ACGME

2025 ACGME ANNUAL EDUCATIONAL CONFERENCE
MEANING in MEDICINE
FEBRUARY 20-22
NASHVILLE

SES0117: Specialty Update: Allergy and Immunology February 22, 2025

Kelly D. Stone, MD, PhD,
Chair, Review Committee for Allergy and Immunology
Louise Castile, MS, Executive Director

Conflict of Interest Disclosure

Speaker: Kelly D. Stone, MD, PhD; Louise Castile, MS

Disclosure

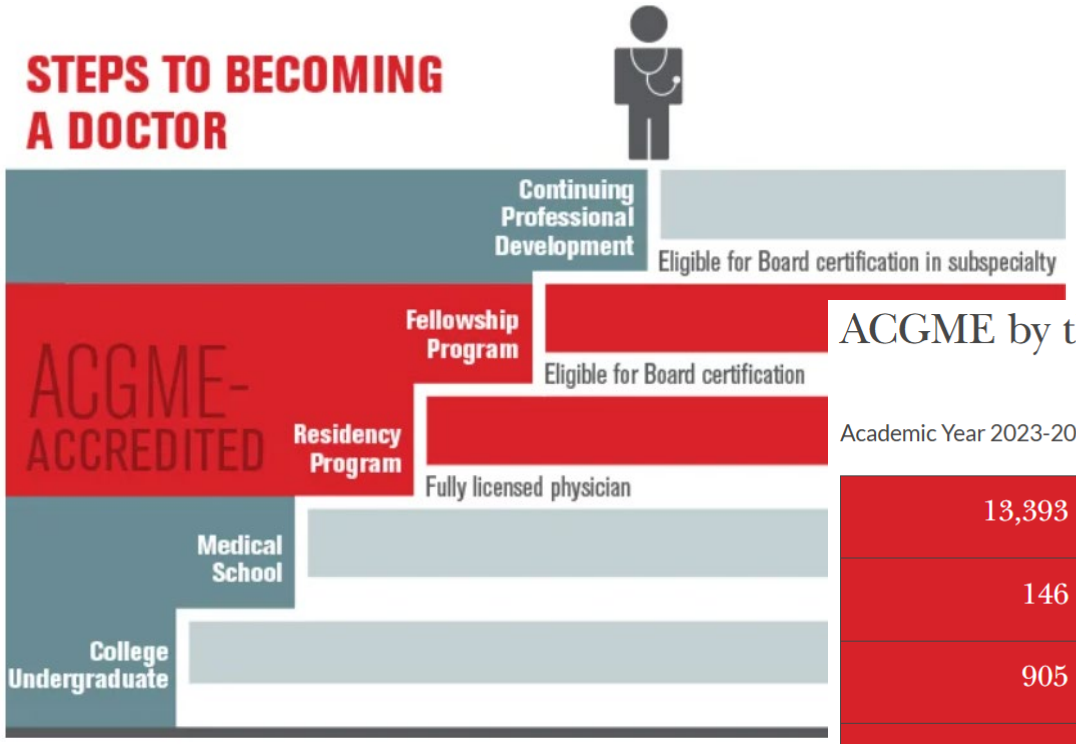
None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Discussion Topics

- Review Committee for Allergy and Immunology Activities
- Accreditation Process
- Specialty Program Requirements
- Competency-Based Medical Education (CBME)

Mission

We 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 by the Numbers

Academic Year 2023-2024

13,393	Accredited residency and fellowship programs
146	Accredited specialties and subspecialties
905	Sponsoring Institutions housing accredited programs
162,644	Active full- and part-time residents and fellows in ACGME-accredited programs

ACGME

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 (GME) 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.

Differences Between the ACGME and the Certifying Boards

- Accredits GME ***programs***
- Develops Program Requirements for GME 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

ACGME

ACGME President and CEO

ACGME President and CEO Announces Transition

Thomas J. Nasca, MD, MACP stepped down from the role of ACGME President and CEO on January 1, 2025, to establish the ACGME Center for Professionalism and the Future of Medicine. Dr. Nasca will serve as the initial Senior Fellow and Administrative Director.

