

M E M O R A N D U M



ACGME

TO: Allergy and Immunology GME Community

FROM: Linda Thorsen, M.A., Executive Director,
RRC for Allergy and Immunology (RRC for A&I)

DATE: March 8, 2011

RE: Next Resident Member of the RRC for A&I

The RRC is requesting nominations for their next Resident Member. A fact sheet about the ACGME and its Review Committees is attached.

Qualifications of the Resident Member

- An allergy and immunology resident, currently in good standing, in the PGY-1 level (as of July 1, 2011) of a 2-year ACGME-accredited allergy and immunology training program (*it is understood that the individual may be in a fellowship or involved in other professional activities during the 2nd year of the 2-year term*).
- Individual may not be from the same institution as any current member of the RRC, as follows:
 - University of North Carolina – Chapel Hill
 - Texas A&M University
 - Rush University
 - Walter Reed Army Medical Center
 - Children's Mercy Hospital (Kansas City, MO)
 - Georgia Health Sciences University

Responsibilities of the RRC Resident Member

The Resident Member participates as a full voting member in all RRC activities, including program review and policy discussion. The Resident Member is subject to the same confidentiality, conflict of interest, duality of interest, and fiduciary responsibility policies that the other members. Resident members must be able to devote approximately 15 - 20 hours to program review before each RRC meeting.

The Resident Member is also a member of the ACGME Council of Review Committee Residents (CRCR). The CRCR is composed of the Resident Members of each Review Committee. It is a very important Council for the ACGME because it provides valuable input and feedback to the ACGME Board matters related to residents, graduate medical education, and accreditation. The CRCR also meets twice a year; dates are listed below.

Note: It is the program director's responsibility to ensure that the Resident Member will have sufficient time to review programs, attend RRC and CRCR meetings, and participate in activities of the RRC and the ACGME as expected. While this nomination is for a term that begins July 1, 2012, please know that the resident will start orientation/observation activities 6 months prior to the official start date, to include a formal orientation meeting and one RRC meeting.

Selection of Next Resident Member

Nominating organizations are to submit at least two nominees for the opening. The RRC will review nominations in August 2011, and will forward the selection for the next Resident Member to the ACGME Board of Directors for approval at the October 2, 2011, ACGME meeting.

To Submit a Nomination

To nominate residents, please submit all of the following required documents:

1. CV of resident
2. Letter of support from Program Director ensuring that the Resident Member will have sufficient time to review programs, attend RRC and CRCC meetings, and participate in activities of the RRC and the ACGME as expected. The program director understands while this nomination is for a term that begins July 1, 2012, the resident will start orientation/observation activities 6 months prior to the official start date to include a formal orientation meeting and one RRC meeting.
3. A Personal statement from the resident outlining his or her educational goals, professional interests, and intent to serve if elected to the committee.

Submit your nomination by **August 15, 2011**, to Stephen Moore, ACGME, 515 N. State Street, Suite 2000, Chicago, IL 60654. The Review Committee staff will confirm that your nomination has been received.

All nominees will be notified of the selection by e-mail after the ACGME Board meeting in October.

Additional Information

The RRC New Member Orientation (May 21, 2012) is an all-day session (early morning until late afternoon) and the Resident Member will have to schedule travel plans accordingly—likely, this would mean flying in on May 20, 2012, and flying out the evening of May 21, 2012.

CRCC Meetings are also all-day sessions, requiring similar travel arrangements.

RRC meetings generally last one-and-a-half days. For example, the new resident member's first official meeting is scheduled for September 21-22, 2012. The RRC will meet all day on September 21, and will adjourn by noon on September 22. This would mean flying in on September 20, 2012, and flying out in the afternoon on September 22, 2012.

All related travel and meeting expenses are covered by the ACGME.

More information about the ACGME can be found at www.acgme.org. Information specific to the RRC for Allergy & Immunology is on the RRC webpage (http://www.acgme.org/acWebsite/navPages/nav_020.asp).

