Developing and Maintaining Excellence in Allergy and Immunology Residency Training Programs

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Chair, Review Committee for Allergy and Immunology
Disclosures

• No conflicts of interest to report
Topics To Discuss

• The Allergy Immunology RRC
• Highlights of Program Requirements
• Overview of Reviews to RRC
RC for Allergy Immunology

- 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
Incoming RC for Allergy Immunology

• Andrea J. Apter, MD
  University of Pennsylvania-Perelman School of Medicine – Philadelphia, PA

• Diane Osterhans Neefe – (Public Member)
  Western Technical College – LaCrosse, WI

• Princess Ogbogu, MD
  University Hospitals Rainbow Babies and Children’s Hospital – Cleveland, OH

Terms begin: July 1, 2021
ACGME VS ABAI

- Accredits training *programs*
- Develops Program Requirements for training programs
- Evaluates programs through annual data review and site visits

- Certifies *individual* physicians
- Sets the standards residents and fellows must meet to gain certification
- Works with the ACGME to ensure alignment of Program and Certification Requirements
Program Requirement History

Section VI: Effective July 1, 2017
Section I-V: Effective July 1, 2019 and July 1, 2020
• All specialty/subspecialty Program Requirements have been incorporated into the new Common Program Requirements (COR) format and are now available
Allergy and Immunology Focused Program Requirement Revision

- The proposed Allergy and Immunology focused revisions were reviewed at the January 2020 Committee on Requirements (COR) meeting.
- Allergy and Immunology Program Requirements underwent a focused revision of 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.
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
Sections I-V: Major Changes

- New Preamble
- Italicized Philosophy (not citable)
  
  Describes the underlying philosophy of the requirements within the section
- Background and Intent (not citable)
  
  Additional guidance on how to implement the requirements in a manner consistent with the intent
Sponsoring Institution vs Primary Clinical Site

I.A. Sponsoring Institution

The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education, consistent with the ACGME Institutional Requirements.

When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.

"Reflect Healthcare Needs of Community"

More Flexibility

Site 1

I.B.2.a)

I.B.2.a),(1)

Site 2

The PLA must:

be renewed at least every 10 years; and, [Con]

Site 3

Primary clinical site

Changed from 5 to 10 years

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The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community. (Core)

Background and Intent: It is expected that the Sponsoring Institution has, and programs implement, policies and procedures related to recruitment and retention of minorities underrepresented in medicine and medical leadership in accordance with the Sponsoring Institution’s mission and aims. The program’s annual evaluation must include an assessment of the program’s efforts to recruit and retain a diverse workforce, as noted in V.C.1.c),(5),(c).
Resources: Presence of other learners “help enrich without interfering”

I.E. The presence of other learners and other care providers, including, but not limited to, residents from other programs, subspecialty fellows, and advanced practice providers must enrich the appointed residents’ education. (Core)

I.E.1. The program must report circumstances when the presence of other learners had interfered with the residents’ education to the DIO and Graduate Medical Education Committee (GMEC). (Core)
Section II: Personnel

Program Director

- Residency and fellowship versions now address program director support
- Qualifications must include at least three years of educational and/or administrative experience or qualifications acceptable to RC
- Provide applicants with information related to Board eligibility
- Verification of residency education within 30 days of program completion

Faculty

- Core faculty – based on role in resident education and supervision and not number of hours devoted
- Non-physician faculty members may be appointed as core faculty
- Scholarly activity now assessed for program as a whole and not individual faculty

Program Coordinator NEW
NEW! ACGME Common Program Requirements for Review and Comment

Focused revisions to Section II of the Common Program Requirements relating to dedicated time for program directors, assistant/associate program directors, program coordinators, and core faculty members are now posted for a 45-day public review and comment period.

The proposed revisions were recommended by a special task force appointed by the ACGME Board of Directors, and based on review of more than 100 position papers submitted by representatives from across the medical community, data collected from the ACGME Accreditation Data System, a comprehensive literature search, and feedback from internal and external stakeholder congresses.

After the public comment period ends, the Task Force will review the comments and make a final recommendation to the ACGME Committee on Requirements for approval at its June meeting. The proposed effective date for the final requirements is July 1, 2022. More information will be shared in future e-Communications, on the ACGME website, and through social media as it becomes available.