ACGME Announces Next President and Chief Executive Officer

News | *August 14, 2024*

Share This

The ACGME is pleased to announce the appointment of Debra Weinstein, MD as its new President and Chief Executive Officer, effective January 1, 2025.

Dr. Weinstein brings a wealth of academic medicine leadership experience to this role, with an impressive history of contributions and impact in graduate medical education (GME). She is currently Executive Vice Dean for Academic Affairs and Professor of Learning Health Sciences and Internal Medicine at the University of Michigan Medical School, and Chief Academic Officer for Michigan Medicine. Previously, she served as Vice President for Graduate Medical Education at Mass General Brigham (formerly Partners HealthCare) in Boston, with responsibility for more than 300 GME programs, encompassing 2,400 residents and fellows, and was an associate professor of medicine at Harvard Medical School. She was the designated institutional official (DIO) for both Massachusetts General Hospital (MGH) and Brigham and Women's Hospitals for over a decade after serving as the MGH program director for the Internal Medicine residency.

Review Committee for Allergy and Immunology Staff

ACGME Leadership

Mary Klingensmith, MD, Chief Accreditation Officer
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Nikhil Goyal, MBBS, Senior Vice President, Accreditation
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Review Committee Staff

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Pamela R. Beck, MPA, Associate Executive Director
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ACGME Board and Review Committees

- Board of Directors sets policy and direction
- Board delegates authority to accredit programs/Sponsoring Institutions to the Review Committees
- Board monitors Review/Recognition Committees
  - Monitoring Committee
- Board approves:
  - Institutional/specialty-specific/Recognition Requirements
  - Common Program Requirements

Review Committees

There are 28 specialty Review Committees, including one for transitional year programs.

The Institutional Review Committee reviews and accredits institutions that sponsor GME 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.

Review Committee for Allergy and Immunology Members

- Kelly D. Stone, MD, PhD* *(Chair)*
- Rebecca Scherzer, MD *(Vice Chair)*
- Andrea Apter, MD
- Theresa Bingemann, MD
- Christopher Chang, MD
- Merritt Fajt, MD
- Kathleen R. May, MD
- Gabe Mendoza, MD *(Resident Member)*
- Diane Neefe, MS, EdD *(Public Member)*
- Michael Nelson, MD *(Ex-Officio, American Board of Allergy and Immunology (ABAI))*
- Princess Ogbogu, MD

*Term ends June 30, 2025

- Members are not allowed to discuss committee activities, accreditation decisions
- Members are nominated by American Academy of Allergy, Asthma, and Immunology (AAAAI); ABAI; and American Medial Association (AMA)

Incoming Review Committee for Allergy and Immunology Member

Bruce J. Lanser, MD

- National Jewish Health and University of Colorado School of Medicine – Denver, Colorado

Terms begin: July 1, 2025

Allergy and Immunology Program Accreditation Academic Year 2024-2025

Allergy and Immunology

90

Recent and Upcoming Review Committee Meeting Dates

Meeting Dates:	Agenda Closing Date:
January 16-17, 2025	October 18, 2024
March 20, 2025	January 10, 2025
January 8-9, 2026	October 9, 2025
March 19, 2026	January 9, 2026

Frequent Allergy and Immunology Citations – 2023-2024

Allergy and Immunology Citations
2023-2024 – Total 21 Citations

- Educational Program Procedural Experience (5 citations/23.8%)
- Responsibilities of Program Director (2 citations/9.5%)
- Responsibilities of Faculty (2 citations/9.5%)
- ACGME Competencies (2 citations/9/5%)
- Learning and Working Environment (2 citations/9.5%)

Communicating Results Back to the Program

Within five business days following the Review Committee meeting:

- Email notifications are sent to the program director, designated institutional official (DIO), and program coordinator containing accreditation status decisions

Up to 60 days following the Review Committee meeting:

- Letters of Notification (LONs) are posted to the Accreditation Data System (ADS)
- Program director, DIO, and program coordinator are notified via email that LON is available

When to Notify the Review Committee of Program Changes

Submitted in ADS
Participating site changes
Program director changes
Complement changes (temporary and permanent) ***Complement requests are reviewed in between scheduled Review Committee meetings.***
Voluntary Withdrawals
Change in Sponsoring Institution

