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

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

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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

<table>
<thead>
<tr>
<th>Meeting Dates:</th>
<th>Agenda Closing Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 23, 2023</td>
<td>December 18, 2022</td>
</tr>
<tr>
<td>January 11, 2024</td>
<td>October 13, 2023</td>
</tr>
<tr>
<td>March 21, 2024</td>
<td>January 5, 2024</td>
</tr>
</tbody>
</table>
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

- 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

postponed
Annual Data Elements

- 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

**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.

**Self-study | 10-year Site Visit**
A full site visit occurring every 10 years for each accredited Sponsoring Institution and program preceded by a comprehensive Self-Study process.
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 s will be monitored locally
  \(PD\) and GMEC will work to resolve
- AFI s 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

<table>
<thead>
<tr>
<th>Citations</th>
<th>AFIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education Program/Procedural Experience</td>
<td>Specific domains in the Resident/Faculty Survey</td>
</tr>
<tr>
<td>Performance on Board Exam (below 5&lt;sup&gt;th&lt;/sup&gt; percentile in the preceding three years)</td>
<td>Block diagram</td>
</tr>
<tr>
<td>Program Director Responsibilities/Entering Accurate Information</td>
<td>Scholarly Activity</td>
</tr>
</tbody>
</table>
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

- 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

5 Days

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)

<table>
<thead>
<tr>
<th>Number of Approved Resident Positions</th>
<th>Minimum support required (FTE) for Program Director</th>
<th>Minimum Additional Support Required (FTE) for Program Leadership in Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-6</td>
<td>0.15 FTE</td>
<td>0.05 FTE</td>
</tr>
<tr>
<td>7-10</td>
<td>0.2 FTE</td>
<td>0.1 FTE</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
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</tbody>
</table>
| **What is the minimum support required for a program director and the program leadership?**  
*Program Requirement: II.A.2.a)* | 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.  

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. |
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)

<table>
<thead>
<tr>
<th>Number of Approved Resident Positions</th>
<th>Minimum FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-6</td>
<td>0.3</td>
</tr>
<tr>
<td>7-10</td>
<td>0.4</td>
</tr>
</tbody>
</table>
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)*
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.
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:

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)


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## Institutional Requirements - FAQs

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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</thead>
<tbody>
<tr>
<td><strong>Institutional GME Policies and Procedures</strong></td>
<td><strong>Required elements of institutional policies for vacations and leaves of absence pertain to both continuous and intermittent leaves of absence.</strong></td>
</tr>
<tr>
<td>Do institutional policies for resident/fellow leaves of absence address needs for continuous or intermittent leaves of absence?</td>
<td><strong>Institutional Requirement: IV.H.1.]</strong></td>
</tr>
<tr>
<td>Can vacation and other pay sources be used to support residents'/fellows’ salary during leaves of absence?</td>
<td>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.</td>
</tr>
<tr>
<td><strong>[Institutional Requirement: IV.H.1.b)-c)]</strong></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>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.</td>
</tr>
<tr>
<td><strong>[Institutional Requirement: IV.H.1.c)]</strong></td>
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</tbody>
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https://www.acgme.org/globalassets/pdfs/faq/ir_faqs.pdf
Institutional Requirements

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

Contact Us:

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312.755.5024
Discussion Topics

Allergy and Immunology Procedure Logs
Reporting Clinical Experience (Case Logs)

Allergy and Immunology

• 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 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

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Level 1** Demonstrates basic knowledge of the cellular and humoral components of the immune system | ● 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** Demonstrates advanced knowledge of the cellular and humoral components of the immune system and basic knowledge of normal physiology | ● 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** Applies the knowledge of basic immunology to understanding the pathophysiology of common immunologic and allergic diseases | ● Describes the role of filaggrin mutations and skin barrier compromise in the development and progression of atopic dermatitis and systemic allergic diseases, such as peanut allergy |
| **Level 4** Applies the knowledge of basic immunology to understanding the pathophysiology of complex immunologic and allergic diseases and the basis for diagnosis, treatment, and research | ● 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** Serves as a content expert, invited lecturer or subject matter expert | ● Is invited to present basic science research at a regional or national meeting |

**Assessment Models or Tools**

- Board review participation
- In-training exam
- Journal club
- Program level exams/quizzes
- Staffing cases with attending

**Curriculum Mapping**

- Clinical Immunology Society (CIS) courses [https://clinimmnsoc.org/CIS.htm](https://clinimmnsoc.org/CIS.htm)
- American Academy of Allergy Asthma and Immunology. Courses. [https://education.aaaai.org/courses](https://education.aaaai.org/courses)
- American College of Allergy Asthma and Immunology. Courses. [https://education.acaai.org/courses](https://education.acaai.org/courses)
- 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

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
Visit our learning portal at dl.acgme.org or scan the QR code below.

Learn at ACGME

We offer Faculty Development in Assessment and Evaluation, the Basics of ACGME Accreditation, and more. Visit our library of videos from our Annual Educational Conference, Baldwin Seminar Series, and other events. Connect with others in the graduate medical education community by joining a role- or topic-based discussion forum.

Have a question or need assistance? Contact desupport@acgme.org
These self-directed curricula provide the fundamentals of DEI and will enable participants to move through progressively more complex concepts.

- Trauma-Responsive Cultures
- Steps Leaders Can Take to Increase Diversity, Enhance Inclusion, and Achieve Equity
- Naming Racism and Moving to Action Part
- Women in Medicine
- Exposing Inequities and Operationalizing Racial Justice
- Patient Safety, Value, and Healthcare Equity: Measurement Matters
- American Indian and Alaskan Natives in Medicine
- And many more!

The ACGME designates this enduring material for a maximum of 18.0 AMA PRA Category 1 Credits™
Faculty Development Courses

- Foundations of Competency-Based Medical Education
- Managing your Clinical Competency Committee
- Multi-Source Feedback
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.

- April 11, 2023
- Registration required
Resources

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- Program Directors and Coordinators
- Residents and Fellows
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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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