



SES0117: Specialty Update: Allergy and Immunology February 25, 2023

Kelly D. Stone, MD
Chair, RC-Allergy and Immunology

—2023—
ACGME
—ANNUAL—
EDUCATIONAL
CONFERENCE

FEBRUARY 23-25, 2023
NASHVILLE
TENNESSEE



Conflict of Interest Disclosure

Speaker(s): [Kelly D. Stone, MD]

Disclosure

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.



Discussion Topics

- Review Committee and ACGME Initiatives
- Accreditation Process
- Common and Specialty Program Requirements
- Procedure Logs
- Evaluating Board Certification and Pass Rate
- Other Resources

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ACGME Mission

The mission of the ACGME is to improve health care and population health by assessing and enhancing the quality of resident and fellow physicians' education through advancements in accreditation and education.

ACGME MISSION, VISION, and VALUES



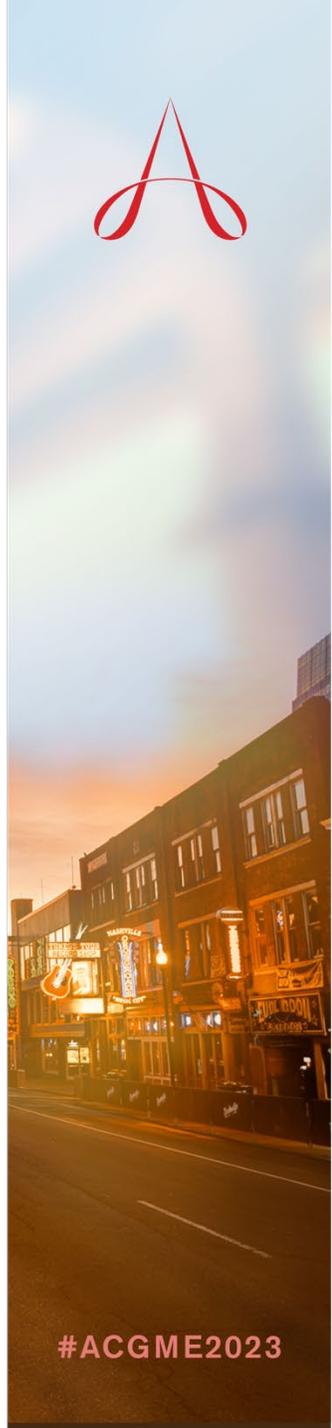


The ACGME Vision

We envision a health care system in which the Quadruple Aim* has been realized. We aspire to advance a transformed system of graduate medical education with global reach that is:

- Competency-based with customized professional development and identity formation for all physicians;
- Led by inspirational faculty role models overseeing supervised, humanistic, clinical educational experiences;
- Immersed in evidence-based, data-driven, clinical learning and care environments defined by excellence in clinical care, safety, cost-effectiveness, professionalism, and diversity, equity, and inclusion;
- Located in health care delivery systems equitably meeting local and regional community needs; and,
- Graduating residents and fellows who strive for continuous mastery and altruistic professionalism throughout their careers, placing the needs of patients and their communities first.

**The Quadruple Aim simultaneously improves patient experience of care, population health, and health care provider work life, while lowering per capita cost.*



Purpose of ACGME Accreditation

- Accreditation of Sponsoring Institutions and residency/fellowship programs by the ACGME is a voluntary process of evaluation and review.
- Accreditation benefits the public, protects the interests of residents and fellows, and improves the quality of teaching, learning, research, and professional practice.
- The accreditation processes are designed to evaluate, improve, and publicly recognize Sponsoring Institutions and graduate medical education programs that are in substantial compliance with standards of educational quality established by the ACGME.



ACGME Accreditation

The ACGME has a twofold purpose:

1. to establish and maintain accreditation standards that promote the educational quality of residency and fellowship education programs; and,
2. to promote residency/fellowship education that is sensitive to the quality and safety of patient care in an environment that fosters the well-being, learning, and professionalism of residents and fellows.

It is not the intent or purpose of the ACGME to establish numbers of physicians in any specialty.





ACGME Board and Review Committees

- Board sets policy and direction
- Board delegates authority to accredit programs/ institutions to the review committees
- Board monitors Review/Recognition Committees
 - Monitoring Committee
- Board approves:
 - Institution/specialty/recognition requirements
 - Common program requirements



Differences Between the ACGME and the Certifying Boards



- 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



Review Committees

The function of Review Committees is to set accreditation (i.e., requirements) and to provide peer evaluation of Sponsoring Institutions or residency and fellowship programs.

The purpose of the evaluation is to assess whether a Sponsoring Institution or program is in substantial compliance with the applicable Institutional, Program Requirements, and to confer an accreditation status.

- Review Committees are composed of:
 - volunteer physicians
 - a resident/fellow representative
 - a non-physician public member



Review Committees

- There are 28 specialty Review Committees, including one for transitional year programs.
- The Institutional Review Committee reviews and accredits institutions that sponsor graduate medical education programs.
- Each Review Committee receives data on all accredited or applicant programs or institutions within its purview, and makes an accreditation status decision on each, annually.



Sponsoring Institutions

- Every ACGME-accredited graduate medical education program must be overseen and supported by an ACGME-accredited Sponsoring Institution.
- Each Sponsoring Institution must achieve and maintain institutional accreditation before its programs can apply for ACGME accreditation.
- Sponsoring Institutions oversee and provide assurance for the quality of the learning and working environment in all of their ACGME-accredited programs.
- Sponsoring Institutions support patient safety and quality of care at all participating sites.



ACGME Recognition

- Recognition is additional acknowledgment, supplemental to accreditation, for identified elements or categories of a Sponsoring Institution or program.
- Recognition is conferred through a voluntary process of evaluation and review based on published Recognition Requirements.
- ACGME recognition is overseen by a Recognition committee made up of volunteer experts, a representative of the public, and a resident or fellow member.
- Sponsoring Institutions or programs with ACGME recognition must be accredited by the ACGME.