Discussion Topic

ACGME Resident/Fellow and Faculty Surveys

ACGME Resident/Fellow and Faculty Surveys

ACGME Resident/Fellow and Faculty Surveys

- Program directors are not requested to complete the Faculty Survey
- Core faculty members in specialty programs (physicians and non-physicians) are 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

ACGME Resident/Fellow and Faculty Surveys

NEW! Resident/Fellow and Faculty Surveys

The reporting period for the ACGME's annual Resident/Fellow and Faculty Surveys opens on February 10, 2025, and will run for eight weeks, ending April 4, 2025. The ACGME anticipates that programs and Sponsoring Institutions will again receive survey reports in early May.

The ACGME will continue to alert program and Sponsoring Institution leadership of the survey at the beginning of the administration period and remind them throughout. Like previous years, program leadership will still be charged with alerting survey takers of their participation using the existing mechanisms available within ADS during the survey administration period. Programs should review and, if necessary, update their Resident/Fellow and Faculty Rosters in ADS before the survey opens to ensure accurate scheduling of survey participants.

Temporary Complement Increase Requests

Changes to Temporary Complement Increase Requests for Less than 90 Days
To reduce burden for the GME community and better align with the Institutional Requirements related to leaves of absence, Review Committees will allow extensions of education up to 90 days without requiring formal submission of a temporary complement increase request. **This change applies to all specialty/subspecialty programs except one-year programs, and is now in effect.** Requests for temporary changes in complement longer than 90 days are still required and must be approved by the DIO prior to being submitted in ADS for Review Committee consideration.

Instructions have been updated in ADS in the "Complement Change Request" section to alert users of the change; guidance in the **Guide to the Common Program Requirements (Residency)** for III.B., Resident Complement, also reflects the change. Review Committees are updating guidance on this process in specialty-specific documents, which will be available on the Documents and Resources tab of the respective **specialty section** of the website and announced via the *e-Communication*.

Email questions to **accreditation@acgme.org**.

Site Visits

NEW! Program Site Visit Update

The ACGME will conduct site visits annually for approximately one to two percent of programs with the status of Continued Accreditation. Programs will be selected through a random sampling process. The site visits will help assess program compliance with the Common Program Requirements and applicable specialty-specific Program Requirements in support of the ACGME's Mission.

Email questions to **accreditation@acgme.org**.

- For 2025, programs identified in this process include:
  - Two allergy and immunology programs

Institutional Requirements – Guiding Principles for 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 - FAQs

Institutional GME Policies and Procedures	
Do institutional policies for resident/fellow leaves of absence address needs for continuous or intermittent leaves of absence? *[Institutional Requirement: IV.H.1.]*	Required elements of institutional policies for vacations and leaves of absence pertain to both continuous and intermittent leaves of absence.
Can vacation and other pay sources be used to support residents'/fellows' salary during leaves of absence? *[Institutional Requirement: IV.H.1.b)-c)]*	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.
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? *[Institutional Requirement: IV.H.1.c)]*	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.

https://www.acgme.org/globalassets/pdfs/faq/ir_faqs.pdf

Discussion Topics

Shaping GME: The Future of Allergy and Immunology

Program Requirements

Common Program Requirements (Residency)

Established and revised by the ACGME Board of Directors

Basic set of standards (requirements) that:

- 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
- Facilitate an environment where 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.

Specialty-Specific Program Requirements

Specify the Core Competencies and other standards of quality and education for each specialty and subspecialty.

https://www.acgme.org/programs-and-institutions/programs/common-program-requirements/

Shaping GME: The Future of Allergy and Immunology

Program Requirements revised every 10 years.

In 2017, the ACGME re-envisioned the process by which this is done and piloted a new approach within the specialty of internal medicine.

The new process thinks rigorously and creatively about what the specialty will look like in the future prior to proposing any revisions, recognizing that the future is marked with significant uncertainty

Writing Group

Kelly Stone - Co-Chair
Joe Yusin - Co-Chair
Andrea Apter
Theresa Bingemann
Merritt Fajt
Kathleen May
Princess Ogbogu
Rebecca Scherzer

Luther Brewster (Public Member)

Susie Buchter (Pediatrics)

Sima Desai (Internal Medicine)

Robert Gaiser (Anesthesiology)

What have we done so far?