The following Program Requirements and Recognition Requirements and accompanying Impact Statements are posted for review and comment, here:

Comment Deadline: March 31, 2021
Common Program Requirements (Residency)
Common Program Requirements (Fellowship)
The ACGME accredits sponsoring institutions and residency and fellowship programs, confers recognition on additional program formats or components, and dedicates resources to initiatives addressing areas of import in graduate medical education. The ACGME employs best practices, research, and advancements across the continuum of medical education to demonstrate its dedication to enhancing health care and graduate medical education. The ACGME is committed to improving the patient care delivered by resident and fellow physicians today, and in their future independent practice, and to doing so in clinical learning environments characterized by excellence in care, safety, and professionalism.
Changes to CPR and Allergy and Immunology Specialty Specific Program Requirements

PRs II.B.3.b) – II.B.3.c) Physician and Non Physician Faculty

II.B.3.b) Physician faculty members must:

II.B.3.b).(1) have current certification in the specialty by the American Board of Allergy and Immunology or the American Osteopathic Board of Internal Medicine or the American Osteopathic Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee. (Core)

II.B.3.b).(2) Physician faculty members who are not specialists in allergy and immunology must be certified in their specialties by the appropriate American Board of Medical Specialties (ABMS) board or by the RCPSC, AOA Certification in Allergy and Immunology, or possess qualifications acceptable to the Review Committee. (Core)
PRs II.B.3.b) – II.B.3.c)  Physician and Non-Physician Faculty

II.B.3.(b)(3)  Faculty members must be certified by the American Board of Allergy and Immunology, AOA Certification in Allergy and Immunology, or possess qualifications acceptable to the Review Committee. (Detail)

II.B.3.(b)(4)  At least one faculty member must be a qualified allergist and immunologist who has completed an ACGME-, AOA-, or Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited residency in pediatrics. (Detail)

II.B.3.(b)(5)  At least one faculty member must be a qualified allergist and immunologist who has completed an ACGME-, AOA-, or RCPSC-accredited residency in internal medicine. (Detail)

II.B.3.(c)  Any non-physician faculty members who participate in residency program education must be approved by the program director. (Core)
Changes to CPR and Allergy and Immunology Specialty Specific Program Requirements (contd.)

PR II.B.4. –II.B.4.c) Core Faculty

II.B.4.

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)

II.B.4.a) Core faculty members must be designated by the program director. (Core)

II.B.4.b) Core faculty members must complete the annual ACGME Faculty Survey. (Core)

II.B.4.c) The faculty must include at least two core faculty members. (Detail)
Faculty Scholarly Activity

IV.D.2. Faculty Scholarly Activity

IV.D.2.a) Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains:

(Core)

- Research in basic science, education, translational science, patient care, or population health
- Peer-reviewed grants
- Quality improvement and/or patient safety initiatives
- Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports
- Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials
- Contribution to professional committees, educational organizations, or editorial boards
- Innovations in education

Note: faculty as a whole

IV.D.2.b)(1) faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor. [Outcomes]
Resident Scholarly Activity

IV.D.3. Resident Scholarly Activity

IV.D.3.a) Residents must participate in scholarship. (Core)

IV.D.3.b) The program must provide residents with a research experience that results in an understanding of the basic principles of study design, performance (including data collection), data analysis (including statistics and epidemiology), and reporting research results. (Basic)

IV.D.3.c) Under faculty member supervision, each resident must design and conduct allergy and/or immunology research that is either laboratory-based, epidemiologic, continuous quality improvement, or clinical investigation-based. (Outcomes)

IV.D.3.c) (1) Residents must present their research findings orally and in writing. (Outcomes)
Section III: Resident Appointments

Number of Residents

The Review Committee may further specify minimum complement numbers

Required to submit request for complement change to RRC
### Section IV: Educational Program

**ACGME Competencies**

<table>
<thead>
<tr>
<th>IV.B.1.b) Patient Care and Procedural Skills</th>
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<tbody>
<tr>
<td>Writing allergen immunotherapy prescriptions (DC)</td>
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<tr>
<td>Drug desensitization or incremental challenge (DC)</td>
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<tr>
<td>Immediate hypersensitivity skin testing (DC)</td>
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<tr>
<td>Writing an immunoglobulin prescription (DC)</td>
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<tr>
<td>Interpretation of pulmonary function testing (DC)</td>
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<td>Food challenge testing (DC)</td>
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Section IV: Educational Program
ACGME Competencies

IV.C. Curriculum Organization and Resident Experiences

- Logging of diagnosis not required
- Experience through surveys
- Resident and Faculty
Section V: Evaluation

Board Certification
Program Director should encourage graduates to take applicable ABMS or AOA certification examination replaces all existing specialty-specific take rate requirements.