Types of Recognition

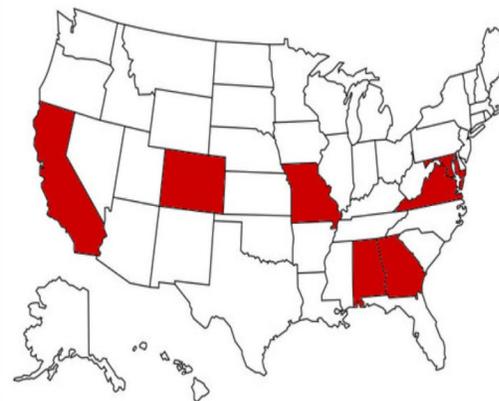
- The ACGME offers Osteopathic Recognition to accredited programs that provide requisite education in Osteopathic Principles and Practice.
- The ACGME offers Recognition of Sponsoring Institutions that have non-standard training (NST) programs. NST programs provide clinical training for foreign national physicians in advanced subspecialty programs for which there is no ACGME accreditation or American Board of Medical Specialties (ABMS) member board certification.





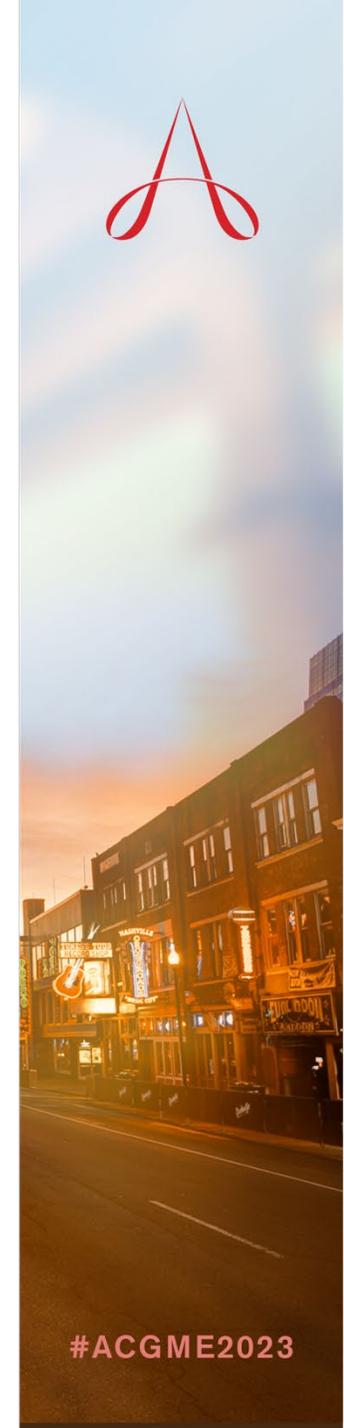
RC for Allergy and Immunology Members

- Kelly D. Stone, MD (*Chair*)
- Kathleen May, MD (*Vice Chair*)
- Andrea Apter, MD
- Theresa Bingemann, MD
- Paul J. Dowling, Jr., MD*
- Omar Elsayed-Ali, MD (*Resident Member*)
- Lisa Kobrynski, MD
- Diane Neefe, MS, EdD (*Public Member*)
- Michael Nelson, MD (*Ex-officio ABAI*)
- Princess Ogbogu, MD
- Rebecca Scherzer, MD



*Term ends June 30, 2023

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



Incoming RC-Allergy and Immunology Member

- Merritt Fajt, MD
University of Pittsburgh Medical Center – Pittsburgh, PA

Term begins: July 1, 2023



Allergy and Immunology Program Accreditation Academic Year 2022-2023



Academic Year 2022-2023

- Total programs: 85



Upcoming RC Meeting Dates

Allergy and Immunology

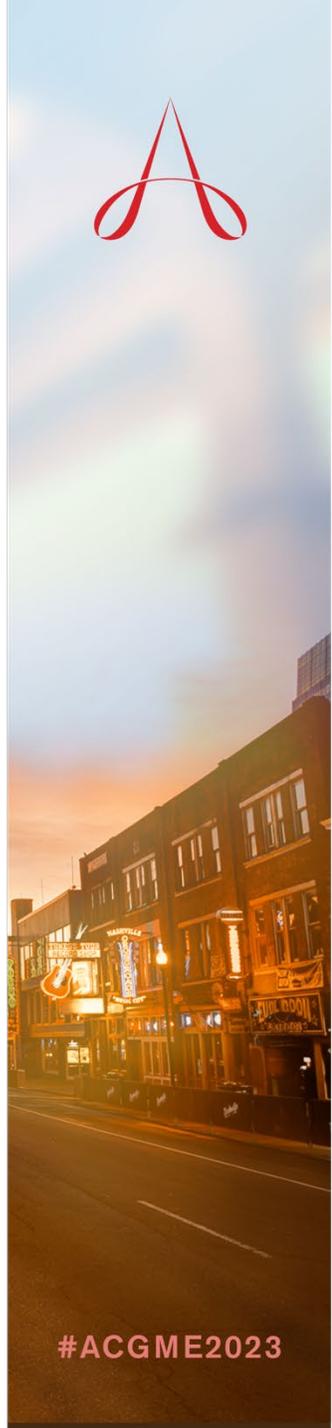


Meeting Dates:	Agenda Closing Date:
March 23, 2023	December 18, 2022
January 11, 2024	October 13, 2023
March 21, 2024	January 5, 2024