- Allergy and Immunology began the major revision process in early 2023
- Information gathering to inform revisions
  - *Scenario planning workshop (November 2023)*
  - *Rockpile interviews/report (January 2024)*
  - *Literature review (March 2024)*
  - *Themes and Insights Document developed and posted for public comment (April 2024)*
  - *Public comment (April-May 2024)*
  - *Stakeholders' meeting (May 2024)*
- Writing of Program Requirements
  - *Based on the information gathered above, the Writing Group incorporated recommendations in writing the new Program Requirements*

Where are we going?

- Draft will be released for public comment (February-March 2025)
- Review Committee for Allergy and Immunology will make final revisions based on review of public comments (March 2025)
- Revised Program Requirements will be reviewed by the ACGME Board of Directors for approval (May 2025)
- Committee will address revisions requested by the ACGME Board of Directors
- Revised Program Requirements to go into effect **July 1, 2026** (to allow preparation of educational material)

Core Faculty

In addition to the program director, the faculty must include at least two core faculty members. Of those three:

- One must have completed an ACGME-accredited or American Osteopathic Association (AOA)-approved residency in **pediatrics**
- One must have completed an ACGME-accredited or AOA-approved residency in **internal medicine**

Patient Care and Procedural Skills

Residents must demonstrate competence in providing comprehensive, safe, and compassionate medical care to both children and adults with suspected allergic diseases, asthma, and immunologic diseases as specified in IV.C.5., including:

- assessing social determinants of health for individual patients that may impact disease management, risk, and outcomes
- applying existing and emerging technologies for achieving high-quality, value-based clinical care

Patient Care and Procedural Skills

Residents must demonstrate competence in:

- Implementing and managing treatment with biologics, including appropriate monitoring and recognizing/addressing adverse reactions
- Managing severe anaphylaxis

Patient Care and Procedural Skills

- Managing severe anaphylaxis

Specialty-Specific Background and Intent: Anaphylaxis is a medical emergency that an allergist/immunologist may encounter in the clinical setting. Improper management may result in poor outcomes for the patient. Residents in allergy and immunology require the skills necessary for the proper identification and treatment of this condition, including cases refractory to standard epinephrine treatment. These skills are developed through discussions of past cases, simulations, and/or real-life emergencies. These discussions and simulations are repeated until the fellow demonstrates competence in the management of severe forms of anaphylaxis.

Medical Knowledge

Residents must demonstrate knowledge of:

- genetics and genomics as they relate to diagnosis, prognosis, therapeutic decision-making, and treatment of allergic and immunologic diseases; (Core)
- immunization health care related to immunocompromised hosts and adverse reactions to vaccines; (Core)
- environmental aspects of health, including impacts of pollution and climate change; (Core)

Medical Knowledge

Residents must demonstrate knowledge of:

- basic principles of the **business of medicine** (billing, coding, practice management); (Core)
- development, conduct, and interpretation of **clinical trials**, including trial designs, study population considerations, endpoints, statistics, clinical research ethics, etc. (interpreting results in medical literature); (Core)
- the **science of patient safety**, including understanding factors that contribute to safety events, understanding methods for investigating and reporting safety events, building systems that promote safety, and understanding the role of human factors in building a culture of safety. (Core)

Curriculum Organization and Resident Experiences

CURRENT

The program format must be as follows:

- 50 percent of the program (12-month equivalent) must be devoted to direct patient care activities, clinical case conferences, and record reviews; (Core)
  - At least 20 percent of the required minimum 12-month equivalent direct patient care activity must focus on patients from birth to 18 years. (~~Detail~~Core)
  - At least 20 percent of the required minimum twelve-month equivalent direct patient care activity must focus on patients over the age of 18 years. (~~Detail~~Core)
- 25 percent of the program (six-month equivalent) must be devoted to scholarly activities and research; and, (~~Detail~~Core)
- **25 percent of the program (six-month equivalent) must be devoted to other educational activities. (Detail)**

