SES117: Specialty Update: Allergy and Immunology
March 9, 2024

Kelly D. Stone, MD, PhD
Chair, Review Committee for Allergy and Immunology
Conflict of Interest Disclosure

Speaker: Kelly D. Stone, MD, PhD

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)
ACGME President and CEO Announces Transition

ACGME President and Chief Executive Officer Thomas J. Nasca, MD, MACP announced he intends to step down from his current role 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.

The ACGME Board of Directors will undertake a national search to identify the next President and CEO.
ACGME Review Committee for Allergy and Immunology Staff

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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.
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 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 of Directors 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:
  • Institutional/specialty-specific/Recognition Requirements
  • Common Program Requirements
Differences between the ACGME and the Certifying Boards

- Accredits residency/fellowship programs
- Develops Program Requirements for 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
When to Notify the Review Committee of Program Changes

<table>
<thead>
<tr>
<th>Participating Site Changes</th>
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</thead>
<tbody>
<tr>
<td>Program Director Changes</td>
</tr>
<tr>
<td>Complement Changes</td>
</tr>
<tr>
<td>(temporary and permanent)</td>
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<tr>
<td><em>The complement requests are reviewed in between scheduled Review Committee meetings.</em></td>
</tr>
<tr>
<td>Voluntary Withdrawals</td>
</tr>
<tr>
<td>Change in Sponsoring Institution</td>
</tr>
</tbody>
</table>
When *Not* to Notify the Review Committee

Exceptions for an individual’s education and training:

- Leaves of absence
- Extensions due to remediation
- Electives (including international)
- Other training not required by the Review Committee (including pathways)

*In these circumstances you should contact your certifying board*

- American Board of Allergy and Immunology – [www.abai.org](http://www.abai.org)
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.
Review Committee for Allergy and Immunology Members

- Kelly D. Stone, MD (Chair)
- Kathleen R. May, MD (Vice Chair)
- Andrea Apter, MD
- Theresa Bingemann, MD
- Omar Elsayed-Ali, MD* (Resident Member)
- Merritt Fajt, MD
- Lisa Kobrynski, MD*
- Diane Neefe, MS (Public Member)
- Michael Nelson, MD (Ex-Officio, ABAI)
- Princess Ogbogu, MD
- Rebecca Scherzer, MD

*Term ends June 30, 2024

- Review Committee members are not allowed to discuss Review Committee activities, including accreditation decisions
- Review Committee members are nominated by AAAAI, ABAI, AMA
Incoming Members of the Review Committee for Allergy and Immunology

Christoper Chang, MD
• Memorial Healthcare System – Hollywood, Florida

Gabriel Mendoza, MD
(Resident Member)
• University of Washington Graduate Medical Education Seattle Children’s Hospital – Seattle, Washington

Terms begin July 1, 2024
# Upcoming Review Committee Meeting Dates

Allergy and Immunology

<table>
<thead>
<tr>
<th>Meeting Dates:</th>
<th>Agenda Closing Date:</th>
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<tbody>
<tr>
<td>January 11, 2024</td>
<td>November 3, 2023</td>
</tr>
<tr>
<td>March 21, 2024 (Changed to June 3, 2024)</td>
<td>January 12, 2024</td>
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</tbody>
</table>
2022-2023 Frequent Citations and Areas for Improvement (AFIs)

**Allergy and Immunology**

<table>
<thead>
<tr>
<th>Citations</th>
<th>AFIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Program – Procedural Experience</td>
<td>Specific domains in the Resident/Fellow Survey</td>
</tr>
<tr>
<td>Responsibilities of Program Faculty</td>
<td>Performance on Board Exam</td>
</tr>
<tr>
<td>ACGME Competencies</td>
<td>Failure to Provide Accurate Information</td>
</tr>
<tr>
<td>Evaluation of Residents/Fellows</td>
<td>Scholarly Activity</td>
</tr>
</tbody>
</table>
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
Discussion Topic

ACGME Faculty and Resident/Fellow Surveys
ACGME Faculty Surveys

ACGME Resident/Fellow and Faculty Surveys

- Program directors are not asked to complete the Faculty Survey
- Core faculty members in specialty programs (physician and non-physicians) are asked to complete the Faculty Survey
ACGME Resident/Fellow and Faculty Surveys

“How does the Review Committee use the Resident/Fellow Surveys in determining accreditation decisions?”

