVs regularly. Program administrators may be a good recourse here.
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