

**ACGME Program Requirements for Graduate Medical Education
in Allergy and Immunology
Summary and Impact of Major Requirement Revisions**

Requirement #: Definition of Specialty

Requirement Revision (significant change only):

~~Allergy and immunology specialists provide expert medical care for patients with allergic and immunologic disorders. These specialists may serve as consultants, educators, and physician scientists in asthma, allergic disorders, immunologic disorders, and immunodeficiency diseases.~~

Allergy and immunology specialists are physicians with expertise in preventing, diagnosing, treating, and managing allergic and immunologic disorders in both children and adults. They are experts in human immune system function and its role in maintaining health, as well as in the variable and often overlapping clinical manifestations of immune system dysfunction, including allergy, asthma, inborn errors of immunity and acquired immunodeficiency, immune dysregulation, and disorders of mast cells, basophils, and eosinophils. They have expertise in genomics and its application to allergic and immunologic diseases. They evaluate individuals with allergic/immunologic symptoms and diseases and perform comprehensive diagnostic testing to investigate these conditions, including allergy testing, food and medication challenges, quantitative and qualitative assessment of the immune system, mast cell assessment, functional testing of the airways, and genetic testing. They have expertise in the use of drugs, biologics, allergen immunotherapy, and other treatment modalities that modulate immune function. They evaluate allergic and immunologic diseases across organ systems, and provide high-quality, comprehensive, patient-centered care. They adapt therapeutic, diagnostic, and preventive strategies based on new medical evidence and continuously improve their practice in a changing health care setting. They expand their expertise as emerging diagnostic and treatment modalities and technologies become available. They understand the impact of pollution and climate change on allergic and immunologic diseases, as well as the corresponding strategies to reduce related health impacts. They understand basic research principles and are able to apply this knowledge to critically assess new advances in the field.

Allergy and immunology specialists serve as advocates and educators for patients with allergic and immunologic diseases and their families. They are trained to provide comprehensive and compassionate care for their patients in a variety of settings, including inpatient, outpatient, and virtual. They demonstrate professionalism and cultural humility in communications with patients, patients' families, colleagues, and the broader health care environment. They involve patients and patients' families in shared decision-making to optimize care and improve quality of life based on a patient's personal values and goals.

Allergy and immunology specialists actively collaborate and serve as resources for the broader medical community, patients, patients' families, and the public, answering questions related to prevention, evaluation, and management of allergic and immunologic conditions. They understand the health-related needs of their community, including accessibility, affordability, and reducing barriers to care. They have a strong presence within their communities, where they promote health and health equity in ways that build public trust in the profession. They serve as advocates for care that reflect and address community needs.

They promote an equitable work and educational environment to strive for improved patient outcomes. They are knowledgeable about social determinants of health and their influence on health outcomes in allergy and immunology, and actively promote health equity.

Allergy and immunology specialists lead and participate in interprofessional medical teams to promote optimal patient outcomes. They have expertise (or experience) in practice management, including knowledge of system-based payment models and incorporation of emerging technologies to increase efficiency, cost effectiveness, and quality of care in practice.

Allergy and immunology specialists strive to be self-reflective and to demonstrate emotional intelligence in their interactions with patients, patients' families, and colleagues. They maintain personal well-being to enhance resilience and ensure optimal patient care and serve as role models for their medical teams to promote the practice of maintaining one's well-being.

1. Describe the Review Committee's rationale for this revision:

Every 10 years, ACGME Review Committees are required to evaluate the applicable specialty-/subspecialty-specific Program Requirements for revision. The Review Committee developed this vision of the field to clearly articulate the core functions and values of an allergist-immunologist. This vision defines what the Review Committee hopes to see in the graduates of ACGME-accredited allergy and immunology programs, as well as in the faculty members and the broader specialty community. The process used for this revision, which uses scenario-based strategic planning, requires a writing group (made up of Review Committee members and other stakeholders) and the specialty community to rigorously and creatively think about what the specialty will look like in the future—prior to proposing any revisions, recognizing the future is marked with significant uncertainty.