- The Review Committee reviews the program’s trend data from the survey results, which includes information for each domain area versus individual questions.
- The Review Committee issues AFIs for non-compliance with specific areas from each domain.
- The Review Committee issues citations for the surveys if the program has received multiple AFIs in a particular domain area.
Resident/Fellow and Faculty Surveys

The reporting period for the ACGME’s annual surveys opened February 12, 2024, and will run for eight weeks, ending April 7, 2024. The ACGME anticipates that Sponsoring Institutions and programs will receive survey reports in early May.

The ACGME will continue to notify and remind Sponsoring Institutions and program leaders about the surveys throughout the administration period. As in previous years, program leadership is charged with alerting survey takers about their participation using existing mechanisms available within the Accreditation Data System (ADS). The ACGME will NOT notify your survey takers directly. Program administrators should review and, if necessary, update their Resident/Fellow and Faculty Rosters in ADS before the surveys open to ensure accurate scheduling of survey participants.

Email questions to ADS@acgme.org.
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 designated institutional official 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
As part of its ongoing commitment to program improvement, 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.
• There were three allergy and immunology programs identified in this process.
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)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Institutional GME Policies and Procedures</td>
<td></td>
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<tr>
<td>Do institutional policies for resident/fellow leaves of absence address</td>
<td>Required elements of institutional policies for vacations and leaves of absence pertain to both continuous and intermittent leaves of absence.</td>
</tr>
<tr>
<td>needs for continuous or intermittent leaves of absence?</td>
<td></td>
</tr>
<tr>
<td>[Institutional Requirement: IV.H.1.]</td>
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</tr>
<tr>
<td>Can vacation and other pay sources be used</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>to support residents'/fellows’ salary during leaves of absence?</td>
<td></td>
</tr>
<tr>
<td>[Institutional Requirement: IV.H.1.b-c)]</td>
<td></td>
</tr>
<tr>
<td>Is there a timeframe within which residents/fellows must use the week of</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 first six weeks of the first approved medical,</td>
</tr>
<tr>
<td>paid time off that is reserved for use outside of the</td>
<td>period 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>first six weeks of the first approved medical, parental, or care</td>
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<td>giver leave(s) of absence taken?</td>
<td></td>
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<tr>
<td>[Institutional Requirement: IV.H.1.c)]</td>
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https://www.acgme.org/globalassets/pdfs/faq/ir_faqs.pdf
Discussion Topic

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: think rigorously and creatively about what the specialty will look like in the future prior to proposing any revisions, recognizing the future is marked with significant uncertainty

- Scenario-based strategic planning, November 27-29, 2023, in Chicago, Illinois (48 attendees)
- Structured interviews with influencers, early career allergists, and patients (>30 total)
- Writing group (composed of Review Committee members and ACGME Board members, including public members), with feedback from the specialty community

Initiate process for incorporating elements of competency-based medical education into the revised Program Requirements

Development of entrustable professional activities (ABAI) to guide the Program Requirements
Discussion Topic

