

# RRC NEWS

## ALLERGY AND IMMUNOLOGY



Accreditation Council for Graduate Medical Education

NOVEMBER 2010

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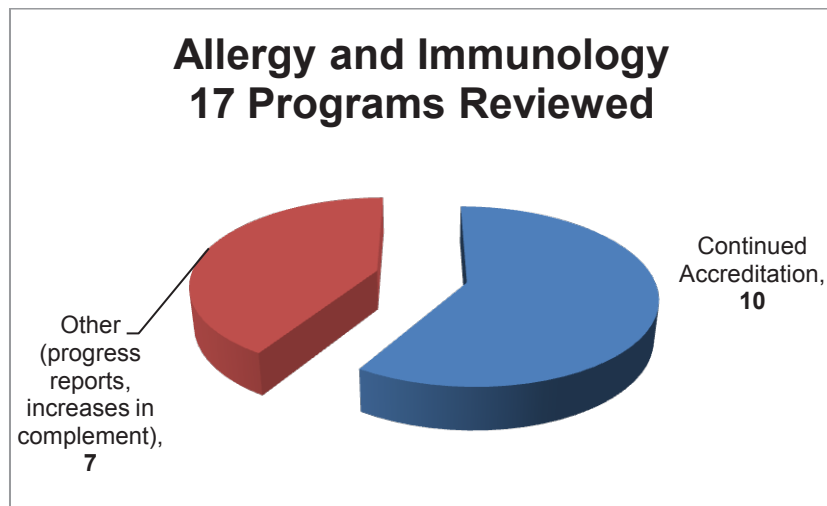
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### Review Committee Decisions

The agenda from the August 27-29, 2010 Review Committee meeting included accreditation status reviews for 10 programs, and non-accreditation status reviews (progress reports or other interim requests) of seven programs. The first graph below presents a summary of the accreditation status decisions; the second graph presents a summary of cycle lengths granted to the ten programs (1 to 5 years).

REVIEW COMMITTEE FOR ALLERGY AND IMMUNOLOGY DECISIONS: AUGUST 2010 MEETING	
17 Total Programs Reviewed	
Continued Accreditation	10
Other (progress reports, increase in complement)	7

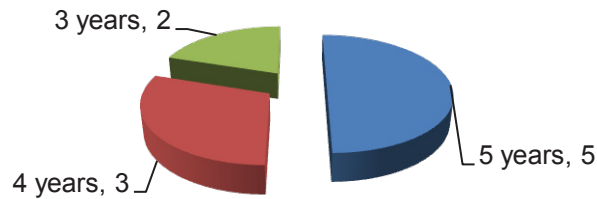


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MEETING AND AGENDA CLOSING DATES	
MEETING:	JANUARY 28-29, 2011
AGENDA CLOSED:	NOVEMBER 19, 2010
MEETING:	SEPTEMBER 8-9, 2011
AGENDA CLOSING:	JUNE 30, 2011

NOTIFICATION DEADLINES	
<b>5 DAYS AFTER MEETING:</b>	E-MAIL NOTIFICATION OF REVIEW STATUS/ CYCLE LENGTH AUTOMATICALLY SENT TO PROGRAM DIRECTOR AND DIO.
<b>60 DAYS AFTER MEETING:</b>	E-MAIL ALERT SENT STATING THAT LETTER OF NOTIFICATION IS POSTED IN ADS.
*UNTIL THE OFFICIAL LETTER IS POSTED IN ADS, REVIEW COMMITTEE STAFF MEMBERS ARE UNABLE/NOT PERMITTED TO DISCUSS THE COMMITTEE'S ACTION OR SPECIFIC DETAILS OF THE AREAS OF NON-COMPLIANCE.*	

## Allergy and Immunology Cycle Length for Programs with Accreditation Status Decisions



### Revisions to the Program Requirements for Allergy and Immunology

The Review Committee has begun the process of a comprehensive review of the Program Requirements for Allergy and Immunology.

As the revision process begins, the Committee requests comments and input from all program directors about the existing requirements document. Which requirements, if any, should be deleted or revised? Should additional requirements be developed, and if so, what topics or issues need to be addressed?

Please forward all comments and suggestions to Review Committee Executive Director Linda Thorsen ([lm@acgme.org](mailto:lm@acgme.org)) by December 28, 2010. Each comment submitted will be carefully considered at the Committee's January meeting.

### Clarifying the Review and Comment Period for Program Requirement Revisions

The program requirement revision process for Allergy and Immunology will continue for approximately another year and a half. The Review Committee will develop proposed revisions to the current requirements and these will be made available for a 'formal comment' period during the summer of 2011. The paragraphs below describe this process in detail.