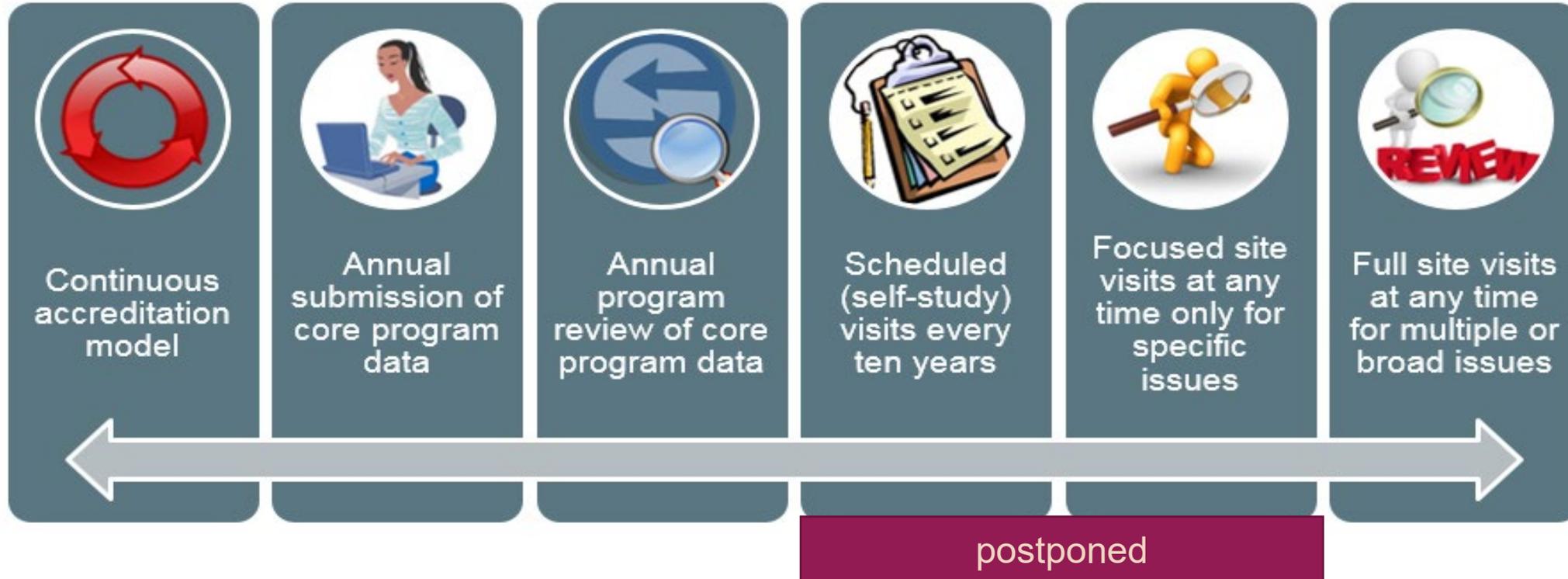


Next Accreditation System (NAS)

- Continuous Accreditation Model
- Free good programs to innovate (detail standards)
- Identify and help underperforming programs
- Hold underperforming programs to detailed standards



Key Components of the NAS



Annual Data Elements



Annual Update Status:



RRC Area	RRC Type	Principal				Total	Half Res. MED	Half Res. MAX					
		Nat Res. AVE	Nat Res. STD	Nat Res. MED	Nat Res. MAX								
Diagnoses	Anaphylaxis	22.4	19.3	17	159	37.8	82.0	18	660	68.2	3.7	41	663
	Asthma	196.6	119.0	100	506	161.2	102.3	63	449	147.0	175.4	326	1,014
	Atopic dermatitis	47.1	40.0	33	296	99.9	77.2	11	159	37.6	28.2	29	186
	Contact dermatitis	26.2	15.9	49	281	17.5	20.5	47	339	126.6	105.5	213	795
	Drug allergy	63.0	46.9	49	429	113.4	38.8	24	1,005	199.0	159.0	458	1,214
	Food allergy	413.2	65.9	101	719	35.4	188.4	40	496	89.1	69.5	134	429
	Immunodeficiency (prim, sec and HIV)	159.5	135.3	155	507	300.0	64.4	4	24	137.5	71.1	4	117
	Inflam inc otitis & nasal polyps	172.3	25.5	20	70	44.1	39.0	11	117	37.8	31.8	1	101
	Strabismus	27.7	10.4	8	325	24.0	10.6	1	152	4.8	16.2	14	601
	Immunodeficiency (prim, sec and HIV)	16.1	43.6	95	339	3.4	22.8	0	47	17.3	119.1	45	2,827
	Foreign inc otitis & nasal polyps	93.4	55.4	2	28	16.1	9.3	3	587	90.2	496.4	636	3,323
	Sinusitis	28.1	4.3	17	30	2.6	5.8	7.5	31	1,781	652.7	1,062	5,100
	Venem hypersensitivity	3.2	17.7	1	77	5.8	119.0	413	2,572	1,493.8	652.7	879.3	6,100
	Urticaria and angioedema	21.7	3.9	8	135	48.7	486.2	961	4,227	2,873.3	879.3	1,876	6,100
	Autoimmune disorders and vasculitis	2.9	12.0	6	1,896	686.9	706.0	961	4,227	2,873.3	879.3	1,876	6,100
	Allergic bronchopulmonary aspergillosis	11.5	15.2	420	1,752	1,072.8	706.0	961	4,227	2,873.3	879.3	1,876	6,100
	Allergic rhinitis & assoc. disease	9.6	258.4	533	2,179	1,072.8	706.0	961	4,227	2,873.3	879.3	1,876	6,100
	Hypersensitivity pneumonitis and occup lung dis	446.8	294.2	1,002	369.6								
	Mastocytosis	563.9	369.6										