Please contact Stephen Moore, Accreditation Administrator, with specific questions.

<i>Nominations are due:</i>	<i>July 15, 2011</i>	
<i>RRC Selection is made by:</i>	<i>August 31, 2011</i>	
<i>Program directors are notified by:</i>	<i>October 31, 2011</i>	
<i>CRCR Meeting (Observing):</i>	<i>January 20, 2012</i>	<i>ACGME Headquarters, Chicago</i>
<i>RRC Meeting (Observer):</i>	<i>February 17-18, 2012</i>	<i>TBD</i>
<i>RRC Orientation:</i>	<i>May 21, 2012</i>	<i>ACGME Headquarters, Chicago</i>
<i>Resident Member term begins:</i>	<i>July 1, 2012</i>	
<i>RRC Meeting:</i>	<i>September 21-22, 2012</i>	<i>ACGME Headquarters, Chicago</i>
<i>CRCR Meeting:</i>	<i>September 28, 2012</i>	<i>ACGME Headquarters, Chicago</i>
<i>CRCR Meeting:</i>	<i>January 18, 2013</i>	<i>ACGME Headquarters, Chicago</i>
<i>RRC Meeting:</i>	<i>Early 2013 (Date TBD)</i>	<i>TBD</i>
<i>RRC Meeting:</i>	<i>Fall 2013 (Date TBD)</i>	<i>TBD</i>
<i>CRCR Meeting:</i>	<i>September 27, 2013</i>	<i>ACGME Headquarters, Chicago</i>
<i>CRCR Meeting:</i>	<i>January 17, 2014</i>	<i>ACGME Headquarters, Chicago</i>
<i>RRC Meeting:</i>	<i>Early 2014 (Date TBD)</i>	<i>TBD</i>
<i>Resident Member term ends:</i>	<i>June 30, 2014</i>	

cc: Mary Cleveland

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**ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION
FACT SHEET
(Updated December 2009)**

What is the Accreditation Council for Graduate Medical Education?

The ACGME is a private, non-profit organization that accredits more than 8500 medical residency and fellowship programs that educate more than 110,000 residents/fellows in over 120 specialties and subspecialties. Its mission is to improve the quality of patient care through improving and maintaining the quality of graduate medical education for physicians in training in the United States.

Why was the ACGME established?

The ACGME was established in 1981 out of a consensus need in the medical community for an independent accrediting organization for graduate medical education (GME) programs. Its forerunner was the Liaison Committee for Graduate Medical Education. The ACGME was incorporated in 2000.

How is the ACGME governed?

The members of the ACGME Board of Directors are nominated in equal number by the Association of American of Medical Colleges, American Board of Medical Specialties, American Hospital Association, American Medical Association and Council of Medical Specialty Societies. The Board also includes two resident members, the Chair of the Council of Review Committees (CRC), three public members and an at-large member. Two federal representatives appointed by the Department of Health and Human Services and the Veterans Health Administration may attend meetings of the Board, but have no vote. The ACGME structure also includes a Council of Review Committees, composed of the chairs of the 26 residency review committees (RRCs), the transitional year review committee (TYRC), and the institutional review committee (IRC); and a Council of Review Committee Residents, composed of the resident members of the Review Committees.

What is a Review Committee (RRCs, TYRC, IRC)?

A Review Committee is an ACGME committee that handles the accreditation activities for a specialty or sponsoring institution, and functions according to ACGME policies and procedures. Each Review Committee is comprised of 7-20 volunteers and meets two to four times per year for a period of one to three days. The ACGME delegates accreditation authority to a Review Committee for up to five years, which is renewable upon review by the ACGME. The Review Committee is not an independent entity, nor does it belong to a specialty. The Review Committee's function is to set accreditation standards and to provide a peer evaluation of residency/fellowship programs in its specialty and accompanying subspecialties (or in the case of the IRC, institutions that sponsor these programs). The purposes of the evaluation are to assess whether a program or sponsoring institution substantially complies with a published set of educational standards, and to confer an accreditation status to programs and sponsoring institutions substantially meeting those standards.