As most of our newsletter readers are aware, suggested revisions to program requirements are made available to the community of interest for a period of public comment built into the approximately two-year revision process for a given set of requirements. However, the specifics of this public comment period may not be clear to all.

During the development or revision process for program requirements, which can take up to 24 months to complete, an opportunity exists for members of the public—the community of interest—to review the proposals and provide comments and feedback. The groups which constitute the community of interest, per ACGME policy, are: member organizations of the ACGME; organizations that nominate candidates for Review Committee membership; designated institutional officials (DIOs); chairs and executive directors of each Review Committee; and program directors in the specialty. These groups, as well as any additional specialty organizations identified at the discretion of the Review Committee whose requirements are in-process, are notified of the public comment period via the ACGME's weekly *e-Communication* when the proposed requirements (as well as an Impact Statement) are posted.

The length of the period of public comment is 45 days (for major revisions to existing requirements, new requirements, and focused revisions) from the date of the *e-Communication* announcement. In the case of focused revisions, only comments regarding the portions being changed, and not on the document in whole,

will be accepted. The proposed document stays posted on the ACGME website for one full month after the deadline for comments, but once the deadline has passed, no comments need be accepted for consideration.

Extensions or exceptions for comments received after the 45 days have passed are made at the discretion of the Review Committee. After the month has passed, the document is moved to the archives section of the web page, where it remains until the final requirements are approved by the ACGME Board of Directors.

The Review Committee evaluates all comments received, and decides which suggestions will be incorporated into the final proposal. Comments received are kept confidential, and are only viewed by members of the Review Committee and the ACGME Committee on Requirements. All comments are addressed, whether accepted or declined, in a document submitted with the final proposed requirements to the ACGME.

All requirements posted for review and comment can be found on the [ACGME website](#), by clicking the left-hand links to "Review and Comment" --> "Program Requirements". Posted along with all current documents are the deadlines for comments and the e-mail address to which comments should be submitted.

Since the revision process for the Program Requirements for Allergy and Immunology has only just begun, please look for details regarding this process, and the announcement of the Review and Comment period, via upcoming ACGME *e-Communications*.

### **Update on Impact of Approved Revisions to the Common Program Requirements on Specialty-Specific Program Requirements**

Revisions to the ACGME Common Program Requirements related to duty hours in the learning and working environment were approved by the ACGME Board of Directors on Monday, September 27, 2010 with an effective date of July 1, 2011. The revised Common Program Requirements include several sections that necessitate further specialty-specific definitions. Several of these areas, as denoted by an asterisk below, require immediate action by the Review Committees; others may be developed over the next year for implementation in July 2012. No other additions will be made to the duty hour section or other sections of these requirements.

### Areas that Require Specialty-Specific Definitions to be Developed by Each Review Committee:

1. Define licensed independent practitioners who may have primary responsibility for patient care (VI.D.1).
2. Describe achieved competencies under which PGY-1 residents progress to be supervised indirectly with direct supervision available (VI.D.5.a.1).
3. Specify optimal clinical workload (VI.E).
4. Define elements of teamwork that must be present in each specialty (VI.F).
- \*5. Define Intermediate level residents and residents in the final years of education (senior level residents) (VI.G.5.b and c).
- \*6. Define circumstances when "senior residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty (VI.G.5.c.1).
- \*7. RCs may specify the maximum number of consecutive weeks of night float and the maximum number of months of night float per year (VI.G.6).

*\* must be defined or specified by the Review Committees for review at the June 2011 ACGME Board meeting.*

Review Committees will develop these definitions by December 15, 2010 and submit them to the ACGME for review and approval at the February 2011 ACGME meeting. The approved definitions will be posted shortly after the ACGME meeting and, as already mentioned, will become effective July 1, 2011.

### **Faculty Roster in Program Information Forms Includes Four Educational Activity Categories**

In order to be consistent among all specialties, the ACGME has revised the Faculty Roster in the Common PIF, by expanding the 'Average hours/week devoted to Resident Education' to include four categories - clinical supervision, administration, didactic/teaching, and research. The PIF for Allergy and Immunology already includes these areas so no modification is necessary. For each faculty physician listed in the PIF roster, the program must insert the hours for each category of resident education according to the following legend (in the future this information will appear in the PIF as a 'mouse over').