Competency-Based Medical Education (CBME)
<table>
<thead>
<tr>
<th>Variable</th>
<th>Structure/Process</th>
<th>Competency-based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driving force for curriculum</td>
<td>Content-knowledge acquisition</td>
<td>Outcome-knowledge application</td>
</tr>
<tr>
<td>Driving force for process</td>
<td>Teacher</td>
<td>Learner</td>
</tr>
<tr>
<td>Path of learning</td>
<td>Hierarchical (Teacher→student)</td>
<td>Non-hierarchical (Teacher→student)</td>
</tr>
<tr>
<td>Responsibility for content</td>
<td>Teacher</td>
<td>Student and Teacher</td>
</tr>
<tr>
<td>Goal of educ. encounter</td>
<td>Knowledge acquisition</td>
<td>Knowledge application</td>
</tr>
<tr>
<td>Typical assessment tool</td>
<td>Single subject measure</td>
<td>Multiple objective measures</td>
</tr>
<tr>
<td>Assessment tool</td>
<td>Proxy</td>
<td>Authentic (mimics real tasks of profession)</td>
</tr>
<tr>
<td>Setting for evaluation</td>
<td>Removed (gestalt)</td>
<td>“In the trenches” (direct observation)</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Norm-referenced</td>
<td>Criterion-referenced</td>
</tr>
<tr>
<td>Timing of assessment</td>
<td>Emphasis on summative</td>
<td>Emphasis on formative</td>
</tr>
<tr>
<td>Program completion</td>
<td>Fixed time</td>
<td>Variable time</td>
</tr>
</tbody>
</table>
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.

Over the last 10 years several notable concepts have emerged to enable more effective implementation of CBME, such as the 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.
The ACGME and ABMS have been conducting symposia with the goal to accelerate the development of and transition CBME in graduate medical education (GME).

These working conferences are to develop a set of actions by the certification boards and the Review Committees to support advancing CBME within GME.

Teams consist of Member Board executives, Review Committee Chairs, one learner from the specialty, one or two other representatives (such as a specialty society leaders or others to be selected jointly by the Member Board and Review Committee representatives).
• Objectives include:
  1. Recognizing the role and importance of the five essential core components of CBME in GME.
  2. Identifying the policy, financial, and administrative facilitators that have empowered spread and innovation in CBME.
  3. Identifying the policy, financial, and administrative barriers that inhibit the growth of CBME.
  4. Recommending changes in ACGME and ABMS policies and procedures that promote innovation and reduce or eliminate barriers to CBME.
  5. Working within and across specialties, create an action plan to support innovations and the widespread implementation of CBME.
Elaine van Melle and colleagues recently outlined five core components for CBME:

1. Competencies required for practice are clearly articulated.
2. Competencies are arranged and sequenced progressively.
3. Learning experiences facilitate the progressive development of competencies.
4. Teaching practices promote and support the progressive development of competencies.
5. Assessment practices support and document the progressive development of competencies. Programmatic assessment is essential and addresses ALL competencies.
Discussion Topic

Entrustable Professional Activities (EPAs)
Competency: A Definition

- Competency: *An observable ability* of a health professional, integrating multiple components such as knowledge, skills, values and attitudes.

Competencies

• Competency frameworks are just that – organizational frameworks to guide curriculum and assessment.

• They *do not* represent the totality of a discipline or of all professional development.

• Competencies help to define the *educational outcomes* (abilities) of individuals.
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].”\(^1\)

\(^1\)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 education and training
- Leads to recognized output
- Observable and measurable, leading to a conclusion
- Reflects the competencies expected

- *EPAs together constitute the core of the profession*
Competencies versus EPAs

- Competencies define the core *abilities* of the individual (i.e., educational outcomes).
  - Milestones describe competencies in *developmental narratives*.
- EPAs define the core *activities* health professionals perform in daily practice.
- Competencies are needed by the individual to effectively perform the professional activity.
<table>
<thead>
<tr>
<th>Competency</th>
<th>Milestones</th>
<th>EPA in Training</th>
<th>EPA in Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Knowledge</td>
<td>MK¹</td>
<td>“Lead” and work with IP care team</td>
<td>Lead &amp; work within IP health care teams.</td>
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<tr>
<td></td>
<td>MK²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Care</td>
<td>PC¹</td>
<td>Care for patients with chronic illness with indirect supervision</td>
<td>Care for patients with chronic diseases</td>
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<td></td>
<td>PC²</td>
<td></td>
<td></td>
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<tr>
<td>Professionalism</td>
<td>Prof¹</td>
<td>Participate in QI and pt. safety initiatives</td>
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<td></td>
<td>Prof²</td>
<td></td>
<td></td>
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<tr>
<td>Interpersonal Skills</td>
<td>ISC¹</td>
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<td></td>
<td>ISC²</td>
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<tr>
<td>Systems-based Practice</td>
<td>SBP¹</td>
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<td></td>
<td>SBP²</td>
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<tr>
<td>Practice-based Learning</td>
<td>PBLI¹</td>
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<td></td>
<td>PBLI²</td>
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Example:
EPA from Internal Medicine