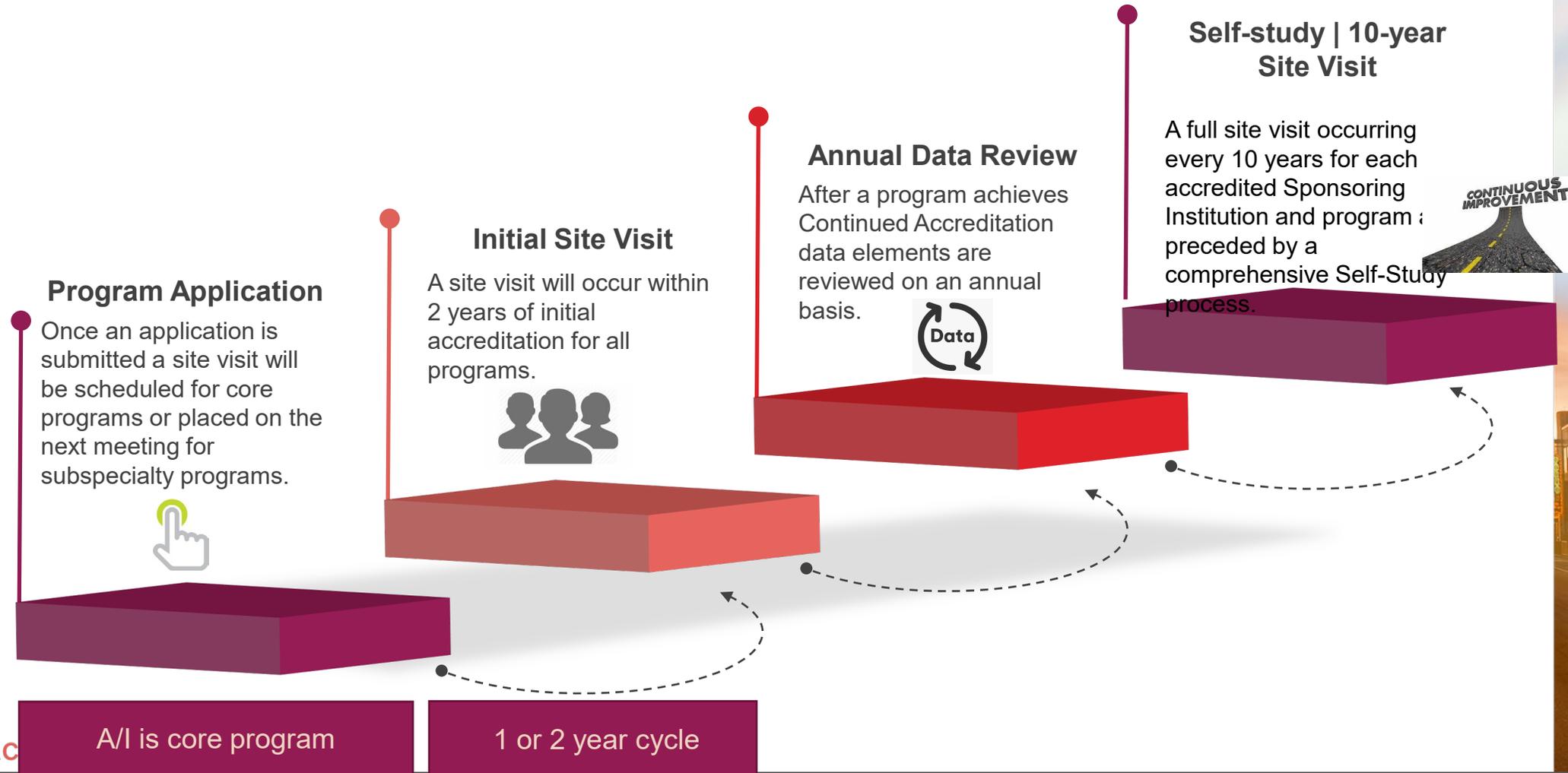
- Additional Requirements**
- Duty Hours/Learning Environment
 - Overall Evaluation Methods
 - Citations and Major Changes



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



The Steps to Continuous Accreditation



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 AFIs will be monitored locally
PD and GMEC will work to resolve
- AFIs will be tracked by RC, but only show up in the next review if the program is triggered again

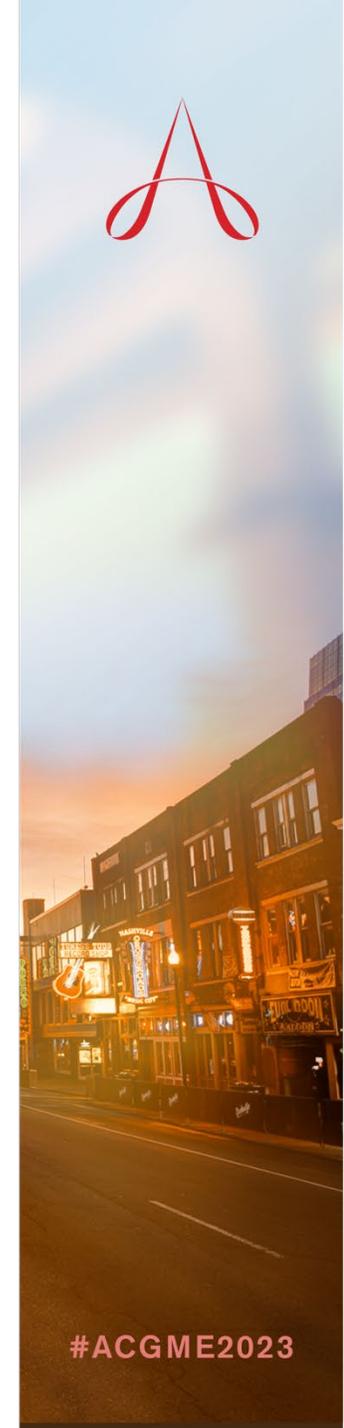




2021-2022 Frequent Citations and AFIs

Allergy and Immunology

Citations	AFIs
Education Program/Procedural Experience	Specific domains in the Resident/ Faculty Survey
Performance on Board Exam (below 5 th percentile in the preceding three years)	Block diagram
Program Director Responsibilities/ Entering Accurate Information	Scholarly Activity