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Category of Resident Education	Examples of Resident Educational Activities
Clinical supervision	Bedside rounds; outpatient precepting; operative supervision
Administration	Program oversight; curriculum development; faculty, resident and program evaluation; career counseling
Non-clinical didactics/teaching	Lectures; simulation; case discussions; preparation time for and participation in: journal clubs, conferences, lectures, simulation, case discussions, manuscript editing with resident
Resident research	Mentoring and/or working with residents/fellows; peer-reviewed funding; publication of original research or review articles in peer-reviewed journals or chapters in textbooks; publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; participation in national committees or educational organizations

### Introducing: *GME Focus*

The ACGME is proud to announce the official launch of *GME Focus*, a comprehensive, online collection providing an overview of the current literature in graduate medical education. Modeled after similar resource systems provided in the field of clinical medicine, *GME Focus* scans the medical and medical education literature and provides summaries of, and commentary on, articles relevant to program directors, DIOs, faculty, residents and others with interest in graduate medical education, and makes it available in an easily-accessible location open to the public.

Constant advances in medicine and education result in a broad range of new articles on graduate medical education every month. Time constraints and the distribution of articles across many journals can present challenges to individuals attempting to keep current and develop a broad of understanding of new literature. In response to this reality, the ACGME created *GME Focus* to assist program directors, DIOs and others to maintain an ongoing sense of new information on topics such as educational research and innovation, policy discussions, and practical articles for adoption or adaptation in the local setting.

ACGME staff searches the literature and asks key experts in the field to provide summaries of articles identified as pertinent to the audience. The experts also comment on the relevance and implications of the work to program directors and other leaders in GME. These summaries and commentaries are aggregated on the *GME Focus* web page, which can be accessed via the “Bulletin & Lit Reviews” option from the menu items on the [ACGME website](http://www.acgme.org), or via this direct link: [www.acgme.org/acwebsite/gmefocus/default.asp](http://www.acgme.org/acwebsite/gmefocus/default.asp).

The goal of producing this resource is to provide a timely and concise review of the graduate medical education literature for busy professionals. The digest is arranged by topic (in categories such as Accreditation, Duty Hours, Innovation, Patient Safety, Quality Improvement, Supervision, and more) as well as by specialty. The aim is to make the current literature as simple to access as possible. To ensure the most current information is presented, new articles will be added to *GME Focus* approximately every 60 days, and existing content will be moved to an accessible archive after a year. This will keep *GME Focus* live, active, and evolving.

Questions regarding *GME Focus*, or interest in volunteering to review and summarize articles, should be directed to Cynthia Taradejna: [cat@acgme.org](mailto:cat@acgme.org).

## Resident Survey Results and the Accreditation Process

A common topic facing Review Committees across specialties deals with the disposition of the Resident Survey and how the results in particular may impact a program's accreditation status. This is an area of high importance to all specialties, and as such, is covered specifically in the ACGME's Common Program Requirements, which can be reviewed online at [http://acgme-2010standards.org/pdf/Common\\_Program\\_Requirements\\_07012011.pdf](http://acgme-2010standards.org/pdf/Common_Program_Requirements_07012011.pdf). There are numerous reasons to utilize and value residents' input, and the ACGME and its Review Committees take their engaged participation in this annual survey very seriously. The following is a very general overview addressing some of the more common questions handled by both Review Committees and their staff at the ACGME.

The most recent Resident Survey results are an important factor in program accreditation reviews. Once the ACGME site visitor assigned to review your program receives your completed PIF, he/she can view the (most recent) resident survey results in order to prepare for the on-site survey. Any areas highlighted as noncompliant are specifically addressed by the site visitor. If the site visitor determines validation for a pre-identified area of concern, the Review Committee will cite that as an area of noncompliance with the ACGME standards in your Letter of Notification following the formal review. If the site visitor cannot verify a potential area of noncompliance per the survey results, the Review Committee will look closely, and while a formal citation may not be given, the Committee may still provide a comment to the program that this is an area to be monitored.

Programs should also be aware that survey results contribute to national annual compliance data. Among other important benefits of collecting such data, thresholds for noncompliance are established based on this data. (For additional reference, see "[The ACGME Resident Survey Aggregate Reports: An Analysis and Assessment of Overall Program Compliance](#)" by Holt and Miller; *Journal of Graduate Medical Education*, Dec. 2009, Vol. 1, No. 2, pp. 327-333.)

Programs across specialties that are identified as having a series of noncompliant responses (either annually or in consecutive program reviews) may be required to submit a duty hour or progress report to their Review Committees. In the very rare case of a program's significant non-compliance, the Review Committee may shorten that program's review cycle. Should a program be asked to submit a follow-up

report on the basis of the Resident Survey results (either in conjunction with a full survey, or upon annual review), the program director should contact Linda Thorsen, MA, Review Committee executive director, at [lmt@acgme.org](mailto:lmt@acgme.org) or 312.755.5029, with questions or concerns about how to reply to these requests.

### Save the Date: 2011 ACGME Annual Educational Conference *Beyond Boundaries*

Gaylord Opryland Resort Hotel  
and Convention Center  
Nashville, Tennessee  
March 3-6, 2011

[click here](#) for more information; [registration](#) now open