Several themes emerged from the scenario planning efforts that provide insight into the allergist-immunologists of the future and their practice:

1. Existing and emerging technologies for achieving high-quality, value-based clinical care
 2. Basic principles of the business of medicine
 3. Development, conduct, and interpretation of clinical trials
 4. Science of patient safety
 5. Comprehensive clinical care with topics including but not restricted to:
 - a. in-depth anaphylaxis training;
 - b. genetics and genomics as they relate to diagnosis, prognosis, therapeutic decision-making, and treatment of allergic and immunologic diseases;
 - c. immunization health care related to immunocompromised hosts and adverse reactions to vaccines; and,
 - d. environmental aspects of health, including impacts of pollution and climate change.
 6. The program must provide each resident with a Scholarship Oversight Committee.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

This vision statement functions as an introduction to the revised Program Requirements. The Review Committee hopes that it will encourage and promote

program innovation in resident education, patient safety, and patient care quality. It highlights the commitment to improving patient care and the outcomes these physicians should have in their training and in their future independent practice.

3. How will the proposed requirement or revision impact continuity of patient care?
This revision will not change the importance of continuity of patient care in our field.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
Some programs may require additional resources based on institutional resources. The allergy and immunology national societies and the Program Directors Assembly plan to work together to create a national curriculum that could be used by programs as needed.
5. How will the proposed revision impact other accredited programs?
This will not affect other accredited programs.

Requirement #: **1.8.a. and 1.8.b.**

Requirement Revision (significant change only):

- 1.8.a. This must include the availability of adequate clinical and teaching space; ~~including meeting rooms, and examination rooms; computers, and office space outside of the inpatient and outpatient units; necessary equipment, including computers; and~~ resources to support telemedicine/telehealth, as applicable. (Detail/Core)
- 1.8.b. The program must provide ~~an adequate sufficient~~ number of adult and pediatric patients during the 24-month program to allow for development of competence ~~provide education in~~ allergic disorders, asthma, immunodeficiency diseases, and immunologic disorders. (Core)

1. Describe the Review Committee's rationale for this revision:
These revisions clarify expectations regarding the infrastructure and patient experiences necessary to ensure a comprehensive educational experience for allergy and immunology residents. In 1.8.a., the inclusion of telemedicine/telehealth reflects modern clinical practices and learning environments. Requirement 1.8.b. emphasizes the importance of sufficient patient numbers and diversity to support development of competence across core areas of the specialty for the care of both pediatric and adult patients.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
These revisions will enhance resident education by ensuring access to appropriate clinical environments and patient populations. Dedicated space and technology support interactive teaching, appropriate locations for patient evaluations, and access to telehealth, which is a growing area of health care. Sufficient patient experience ensures residents gain exposure to a broad spectrum of allergic and immunologic diseases, which is critical for developing clinical competence and delivering safe, high-quality patient care in different clinical settings for both children and adults.

3. How will the proposed requirement or revision impact continuity of patient care?
With increased focus on infrastructure and telehealth, residents can participate in longitudinal care across settings, including remote follow-up. Ensuring sufficient and diverse patient experiences helps maintain continuity through regular resident involvement in patient care, reinforcing the educational value of long-term case management and consistent patient-practitioner relationships.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
Some programs may need to invest in dedicated teaching and telehealth infrastructure to meet 1.8.a.; there are multiple resources available within the field and through professional organizations. Additionally, 1.8.b. may require programs to assess and, if necessary, expand their clinical partnerships or referral networks to ensure adequate patient experience and case diversity, ensuring that at least 20 percent age-based cross-training is available. This could entail collaboration with pediatric or adult subspecialty clinics or private offices, and may impact resource allocation or faculty member recruitment to support the educational goals.
5. How will the proposed revision impact other accredited programs?
This will not affect other accredited programs.

Requirement #: **2.10.a., 2.10.b., 2.10.c., 2.10.d.**

Requirement Revision (significant change only):

- 2.10.a. Physician faculty members who are not specialists in allergy and immunology must be certified in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or AOA certifying board, or possess qualifications acceptable to the Review Committee. (Core)

Specialty-Specific Background and Intent: The Review Committee maintains that certification by an ABMS and/or AOA specialty board is the standard for expertise. The onus of documenting alternate qualifications is the responsibility of the program director. For a faculty member who is not certified by an ABMS or AOA member/certifying board, the Review Committee will consider the following criteria in determining whether alternate qualifications are acceptable:

- demonstrated ability in teaching clinical skills and/or medical knowledge important for an allergy and immunology specialist;
- leadership and/or participation on committees in national organizations relevant to the skills being taught to allergy and immunology residents; and/or,
- scholarship within their field, and specifically, evidence of ongoing scholarship documented by contributions to the peer-reviewed literature and presentations at national meetings on topics related to the skills being taught to allergy and immunology residents.