Along with an 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



Communicating Results back to the Program(s)

- Within 5 business days following the RC meeting
- Email notifications are sent to the PD(s), DIO, and PC containing accreditation status decisions

5 Days



- Up to 60 days following the RC meeting
- Letters of Notification (LONs) are posted to ADS
- PD(s), DIO, and PC are notified via email that LON is available
- LONs attached to email notifications for all programs

60 days



Discussion Topics

Common Program Requirements (CPRs) and Allergy and Immunology Program Requirements



Requirements

- There are requirements for Sponsoring Institutions, programs, and Recognition.
- Programs are accountable to both Common Program Requirements and the applicable specialty- or subspecialty-specific Program Requirements.
- The Common Program Requirements are a basic set of standards (requirements) for education, training, and preparation of physicians applicable to all programs regardless of specialty or subspecialty.
- The Program Requirements set the context within clinical learning environments for development of the skills, knowledge, and attitudes necessary to take personal responsibility for the individual care of patients.
- The Program Requirements facilitate an environment in which residents and fellows can interact with patients under the guidance and supervision of qualified faculty members who give value, context, and meaning to those interactions.



Changes to CPR and Allergy and Immunology Specialty Specific Program Requirements

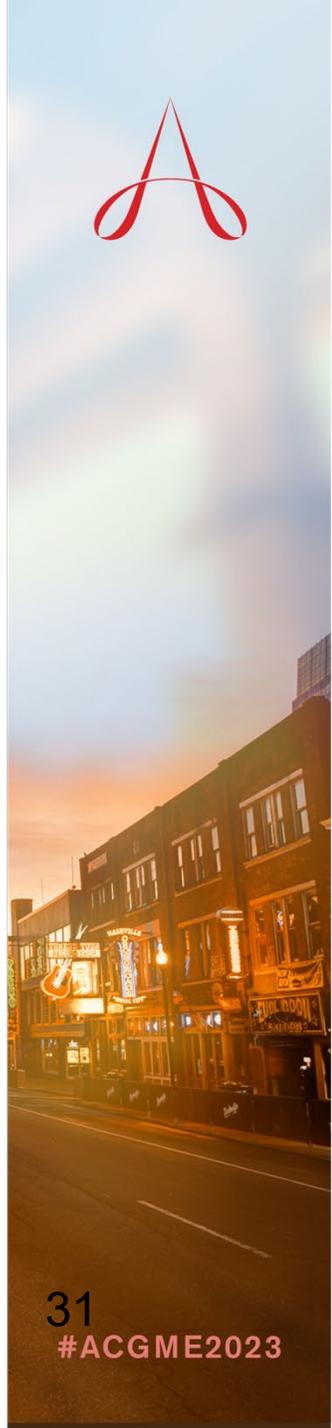


PR II.A.2.a) Program Director

II.A.2.a)

At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program. Additional support for program leadership must be provided as specified below. This additional support may be for the program director only or divided among the program director and one or more associate (or assistant) program directors. ^(Core)

Number of Approved Resident Positions	Minimum support required (FTE) for Program Director	Minimum Additional Support Required (FTE) for Program Leadership in Aggregate
1-6	0.15 FTE	0.05 FTE
7-10	0.2 FTE	0.1 FTE



Allergy and Immunology FAQ



Question	Answer
<p data-bbox="137 425 779 534"><i>What is the minimum support required for a program director and the program leadership?</i></p> <p data-bbox="137 574 614 611"><i>[Program Requirement: II.A.2.a)]</i></p>	<p data-bbox="779 425 2033 831">For a program with one to six approved resident positions, the program director must have a minimum of 0.15 FTE (six hours/week) protected time to support administration of the program. In addition, the program leadership (program director and associate/assistant program director(s) if applicable) must have a minimum of 0.05 FTE (two hours/week) of additional protected time to support administration of the program, which can be used by the program director alone (8 hours/week total) or can be shared with an associate program director. The additional 0.05 FTE (two hours/week) is intended to provide programs with the flexibility to incorporate an associate program director. The required FTEs are minimums, and programs can expand protected time for program administration above the 0.2 FTE (8 hours/week total) based on the needs of the individual program.</p> <p data-bbox="779 868 2033 1233">For a program with seven to 10 approved resident positions, the program director must have a minimum of 0.2 FTE (eight hours/week) protected time to support administration of the program. In addition, the program leadership must have a minimum of 0.1 FTE (four hours/week) of additional protected time to support administration of the program, which can be used by the program director alone (12 hours/week total) or can be shared with an associate program director. The additional 0.1 FTE (four hours/week) is intended to provide programs with the flexibility to incorporate an associate program director. The required FTEs are minimums, and programs can expand protected time for program administration above the 0.3 FTE (12 hours/week total) based on the needs of the individual program.</p>



Changes to CPR and Allergy and Immunology Specialty Specific Program Requirements



PR II.C. –II.C.2. Program Coordinator

II.C.2.a)

At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program. ^(Core)

Number of Approved Resident Positions	Minimum FTE
1-6	0.3
7-10	0.4



Program Coordinators

- The minimum FTE for the coordinator specified in the requirements should be devoted entirely to administrative responsibilities for the accredited program.
- If a specialty's program requirements specify a full-time coordinator, the program may not assign any additional responsibilities including, but not limited to, supporting non-accredited programs, or other departmental administrative responsibilities.
- We encourage programs to focus on allocating time between ACGME-required program administration and other duties required by the institution, so that these individuals are not overburdened.