Curriculum Organization and Resident Experiences

- 25 percent of the program (six-month equivalent) must be devoted to didactics and ~~other educational activities~~ individualized educational experiences, including opportunities to participate in activities relevant to future practice and/or to further skill/competency development in the foundational areas, as determined by the program director and clinical competency committee. (~~Detail~~Core)

Curriculum Organization and Resident Experiences

Residents must be provided exposure to components of billing and coding with appropriate required documentation, regulations/laws impacting the practice of allergy and immunology, common methods of physician reimbursement, and clinic management. (Core)

Resident Scholarly Activity

The program must provide each fellow a scholarship oversight committee to oversee and evaluate their progress as related to the scholarly project. (Core)

Final Comments

Program Requirement revisions are not final and may undergo further edits based on:

- Feedback from public comments
- Feedback from the ACGME Board of Directors

Shared Educational Resources

- The Review Committee understands the challenges that the introduction of some of the new program requirements will create for programs
- AAAAI and American College of Allergy, Asthma and Immunology (ACAAI) (and Clinical Immunology Society (CIS)) have agreed to support the development of educational resources to support allergy and immunology programs
- Implementation of the new Program Requirements was delayed to July 1, 2026, to provide time to develop shared educational resources

Discussion Topic

Competency-Based Medical Education (CBME)

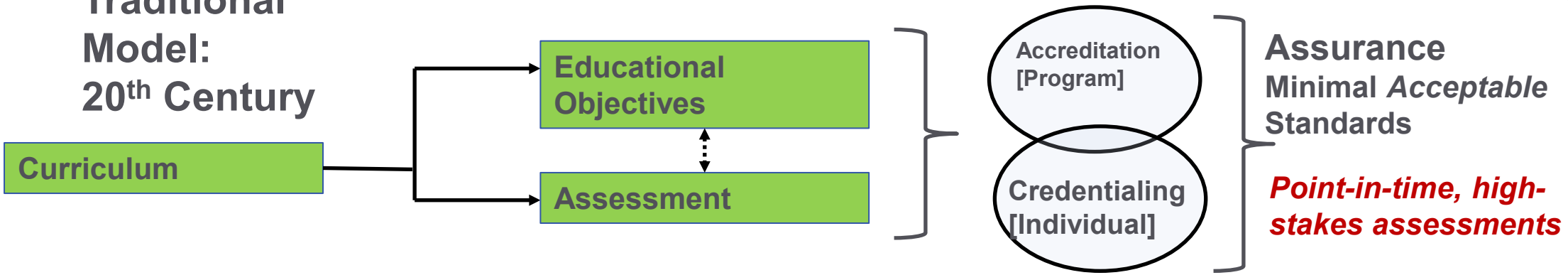
Outcomes-Based Education: What Is It?

- *Start with the end in mind*
  - Focus on what type of physician will be produced
  - Structure and process flow from the outcomes
- Educational outcomes should be "*clearly and unambiguously specified*"
- Educational outcomes determine:
  - Curriculum, assessment processes, and the learning environment

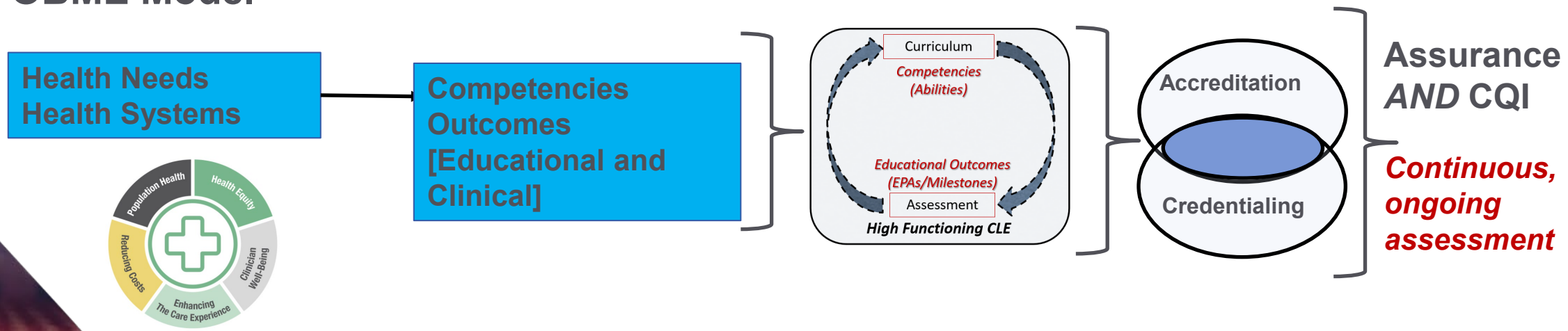
Harden RM. Outcomes-based education: Part 1-An introduction to outcomes-based education. Med Teach. 2009; 21: 7-14.