What qualifications do ACGME Review Committee members possess?

Review Committee members are volunteer physicians nominated by the applicable medical specialty organization, medical specialty board and the AMA Council on Medical Education (or, in the case of the TYRC and IRC, by the ACGME) and confirmed by the ACGME Board of Directors. Review Committee members must be certified by the appropriate ABMS Board (excludes resident members and members of the IRC); must be actively involved in GME; should have substantial experience in the administration of and/or teaching in the specialty (e.g., program director or designated institutional official, active faculty member, or local site director); and should have knowledge of the accreditation process. Additional essential attributes include computer literacy, superior writing skills, objectivity, knowledge of good educational principles, and abilities to make appropriate decisions based on facts, to work well in small groups, and to weigh how changes in national policy for GME affect the specialty. In

considering prospective members for a review committee, the ACGME also considers diversity within the specialty, geographic distribution, and types of institutions represented.

What responsibilities do ACGME Review Committee members have?

Review Committee members serve a maximum tenure of six years. Review Committee members do not represent the nominating bodies, but have a fiduciary responsibility to the ACGME and must act on behalf of the ACGME in all Review Committee matters. They attend a new member orientation to learn about the accreditation process and about ACGME policies which govern Review Committee activities. Members commit to support and comply with ACGME policies and procedures, including those about Fiduciary Duty, Conflict and Duality of Interest, and Confidentiality. All Review Committee members annually sign an agreement committing to this service and complete a form disclosing conflicts and dualities of interest. They must not provide any type of consultation to accredited programs or institutions during their tenure on the committee. Review Committee members understand that a breach of these policies could result in irreparable damage to the Review Committees, the ACGME and its mission, as well as to the public, and may result in their dismissal from the Review Committee.

How does the accreditation process work?

The work of reviewing specific programs or sponsoring institutions and making accreditation decisions is carried out by 28 review committees - one for each major specialty as well as one for transitional year programs and one for institutions sponsoring accredited programs.

ACGME field staff representatives conduct one-day site visits to programs or sponsoring institutions once every one to five years. Approximately 2,000 programs are visited each year. Field staff representatives write narrative reports about the programs or sponsoring institutions based on in-depth interviews with the program directors, faculty, residents, and the designated institutional official, as well as a review of supporting documents.

Review Committee members prepare review reports based on the information submitted by the field staff, information submitted by the program or institution and related accreditation documents. Review Committees meet to review the information and the reviewers present a summary of each program, including identified areas of possible non-compliance, and suggest a survey cycle length. As part of its peer review process the full Review Committee determines the appropriate accreditation decision and cycle length for each program or sponsoring institution under review.

If they substantially comply with the ACGME common, specialty or subspecialty-specific requirements, and institutional requirements, new programs are granted initial accreditation and continuing programs are given full accreditation. Programs and sponsoring institutions that have deficiencies may be given accreditation with warning or probationary accreditation. Programs and sponsoring institutions that subsequently fail to demonstrate they have corrected their deficiencies may have their accreditation withdrawn.

Programs and sponsoring institutions may appeal adverse accreditation actions to an appeals panel composed of volunteer physicians in their specialty, or, in the case of TYRC or IRC, physicians knowledgeable about the transitional year programs or sponsoring institutions. Although withdrawal of accreditation is usually preceded by probationary accreditation, programs with egregious violations of program standards or that have experienced a catastrophic loss of resources may have their accreditation expeditiously withdrawn.

Is accreditation voluntary or mandatory?

Accreditation is voluntary. However, programs must be ACGME-accredited in order to receive graduate medical education funds from the Center for Medicare and Medicaid Services. Residents must graduate from ACGME-accredited programs to be eligible to take their board certification examinations. In addition, many states require completion of one or more years in an ACGME-accredited residency program for physician licensure.