



2021 Program Directors Assembly Business Meeting April 8, 2021

Joseph Yusin MD
Chair, Review Committee for Allergy and Immunology

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Disclosures

- No conflicts of interest to report



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RC for Allergy and Immunology Members

- Joseph S. Yusin, MD (*Chair*)
- Kelly D. Stone, MD (*Vice Chair*)
- Thomas Prescott Atkinson, MD
- Paul J. Dowling, MD
- Anne Marie Irani, MD
- Rohit K. Katial, MD*
- Lisa Kobrynski, MD
- Kathleen May, MD
- Brittanie Neaves, MD (*Resident Member*)
- Michael Nelson, MD (*Ex-officio ABAI*)

*Term ends June 30, 2021

RC members are not allowed to discuss RC activities, accreditation decisions



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Incoming RC-Allergy and Immunology Members

- Andrea Apter, MD
- Diane Neefe, MS, EdD-(Public Member)
- Princess Ogbogu, MD

Terms begin: July 1, 2021



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Common Program Requirement (CPR) Major Revision

Section VI: effective July 1, 2017

Sections I-V: effective July 1, 2019 and July 1, 2020

- All specialty/subspecialty Program Requirements have been incorporated into the new Common Program Requirement format and are now available



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Allergy and Immunology Focused Program Requirement Revision

- The proposed Allergy and Immunology focused revisions were reviewed at the February 2020 ACGME Committee on Requirements (CoR)
- The Allergy and Immunology Program Requirements underwent a focused revision of the specialty specific requirements for an effective date of July 1, 2020
- The approved Allergy and Immunology Program Requirements, FAQs and Applications are posted to the ACGME website



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Allergy and Immunology

Program Requirements and FAQs

Currently in Effect

FAQ documents are being updated to correspond to the 2020 specialty-specific Program Requirements. Announcements will be made in the ACGME's weekly e-Communication when revised FAQ documents are available. Please contact a member of the

[Overview](#) »
[Program Requirements and FAQs and Applications](#) ○
[Milestones](#) »
[Documents and Resources](#) »

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Dedicated Time

- Program directors and Associate Program Directors
- Program coordinators
- Core Faculty



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ACGME Task Force

- Convened October-November 2020
- To review its Common and specialty-specific Program Requirements relating to duties, functions, dedicated time, and full-time equivalent (FTE) support for program directors, assistant/associate program directors, program coordinators, and core faculty members
- Internal and External stakeholders across specialties
- This task force will make recommendations to the ACGME Board of Directors relating to any potential revisions with improved harmonization of the requirements



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What We Do: Review and Comment

Requirement Review and Approval Process

For details and policies regarding the ACGME process for review and approval of requirements, see Section 10.00 of the ACGME Manual of Policies and Procedures.

Common Program Requirements for Review and Comment

Specialty	Type of Revision	Requirements / Impact Statement	Comment Submission	Comment Deadline	Status
Common Program Requirements (Residency)	Focused	 Program Requirements  Impact Statement	Submit comments to cprrevision@acgme.org using the  Review and Comment Form	March 31, 2021	Open for Comment



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Protected Time for Program Director

II.A.2.

The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)

At a minimum, the program director must be provided with the salary support required to devote 20 percent FTE of non-clinical time to the administration of the program. (Core)

[The Review Committee must further specify minimum dedicated time for program administration, and will determine whether program leadership refers to the program director or both the program director and associate/assistant program director(s).]

[The Review Committee may further specify. If the Review Committee specifies support greater than 20 percent, II.A.2. and the accompanying Background and Intent will be modified to reflect the level of support specified by the Review Committee]

[The Review Committee may further specify regarding support for associate program director(s)]



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Protected Time for Program Director

Background and Intent: Twenty percent FTE is defined as one day per week.

"Administrative time" is defined as non-clinical time spent meeting the responsibilities of the program director as detailed in requirements II.A.4.-II.A.4.a).(16).

The requirement does not address the source of funding required to provide the specified salary support.

To achieve successful graduate medical education, individuals serving as education and administrative leaders of residency programs, as well as those significantly engaged in the education, supervision, evaluation, and mentoring of residents, must have sufficient dedicated professional time to perform the vital activities required to sustain an accredited program.

The ultimate outcome of graduate medical education is excellence in resident education and patient care.