OBME and Regulatory Systems

Traditional Model: 20th Century



OBME Model



Adapted from Frenk J, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Lancet 2010;376:1923-58.

Implementation of OBME: Enter Competency-Based Medical Education

- CBME is “an approach to preparing physicians for practice that is fundamentally oriented to graduate outcome abilities and organized around competencies derived from an analysis of **societal and patient needs**.
- It de-emphasizes [fixed] time-based training and promises greater accountability, flexibility and learner-centeredness”

Frank et al. Toward a definition of CBME. Med Teacher 2010

“Time” Still Matters

- In CBME, time is viewed as a *resource* and not an *intervention/measure*
  - Time should be used wisely
  - Time is too often used as a *proxy* for competence
  - Shortening education and training is *not* the primary goal of CBME
  - The amount of “training time” required should be based on outcomes
- Core principles of CBME can be advanced GME within “fixed” program lengths
  - Need to design outcomes-based flexibility within a residency/fellowship

Achieving the Desired Transformation: Thoughts on Next Steps for Outcomes-Based Medical Education. Acad Med. 2015 Sep;90(9):1215-23.

Advancing CBME: ACGME and ABMS Collaboration

- The ACGME and American Board of Medical Specialties (ABMS) have been conducting annual symposia with goals to:
  - Accelerate the development of and transition to CBME in GME
  - Develop a set of actions by the Review Committees and certification boards to support advancing CBME within GME

Assessment in GME and CBME

Core Competencies

Core competencies introduced in 1999.

Program directors and faculty members struggled to understand what the competencies meant and, more importantly, what they "look like" in practice.

This lack of shared understanding (i.e., shared mental models) hampered curricular changes and development and evolution of better assessment methods.

"Next Accreditation System (NAS)," the current continuous accreditation model, introduced in 2009 and included Milestones to facilitate advancement of CBME

Milestones

Milestones

- Significant points in development.
- Narrative descriptors of the competencies and subcompetencies along a developmental continuum with varying degrees of granularity.
- Milestones describe performance levels residents and fellows are expected to demonstrate for skills, knowledge, and behaviors in the six Core Competency domains, laying out a **framework of observable behaviors** and other attributes associated with a resident's or fellow's development as a physician.

ACGME, The Milestones Guidebook.
https://www.acgme.org/globalassets/milestonesguidebook.pdf

Milestones

- Designed to be **criterion-based** and **agnostic** to the actual PGY level of the resident or fellow.
- Each resident judged based on the **actual level of performance** as described in the Milestones, not in relation to peers or others.

ACGME, The Milestones Guidebook.
https://www.acgme.org/globalassets/milestonesguidebook.pdf

Milestones in Allergy and Immunology

- Milestones 1.0 introduced in 2013
- Milestones 2.0 introduced in 2018

Entrustable Professional Activities

CBME

Over the last 10 years, several notable concepts have emerged to enable more effective implementation of CBME, such as Milestones and Entrustable Professional Activities (EPAs).

Milestones and EPAs are becoming useful methods and tools to facilitate implementation of CBME and both can be useful in helping to move innovation forward.

Entrustable Professional Activities (EPAs)

- EPAs represent the routine *professional* life activities of physicians based on their specialty and subspecialty
- The concept of "entrustable" means:
  - "a practitioner has demonstrated the necessary knowledge, skills and attitudes to be **trusted** to perform this activity [*unsupervised*]."

Ten Cate O, Scheele F. Competency-based postgraduate training: can we bridge the gap between theory and clinical practice? Acad Med. 2007; 82(6):542–547.