Changes to CPR and Allergy and Immunology Specialty Specific Program Requirements



PR II.B.4. –II.B.4.c) Core Faculty (***No changes to these PRs***)

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)

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)



Burden Reduction

- ACGME Task Force on Burden Reduction formed to reduce administrative burden on program leaders, core faculty members, and program coordinators.
- ACGME asked the GME community for novel ideas to address challenges in delivering exceptional educational experience for residents and fellows.
- Going forward, focused revisions may be considered at scheduled intervals between major revisions, which will **typically be every three years**.
 - On rare occasions, revisions may be considered between these scheduled intervals.



New Common Program Requirements Background and Intent

- The Common Program Requirement Background and Intent sections under requirements II.A.2. and II.C.2. have been updated to align with the Common Program FAQ regarding program leadership and program coordinator time.
- These updates are reflected in the Residency, Fellowship, One-Year Fellowship, and Post-Doctoral Education versions of the Common Program Requirements effective July 1, 2023, available under Future Effective Date on the Common Program Requirement page.



Burden Reduction: Faculty Board Certification

- Effective July 1, 2022, the ACGME began using data obtained from the American Board of Medical Specialties and American Osteopathic Association for faculty certification.
- These data will be populated into the Faculty Roster in the Accreditation Data System (ADS) and used during program review and in accreditation and recognition site visit materials. This change is intended to reduce programs' data entry burden.
- Programs will no longer be required to manually enter faculty members' ABMS/AOA board certification data in ADS.
- Physician faculty members will be matched to the datasets based on National Provider Identifier (NPI) number, as well as name, date of birth, and medical school graduation year.
- Faculty members who are newly entered into ADS will have their certification information matched and populated within 24 hours. If a faculty member's certification information is missing or inaccurate, programs will be able to provide the ACGME with the correct details in the faculty member's profile. For faculty members who are certified by another body, or are not certified, programs will continue to manually provide that information.



ACGME Resident/Fellow and Faculty Surveys

New ACGME Resident/Fellow and Faculty Surveys

- Program Directors will not be requested to complete the Faculty Survey
- Core faculty member in specialty programs (physician and non-physicians) will be requested to complete the Faculty Survey
- All faculty members in subspecialty programs (physicians and non-physicians) will be scheduled to participate in the Faculty Survey



Well-Being and Work Hour Requirements

- Dr. Nasca Letter to the Community – January 9, 2019
(Available on the ACGME website at www.acgme.org under Newsroom, click on key topic “Physician Well-Being” to access the letter)
- The ACGME Review Committees will monitor and enforce compliance with the 80-hour requirement
- Violations of the 80-hour requirement will be subject to citation and at risk for an adverse accreditation decision



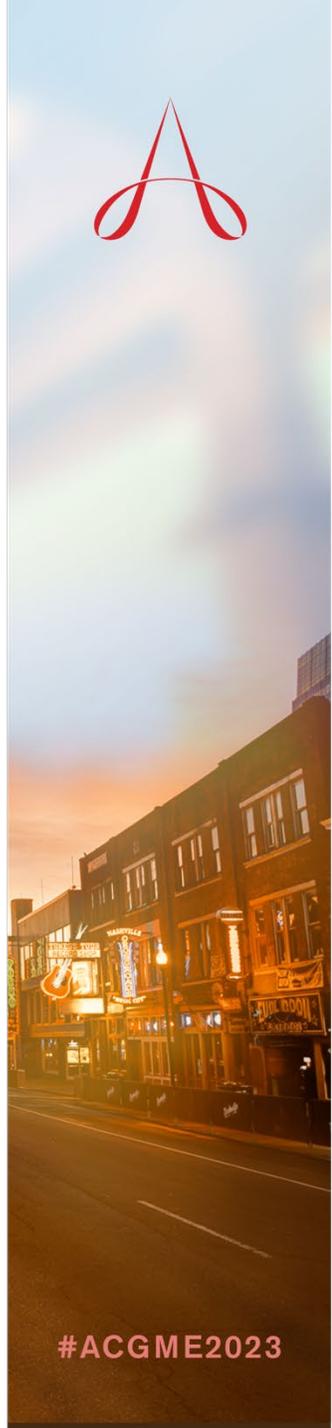
Discussion Topics

Leaves of Absence



Institutional Requirements – Guiding Principles Vacation and Leaves of Absence

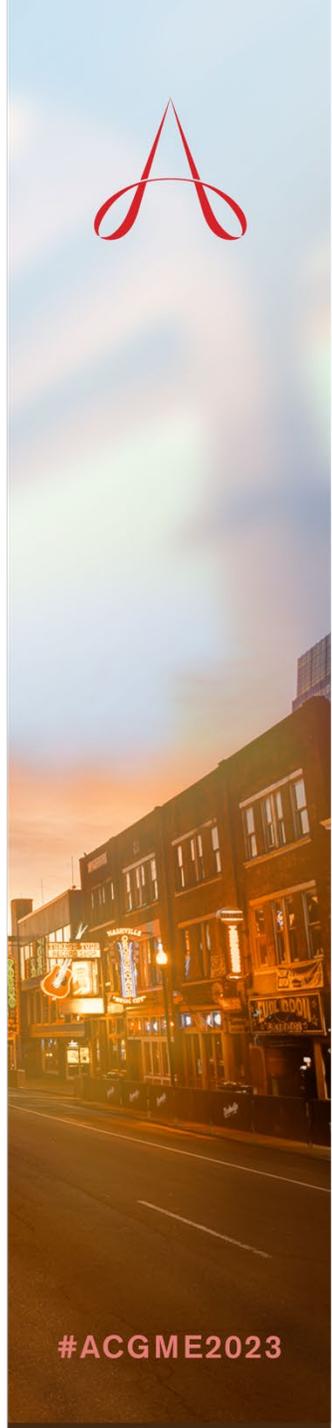
- Address medical, parental, and caregiver leave
- Six weeks of paid leave once during program, with one week additional vacation time in same year
- Health insurance available during leave
- Equitable treatment of residents under leave policies (e.g., call responsibilities, promotion/renewal)
- Flexibility of scheduling, time off utilization, and fellowship start dates
- Policies widely available for prospective residents
- Policies consistent with board requirements
- Address extended leaves or multiple episodes of leave