• Canadian EPA: Assessing and managing patients with complex chronic conditions

• US EPA: Manage care of patients with chronic diseases across multiple care settings

• Would any of the CanMEDS or ACGME General Competencies NOT be important in these EPAs?
Examples: EPAs from ABS and ABP

The General Surgery EPAs

The ABS has been hard at work since the conclusion of the pilot in 2020, and presents the final list of 18 core EPAs below. Each EPA has a full description and includes the associated functions and behaviors that will be evaluated for general surgery:

1. RLQ pain/Appendicitis *
2. Benign or malignant breast disease
3. Benign or malignant colon disease
4. Gallbladder disease *
5. Inguinal hernia *
6. Abdominal wall hernia
7. Acute abdomen
8. Benign anorectal disease
9. Small bowel obstruction
10. Thyroid and parathyroid disease
11. Dialysis access
12. Soft tissue infection
13. Cutaneous and subcutaneous neoplasms
14. Severe acute or necrotizing pancreatitis
15. Perioperative care of the critically ill surgery patient
16. Flexible GI Endoscopy
17. Evaluation/Initial management of a trauma patient *
18. Provide general surgery consultation *

* Initial EPA evaluated during 2018-2020 EPA Pilot
# Examples: EPAs from ABS and ABP

## Pulmonology

<table>
<thead>
<tr>
<th>EPA</th>
<th>Description</th>
</tr>
</thead>
</table>
| 1   | Manage patients with acute complex respiratory disease in an ambulatory, emergency, or inpatient setting.  
Curricular components supporting the functions of the EPA |
| 2   | Manage patients with complex chronic respiratory disease through all settings and phases of life.  
Curricular components supporting the functions of the EPA |
| 3   | Demonstrate competence in communicating a new diagnosis of a life-altering disease using a patient and family centered approach.  
Curricular components supporting the functions of the EPA |
| 4   | Manage the use of supplemental respiratory equipment such as oxygen, ventilators, and airway clearance devices.  
Curricular components supporting the functions of the EPA |
| 5   | Demonstrate competence in performing the common procedures of the pediatric pulmonary subspecialist.  
Curricular components supporting the functions of the EPA |

## Rheumatology

<table>
<thead>
<tr>
<th>EPA</th>
<th>Description</th>
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</table>
| 1   | Demonstrate competence in the utilization of immunomodulatory therapy for pediatric rheumatology patients.  
Curricular components supporting the functions of the EPA |
| 2   | Manage patients with acute or chronic complex multi-system rheumatic disease in an ambulatory, emergency, or inpatient setting.  
Curricular components supporting the functions of the EPA |
| 3   | Provide or coordinate a medical home for patients with complex and chronic rheumatic disease.  
Curricular components supporting the functions of the EPA |
Faculty Development Courses

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

**Competency**
- Unit of assessment is the ability of an individual
- Context independent that may make assessment more difficult
- Addresses the knowledge skills, and abilities (KSAs) of a specific ability

**EPA**
- Unit of assessment is the outcome of the activity
- Embedded in a clinical context making assessment potentially more meaningful and intuitive
- Address the KSAs (i.e., competencies) of multiple competencies that need to be integrated for care delivery
Medically Underserved Areas and Populations

Medically Underserved Areas/Populations and GME

Consistent with its mission to improve health care and population health, the ACGME seeks to enhance physician workforce development in communities that face physician shortages in various specialties.