EPAs

- Part of essential work for a qualified professional
- Requires specific knowledge, skill, attitude
- Acquired through training
- Leads to recognized output
- Observable and measureable, leading to a conclusion
- Reflects the competencies expected

EPAs together constitute the core of the profession

Competencies vs. Milestones vs. EPAs

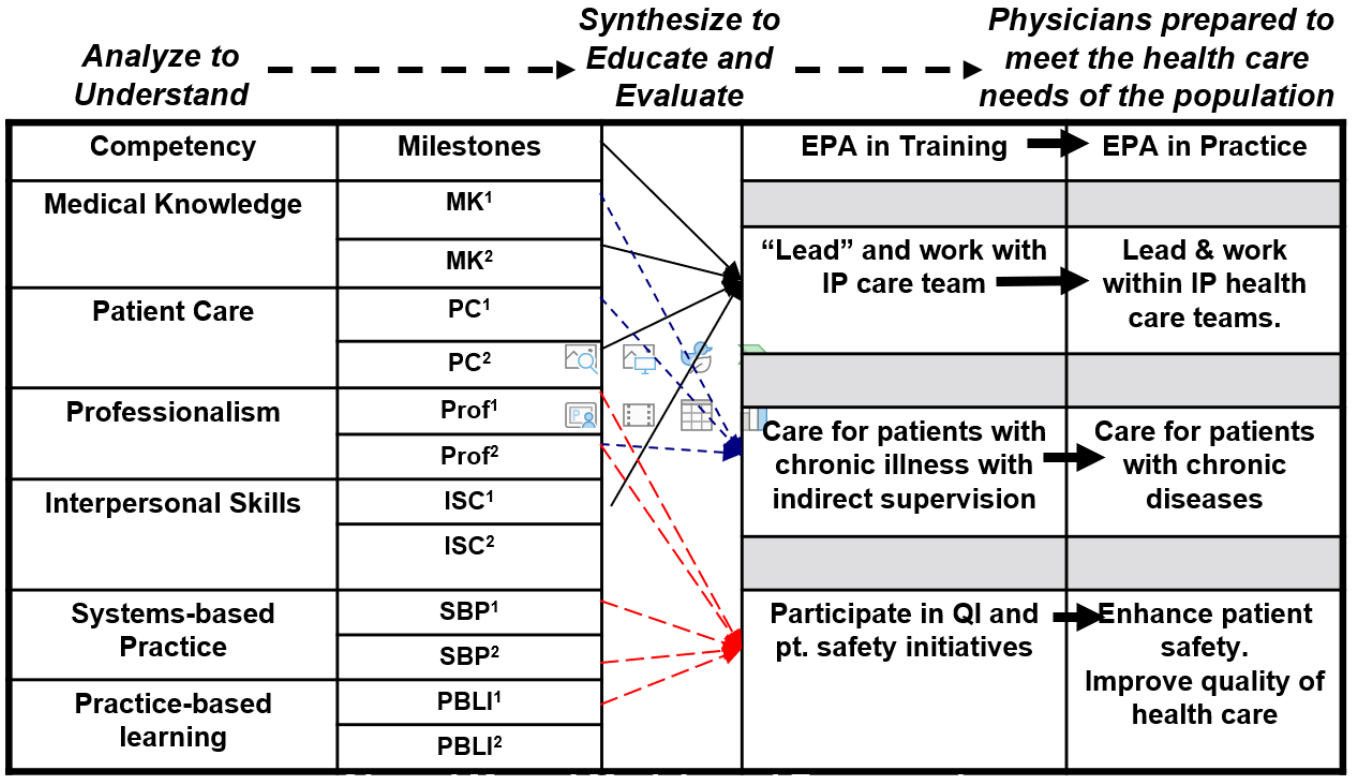
Competencies define the core ***abilities*** of the individual

Milestones describe competencies in ***developmental narratives***

EPAs define the ***core activities*** health professionals perform in daily practice.

Competencies are needed by the individual in order to effectively perform the professional activity.