Institutional Requirements

- IV.H. Vacation and Leaves of Absence
- IV.H.1. The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws. This policy must: ^(Core)
- IV.H.1.a) provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report; ^(Core)
- IV.H.1.b) provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; ^(Core)
- IV.H.1.c) provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; ^(Core)
- IV.H.1.d) ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence; ^(Core)
- IV.H.1.e) describe the process for submitting and approving requests for leaves of absence; ^(Core)
- IV.H.1.f) be available for review by residents/fellows at all times; and, ^(Core)
- IV.H.1.g) This policy must ensure that each of its ACGME-accredited programs provides its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s). ^(Core)

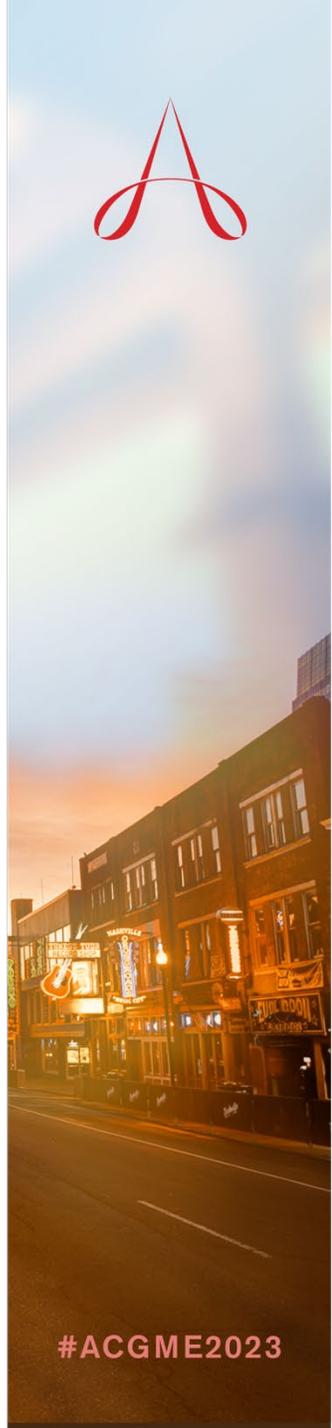
https://www.acgme.org/globalassets/pfassets/programrequirements/800_institutionalrequirements_2022_tcc.pdf



Institutional Requirements - FAQs



Question	Answer
Institutional GME Policies and Procedures	
<p>Do institutional policies for resident/fellow leaves of absence address needs for continuous or intermittent leaves of absence?</p> <p><i>[Institutional Requirement: IV.H.1.]</i></p>	<p>Required elements of institutional policies for vacations and leaves of absence pertain to both continuous and intermittent leaves of absence.</p>
<p>Can vacation and other pay sources be used to support residents'/fellows' salary during leaves of absence?</p> <p><i>[Institutional Requirement: IV.H.1.b)-c)]</i></p>	<p>Sponsoring Institutions may use vacation and other pay sources to provide paid time off during leaves of absence, provided that doing so is consistent with institutional policy and applicable laws, and that one week of paid time off is reserved for use outside of the first six weeks of leave. The IRC will not cite Sponsoring Institutions for new elements of vacation and leave policies described in Institutional Requirements IV.H.1.a)-f) before July 1, 2023.</p>
<p>Is there a timeframe within which residents/fellows must use the week of paid time off that is reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken?</p> <p><i>[Institutional Requirement: IV.H.1.c)]</i></p>	<p>The reserved one week of paid time off (outside the first six weeks of approved medical, parental, and caregiver leaves of absence) is to be available within the appointment year(s) in which the leave is taken. It is not required that this reserved week carry over into subsequent years of an individual's educational program. The IRC will not cite Sponsoring Institutions for elements of vacation and leave policies described in Institutional Requirements IV.H.1.a)-f) before July 1, 2023.</p>



Institutional Requirements

- Any questions regarding these requirements direct to Dr. Gerald Wickham, Executive Director of the Institutional Review Committee (IRC).



Contact Us:

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Discussion Topics

Allergy and Immunology Procedure Logs



Reporting Clinical Experience (Case Logs)

Allergy and Immunology



Overview Program ▾ Faculty ▾ Residents ▾ Sites Surveys Milestones Case Logs ▾ **Summary** Reports

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

- Effective July 1, 2019, Allergy & Immunology residents are no longer required to log diagnoses in the ACGME Case Log System
- Procedures are still required to be logged in the ACGME Case Log System
- Correct incomplete data entry
- Recommend entering all (not just minimum) numbers
- Track incomplete reporting

Discussion Topics

Board Certification Requirements



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



5th percentile defined by the bottom 5% of program pass rates

- Calculate the 5th percentile separately for each specialty, board, and exam type combination
 - Include all programs with any data that are beyond Initial Accreditation
 - 5th percentile calculated for programs in NAS using most recent 3-year average