Board pass rate (addresses both written and oral exams):
Aggregate pass rate of program graduates taking the examination for the first time must be above the fifth percentile. Based on three years of data for specialty using an annual exam, and six years of data for specialties using a biennial exam. Any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program. (Outcome)
Programs must report (in ADS) board certification rates annually for the cohort of residents that graduated seven years earlier.
Examination Scores and how it is monitored

V.C.3.f) Programs must report, in ADS, board certification status annually for the cohort of board-eligible residents that graduated seven years earlier. (Core)

Background and Intent: It is essential that residency programs demonstrate knowledge and skill transfer to their residents. One measure of that is the qualifying or initial certification exam pass rate. Another important parameter of the success of the program is the ultimate board certification rate of its graduates. Graduates are eligible for up to seven years from residency graduation for initial certification. The ACGME will calculate a rolling three-year average of the ultimate board certification rate at seven years post-graduation, and the Review Committees will monitor it.

The Review Committees will track the rolling seven-year certification rate as an indicator of program quality. Programs are encouraged to monitor their graduates’ performance on board certification examinations.

In the future, the ACGME may establish parameters related to ultimate board certification rates.
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:

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)
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)
Guidance Statement on Competency-Based Medical Education during COVID-19 Residency and Fellowship Disruptions

Summary
GME programs continue to be disrupted by COVID-19 in Academic Year 2020-2021. We recognize that typical metrics, such as time, volume, and specific rotations completed, may be unavailable for all residents and fellows. The principles provided are the minimum required to make a defensible, high-stakes entrustment decision for an individual to complete a residency or fellowship and advance to the next stage of one’s professional career during this period of disruption. It is possible that these principles will inform future CBME decisions using more robust and deeper data. The ACGME will work with programs, CCCs, the Review Committees, and ABMS certifying Boards during this disrupted period to learn about what works for the implementation of CBME over time.

Currently working on solutions
Empowering the CCC and the program director
Key Components of NAS

- Continuous accreditation model
- Annual submission of core program data
- Annual program review of core program data
- Scheduled (self-study) visits every ten years
- Focused site visits at any time only for specific issues
- Full site visits at any time for multiple or broad issues

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Annual Data Elements

- Resident/Fellow Survey
- Clinical Experience
- ABAI Pass Rate
- Faculty Survey
- Scholarly Activity
- Attrition/Changes/Ratio
- Subspecialty Performance
- Omission of Data
Steps to Continuous Accreditation

Program Application
Once an application is submitted a site visit will be scheduled for core programs or placed on the next meeting for subspecialty programs.

Initial Site Visit
A site visit will occur within 2 years of initial accreditation for all programs.

Annual Data Review
After a program achieves Continued Accreditation data elements are reviewed on an annual basis.
Citations in NAS

Citations identify areas of non-compliance

- Linked to specific requirements (core)
- Program responses required in ADS
- Citations are given and removed by Review Committee (not by staff)
Areas for Improvement (AFI)

- “General concerns”
- May be given or removed by staff (RC rules) or members
- May or may not be specifically linked to a requirement:
  General concerns in RS, for example
- Do not require written response in ADS
- Expectation that AFI is will be monitored locally
  PD and GMEC will work to resolve
- AFI is will be tracked by RC, but only show up in the next review if the program is triggered again
In addition to accreditation decision, the RC may:

- Commend exemplary performance or innovations
- Identify areas for improvement (AFIs)
- Issue citations or extend existing citations
- Resolve previous citations
- Increase or reduce resident complement
Resources

Allergy and Immunology

The documents and resources within this section are provided by the Review Committee for Allergy and Immunology and its staff at the ACGME to assist ACGME-accredited programs and those applying for accreditation. Specialty and subspecialty information is found in each of the links listed below, as applicable.

OTHER ACCREDITATION RESOURCES

- Osteopathic Recognition
- Common Program Requirements
- Single-GME Accreditation System
- Self-Study and Site Visit
- Review and Comment

Contact Us:

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Associate Executive Director, RRC for Allergy and Immunology, Neurology, and Psychiatry: Tricia Heinl

Accreditation Assistant, RRC for Allergy and Immunology, Neurology, Psychiatry, and Anesthesiology: Lashelle Forrester

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

- 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)
Thank You!