As part of this effort, the ACGME developed a framework to encourage the development of graduate medical education (GME) that will result in enhanced access to and availability of health care in medically underserved areas (MUAs) and medically underserved populations (MUPs). Medically underserved areas and populations (MUA/Ps) are places or communities in which groups of people have unmet health or health care needs.

This framework outlines initial actions addressing graduate medical education in MUA/Ps.

I. ENHANCING ACGME SUPPORT
- Establish advisory group for MUA/Ps and GME
- Enhance systems and data collection to identify and measure GME in MUA/Ps
- Develop learning activities related to MUA/Ps

II. ENGAGING WITH ACGME REVIEW PROCESSES
- Collaborate with ACGME committees to implement framework
- Align accreditation with external regulations and processes
- Monitor progress toward establishing new GME in MUA/Ps

III. UNDERSTANDING ACGME COMPLIANCE CHALLENGES
- Important considerations for GME in MUA/Ps:
  - Curriculum
  - Educational experiences
  - Privacy/Participating sites
  - Program personnel
  - Retention
  - Supervision

Accreditation Framework for MUA/Ps and GME

Quick Links
- Medically Underserved Areas and Populations
- Advisory Group
- Rural Track Program Designation
- ACGME Newsroom and Blog Updates on Medically Underserved Areas
- ACGME Specialties
- ACGME Program Application Information
- ACGME Diversity, Equity, and Inclusion

Relevant Presentations in Learn at ACGME
- MUA/P: Partnerships to Establish and Sustain Rural GME
Medically Underserved Areas and Populations

The following processes are available to obtain ACGME Rural Track Program (RTP) designation:

- Permanent complement increase and identification of new rural site(s) for an existing program
- Application for a new program*

*New programs may share resources and overlapping resident/fellow experiences with an already existing ACGME-accredited program. Requests for RTP designation during the program application process may identify and existing program as a Rural Track Related Program (definition available on the website – muap@acgme.org).
The ACGME’s Online Learning Portal

Learn at ACGME Redesign Coming Soon!

Visit dl.acgme.org or scan the QR code.

Have a question or need assistance? Contact us! desupport@acgme.org
Remediation Toolkit

- 11 modules authored by renowned experts in the field
- Equips participants with tools for addressing needs of struggling learners
- CME offered after completion

The ACGME designates this enduring material for a maximum of 5.25 AMA PRA Category 1 Credits.™
Applying for Program Accreditation Course

- Three-part course and **step-by-step guide**

- For those **new** to the process, as well as a refresher for **experienced** users

- Explanation of key steps, timeline, and the **review process** after submission
Faculty Development Toolkit:
Improving Assessment Using Direct Observation

- Faculty development materials around direct observation and feedback
- Evidence-based video prompts
- Answer keys and facilitator guides
- Microlearning lessons with associated slides and guides
Program Coordinator Course

- For new and seasoned coordinators
- Covers a wide range of topics important to program coordinators
- Videos from working coordinators
- Summer 2024
Virtual Workshop
Self-Empowerment for Program Coordinators

- Seven-day workshop for new and experienced program coordinators
- Interactive activities and virtual synchronous workshop
  - Leadership strategies
  - Networking opportunities
  - Asserting your professionalism
- April 15-21, 2024
- Registration required
Back to Bedside empowers residents and fellows to create projects that foster meaning and joy in work:

- Funding opportunity for resident/fellow-led teams
- Builds deeper connections with patients

Scan the QR code for more information and to download the Request for Proposals.

DEADLINE: APRIL 22, 2024
The ACGME is now accepting nominations for the 2025 ACGME Awards.

Deadline: Wednesday, March 27, 2024

For additional information and to download nomination materials:
https://www.acgme.org/initiatives/awards/
Questions?