The program director and, as applicable, the program leadership team, devote a portion of their professional effort to the oversight and management of the residency program, as defined in II.A.4.-II.A.4.a).(16). Both provision of support for the time required for the leadership effort and flexibility regarding how this support is provided are important. Programs, in partnership with their Sponsoring Institutions, may provide support for this time in a variety of ways. Examples of support may include, but are not

Common Program Requirements (Residency) for Review and Comment
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How to support flexibility

New program directors

limited to, salary support, supplemental compensation, educational value units, or relief of time from other professional duties.

Program directors and, as applicable, members of the program leadership team, who are new to the role may need to devote additional time to program oversight and management initially as they learn and become proficient in administering the program. It is suggested that during this initial period the support described above be increased as needed.



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Protected Time for Core Faculty

II.B.4.

Core Faculty

Core faculty members must have a significant role in the education and supervision of residents and must devote a significant portion of their entire effort to resident education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to residents. (Core)

RRC to review specific dedicated

time needed Selection and Detail

Background and Intent: Core faculty members are critical to the success of resident education. They support the program leadership in developing, implementing, and assessing curriculum and in assessing residents' progress toward achievement of competence in the specialty. Core faculty members should be selected for their broad knowledge of and involvement in the program, permitting them to effectively evaluate the program, including completion of the annual ACGME Faculty Survey.

Core faculty members are critical to the success of resident education. They support the program leadership in developing, implementing, and assessing curriculum, mentoring residents, and assessing residents' progress toward achievement of competence in and the independent practice of the specialty. Core faculty members should be selected for their broad knowledge of and involvement in the program, permitting them to effectively evaluate the program. Core faculty members may also be selected for their specific expertise and unique contribution to the program. Core faculty members are engaged in a broad range of activities, which may vary across programs and specialties. Core faculty members provide clinical teaching and supervision of residents, and also participate in non-clinical activities related to resident education and program administration. Examples of these non-clinical activities include, but are not limited to, interviewing and selecting resident applicants, providing didactic instruction, mentoring residents, simulation exercises, completing the annual ACGME Faculty Survey, and participating on the program's Clinical Competency Committee, Program Evaluation Committee, and other GME committees.



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Protected Time for Program Coordinators

II.C.2.



The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. ^(Core)

At a minimum, the program coordinator must be supported at 50 percent FTE for the administration of the program. ^(Core)



[The Review Committee must further specify minimum dedicated time for the program coordinator.]

[The Review Committee may further specify. If the Review Committee specifies support greater than 50 percent, II.C.2. and the accompanying Background and Intent will be modified to reflect the level of support specified by the Review Committee]



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Protected Time for Program Coordinators

Background and Intent: Fifty percent FTE is defined as two-and-a-half (2.5) days per week.

The requirement does not address the source of funding required to provide the specified salary support.

Each program requires a lead administrative person, frequently referred to as a program coordinator, administrator, or as otherwise titled by the institution. This person will frequently manage the day-to-day operations of the program and serve as an important liaison with and facilitator between the learners, faculty and other staff members, and the ACGME. Individuals serving in this role are recognized as program coordinators by the ACGME.

The program coordinator is a key member of the leadership team and is critical to the success of the program. As such, the program coordinator must possess skills in leadership and personnel management appropriate to the complexity of the program. Program coordinators are expected to develop unique in-depth knowledge of the ACGME and Program Requirements, including policies, and procedures. Program coordinators assist the program director in meeting accreditation efforts requirements, educational programming, and support of residents.

Programs, in partnership with their Sponsoring Institutions, should encourage the professional development of their program coordinators and avail them of opportunities for both professional and personal growth. Programs with fewer residents may not require a full-time coordinator; one coordinator may support more than one program.