Milestones 2.0

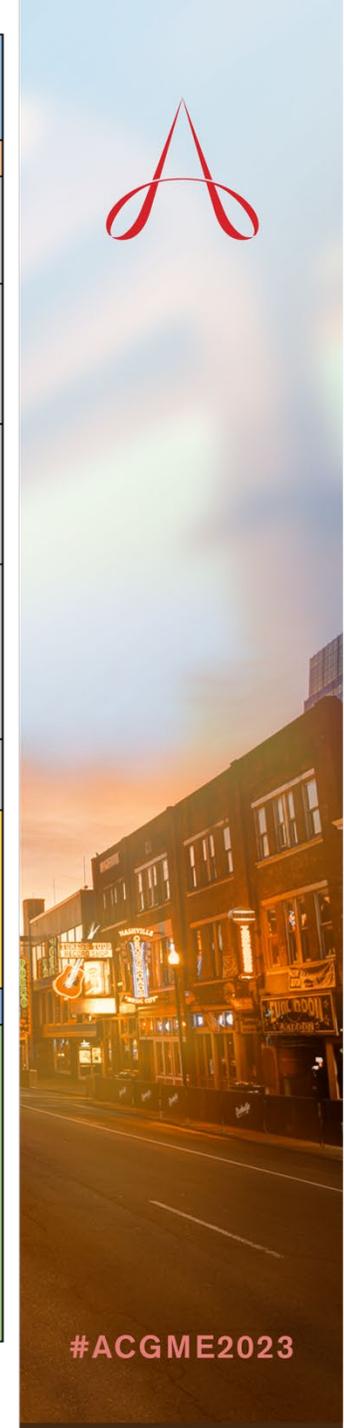
NEW AND IMPROVED

- New version began July 1, 2020
 - Resources are available on the Milestones webpage and ACGME Learn
- milestones@acgme.org

Medical Knowledge 1: Basic Science of Allergy and Immunology

Overall Intent: To demonstrate the progression of basic science knowledge from immune system components to complex immunologic and allergic disease pathophysiology, as well as the basis for diagnosis, treatment, and research

Milestones	Examples
Level 1 <i>Demonstrates basic knowledge of the cellular and humoral components of the immune system</i>	<ul style="list-style-type: none"> ● Describes and differentiates features of innate and adaptive immunity ● Describes basic lymphocyte subsets and immunoglobulin classes and subclasses ● Describes the structure and function of primary and secondary lymphoid organs
Level 2 <i>Demonstrates advanced knowledge of the cellular and humoral components of the immune system and basic knowledge of normal physiology</i>	<ul style="list-style-type: none"> ● Describes the major components of humoral and cellular innate immunity ● Describes the development of B and T cells ● Describes the T and B cell receptor signaling cascade
Level 3 <i>Applies the knowledge of basic immunology to understanding the pathophysiology of common immunologic and allergic diseases</i>	<ul style="list-style-type: none"> ● Describes the role of filaggrin mutations and skin barrier compromise in the development and progression of atopic dermatitis and systemic allergic diseases, such a peanut allergy
Level 4 <i>Applies the knowledge of basic immunology to understanding the pathophysiology of complex immunologic and allergic diseases and the basis for diagnosis, treatment, and research</i>	<ul style="list-style-type: none"> ● Describes the molecular defect resulting in the arrest of B cell development in X-linked agammaglobulinemia ● Describes the detailed immunologic basis for a vaccine response and use of diagnostic vaccination in immunodeficiency evaluation
Level 5 <i>Serves as a content expert, invited lecturer or subject matter expert</i>	<ul style="list-style-type: none"> ● Is invited to present basic science research at a regional or national meeting
Assessment Models or Tools	<ul style="list-style-type: none"> ● Board review participation ● In-training exam ● Journal club ● Program level exams/quizzes ● Staffing cases with attending
Curriculum Mapping	<ul style="list-style-type: none"> ●
Notes or Resources	<ul style="list-style-type: none"> ● Clinical Immunology Society (CIS) courses https://clinimmsoc.org/CIS.htm ● American Academy of Allergy Asthma and Immunology. Courses. https://education.aaaai.org/courses. ● American College of Allergy Asthma and Immunology. Courses. https://education.acaai.org/courses. ● American Academy of Allergy Asthma and Immunology. 2019 In-Training Exam for Fellows Timeline. https://www.aaaai.org/professional-education-and-training/fellows-in-training/in-training-exam-for-fellows-timeline. ● Core basic immunology and clinical allergy/immunology textbooks, such as:





Milestones 2.0 Update

Celebrating the completion of Milestones 2.0 for all specialties this spring!

Multi-year Milestones Program Evaluation will begin this fall. Many opportunities to share your thoughts via focus groups, surveys, and interviews.

Watch the Milestones Engagement page and the weekly ACGME Communications email



Milestones Resources

Faculty Development

Resources are added and updated throughout the year

Current resources include:

CCC Guidebook

Assessment Guidebook

DOCC and TEAM Assessment Tools

Clinician Educator Milestones

Resident and Fellow Guidebook

Guidebooks

Assessment Guidebook

Milestones Implementation Guidebook

The Milestones Guidebook

Milestones Guidebook for Residents and Fellows

Clinical Competency Committee Guidebook

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Live Event

Program Director Well-Being



An ACGME listening session focused on creating a space for program directors to share experiences and hear from peers regarding issues related to program director well-being .

Join the event for an open discussion of challenges faced by program directors and potential solutions.

[https://dl.acgme.org/pages/well-being-tools-](https://dl.acgme.org/pages/well-being-tools-resources)

[resources](https://dl.acgme.org/pages/well-being-tools-resources)

✓ April 11, 2023

✓ Registration required



Resources



What We Do	Designated Institutional Officials	Program Directors and Coordinators	Residents and Fellows	Meetings and Educational Activities	Data Collection Systems	Specialties
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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

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

Overview	○
Program Requirements and FAQs and Applications	»
Milestones	»
Documents and Resources	»
Review Committee Members	»

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Deadline – March 24, 2023

Questions? cme@acgme.org

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Thank You