How it all fits together



Shared Mental Models and Frameworks

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EPAs for Allergy and Immunology

- A working group of the Review Committee for Allergy and Immunology, working with ABAI, is initiating the development of EPAs for Allergy and Immunology
- As development efforts progress, input will be sought by professional societies and patients.

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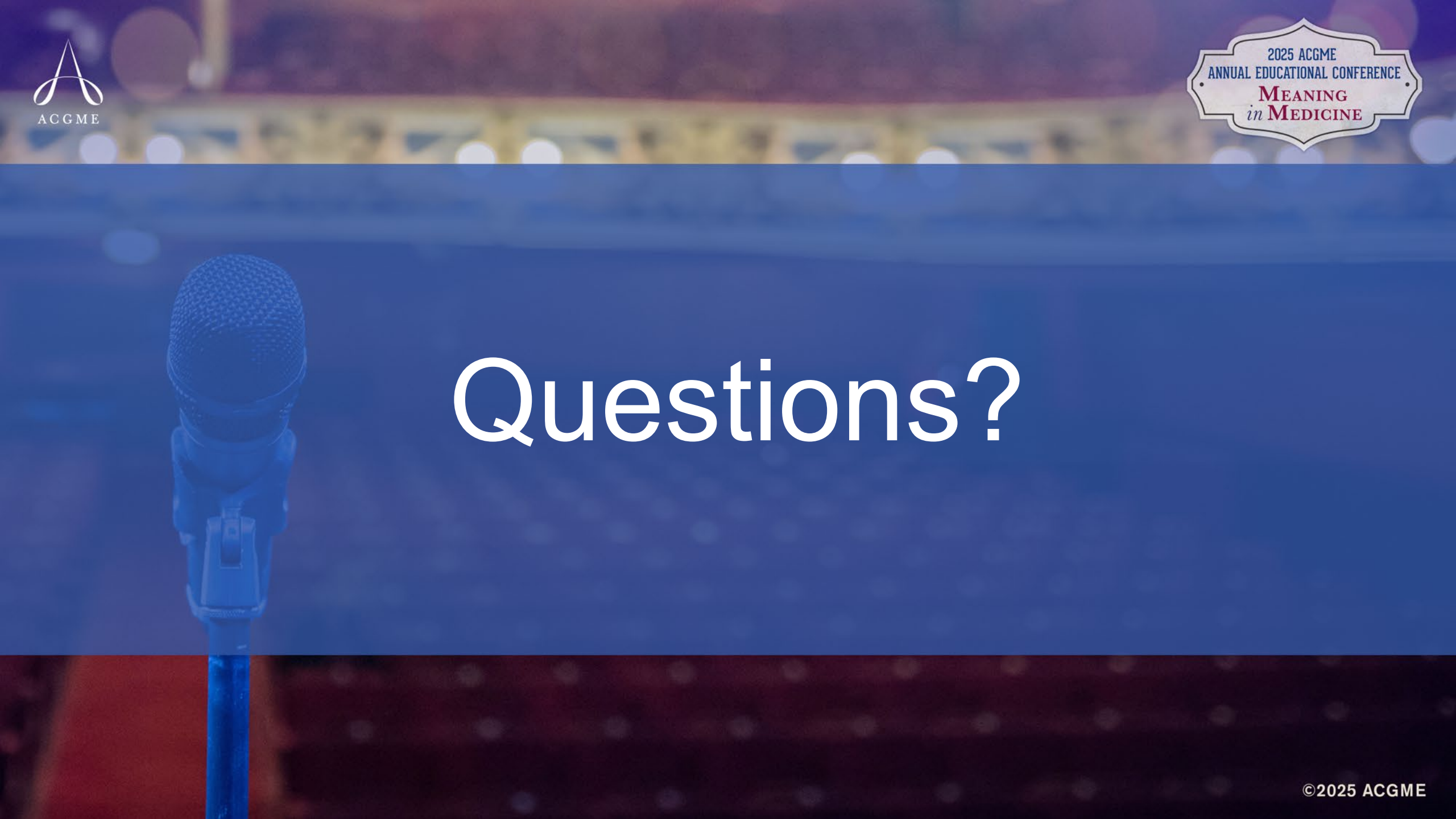
Deadline – March 14, 2025

Questions? cme@acgme.org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Thank you