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Dedicated Time

- To be reviewed by RRC for specific support for Allergy and Immunology



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ACGME Response to Pandemic Crisis (acgme.org/COVID-19)

- Use of telehealth and remote didactics
- Freezing of Sponsoring Institution Fees
- Assessing fellow competency and the role of the program director
- Use of Procedures and what is acceptable (ways to deal with less actual procedures)

Overview	>
Sponsoring Institution Emergency Categorization	>
Emergency Categorization Request Form 1-30 Days	>
Emergency Categorization Request Form 31-60 Days	>
Emergency Categorization Request Form 61-90 Days	>
Emergency Categorization Request Form 91-Plus Days	>
ACGME Guidance Statements	>
Frequently Asked Questions	>
Letters to the Community	>
Resources for Sponsoring Institutions	>
Specialty Letters to the Community	>
Articles in JGME on COVID-19	>
Newsroom and Blog Updates on COVID-19	>
Well-Being Resources	>
Resources from Other Organizations	>
Coalition for Physician Accountability	>
(Archived) Three Stages of GME During the COVID-19 Pandemic	>



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ACGME Response to Pandemic Crisis (acgme.org/COVID-19)

- Work hour requirements during crises
- Rotations and redeployment
- Work hours
- Scholarly Activity: Acceptance for virtual meetings
- Trainee safety during Covid
- Use of remote site visits at this time
- Distance learning
- Creating a COVID 19 action plan
- ACGME partners and links



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Post-COVID-19: Tele-supervision effective July 2021

VI.A.2.c)

Levels of Supervision

To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision: ^(Core)

VI.A.2.c).(1)

Direct Supervision:

VI.A.2.c).(1).(a)

the supervising physician is physically present with the resident during the key portions of the patient interaction; or, ^(Core)

VI.A.2.c).(1).(a).(i)

PGY-1 residents must initially be supervised directly, only as described in VI.A.2.c).(1).(a). ^(Core)



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Tele-supervision effective July 2021

VI.A.2.c).(1).(b)

the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. (Core)

VI.A.2.c).(1).(b).(i)

When residents are supervised directly through telecommunication technology, the supervising physician and the resident must interact directly to solicit the key points of allergy and immunology elements of the visit and agree upon a management plan. (Detail)

VI.A.2.c).(2)

Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision. (Core)

VI.A.2.c).(3)

Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. (Core)



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COVID-19 and the ACGME: Quality over Quantity

- Assessing fellow competency and the role of the program director
- Developing fellow learning plan if needed to address any competency gaps
- Use of Procedures and what is acceptable (ways to address lower numbers of procedures)

Competency	Competency-Based Assessment Options
Medical Knowledge	<ul style="list-style-type: none"> • In-training exam • Feedback from multiple faculty evaluations
Patient Care	<ul style="list-style-type: none"> • Work based clinical assessment through direct observation of the individual during care delivery • Feedback from multiple faculty and peer evaluations • External structured curriculums, standardized assessments, and simulation
Professionalism	<ul style="list-style-type: none"> • Informed self-assessment • Feedback from multiple faculty and peer evaluations • Multi-source feedback, such as a 360-degree evaluation
Communication	<ul style="list-style-type: none"> • Patient reported feedback • Feedback from multiple faculty and peer evaluations • Multisource feedback, such as a 360-degree evaluation, especially regarding interprofessional care
Practice-Based Learning and Improvement	<ul style="list-style-type: none"> • Evaluation of knowledge, skills, and attitudes from participation in systematic efforts to improve the quality, safety, or value of health care services
Systems-Based Practice	<ul style="list-style-type: none"> • Feedback from multiple faculty evaluations regarding ability to practice in a complex health care system • Multi-source feedback, such as a 360-degree evaluation, especially regarding interprofessional care



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Procedures

Writing allergen immunotherapy prescriptions (DC)	10
Drug desensitization or incremental challenge (DC)	10
Immediate hypersensitivity skin testing (DC)	30
Writing an immunoglobulin prescription (DC)	5
Interpretation of pulmonary function testing (DC)	30
Food challenge testing (DC)	5

Low Procedure Numbers During Pandemic Can Still Receive Citation: (note graduating thus over 2 year period), recommend entering into ADS



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Site Visit

The ACGME has suspended in-person accreditation site visits. [Click here](#) for information about remote accreditation and recognition site visits.

The Accreditation and Recognition Site Visit

The accreditation and recognition process for Sponsoring Institutions and programs includes on-site and remote site visits to assess compliance with the Institutional and Program Requirements, as applicable. All accreditation and recognition site visits for Sponsoring Institutions and programs are performed by Accreditation Field Representatives who are employed by the ACGME.

Refer to the Quick Links on the right side of the page for more information about Accreditation and recognition site visits.

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Site Visit Update

- Site Visits Now Virtual
- Postponement of Self Study Site Visits During Pandemic
- Still required to complete self studies, with visits to follow once date placed



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Thank You!



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