- ~~2.10.b. Faculty members must be certified by the American Board of Allergy and Immunology, AOA certification in allergy and immunology, or possess qualifications acceptable to the Review Committee. (Detail)~~

~~2.10.c. At least one faculty member must be an allergist and immunologist who has completed an ACGME-accredited or AOA-approved residency in pediatrics. (Detail)~~

~~2.10.d. At least one faculty member must be an allergist and immunologist who has completed an ACGME-accredited or AOA-approved residency in internal medicine. (Detail)~~

1. Describe the Review Committee's rationale for this revision:
The Review Committee's rationale is to ensure that all faculty members involved in training allergy and immunology residents meet a standardized level of professional expertise. Certification by an ABMS or AOA board is the benchmark of that expertise. For those who are not board certified, the Review Committee aims to uphold equivalent standards by requiring demonstrable competence in teaching, leadership, and scholarly activity. This ensures that all faculty members contributing to resident education possess the qualifications necessary to deliver high-quality, evidence-based instruction.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
By requiring board certification or documented equivalent qualifications, the revision ensures that faculty members teaching residents have verified expertise and current knowledge in their respective fields. This promotes more accurate, evidence-based education, and modeling of clinical practices. Residents benefit from a more rigorous academic environment, with the goal of growing and improving their clinical decision-making. In turn, this enhances patient safety and the overall quality of care, as residents trained by qualified faculty members should be better prepared for independent practice.
3. How will the proposed requirement or revision impact continuity of patient care?
This revision supports continuity of care by maintaining high standards for faculty members who supervise residents. Well-qualified faculty members are more capable of guiding residents through complex cases and transitions in care, thereby promoting consistent, high-quality patient management.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
The revision should not require additional institutional resources.
5. How will the proposed revision impact other accredited programs?
This will not affect other accredited programs.

Requirement #: **2.11.a.**

Requirement Revision (significant change only):

2.11.a. In addition to the program director, the faculty must include at least two core faculty members. Of those three, at least one must have completed an ACGME-accredited or AOA-approved residency in pediatrics and at least one must have completed an ACGME-accredited or AOA-approved residency in internal medicine.

1. Describe the Review Committee's rationale for this revision:
This requirement reflects the unique nature of allergy and immunology training, as residents are cross-trained in both adult and pediatric care. The presence of program faculty members with backgrounds in both pediatrics and internal medicine is essential to ensuring comprehensive training across the age spectrum.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The requirement that the core faculty include at least one individual trained in pediatrics and one trained in internal medicine helps to ensure that residents receive comprehensive, age-appropriate training in allergy and immunology, since residents are expected to care for both adult and pediatric patients. This will enhance the educational depth of the program.

The requirement for diverse faculty expertise strengthens patient safety by ensuring that residents develop the necessary skills to recognize and manage allergic and immunologic conditions and emergencies across pediatric and adult-based care. Residents could be mentored by allergist-immunologists who are trained to address the unique needs of both pediatric and adult populations. This supports the development of well-rounded, competent allergist-immunologists who are trained to autonomously provide safe, evidence-based care to a diverse patient population across the age spectrum.
3. How will the proposed requirement or revision impact continuity of patient care?
Having faculty members trained in internal medicine and pediatrics ensures that residents will be equipped with the medical knowledge and be able to develop the clinical judgment necessary to provide age-appropriate care as patients transition from pediatric to adult services.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
The proposed changes are similar to the previous requirements, which mandated at least one faculty member to be an allergist-immunologist who completed an ACGME-accredited or AOA-approved residency in internal medicine and one who completed such a program in pediatrics, and so, should not necessitate additional resources.
5. How will the proposed revision impact other accredited programs?
This will not affect other accredited programs.

Requirement #: **4.4.a., 4.4.a.1.-4.4.a.12.**

Requirement Revision (significant change only):

- 4.4.a. Residents must demonstrate proficiency in competence in providing comprehensive, safe, and compassionate medical care to both children and adults with suspected allergic diseases, asthma, and immunologic diseases as specified in 4.11.c., including: (Core)

4.4.a.1.	<u>conducting comprehensive and detailed medical interviews with children and adults who present with suspected allergic and/or immunologic disorders appropriate to age and presentation, including assessing social determinants of health;</u> (Core)
4.4.a.2.	<u>assessing indoor and outdoor environmental exposures, to include occupational allergic exposures when appropriate, that may impact diagnosis and management;</u> (Core)
4.4.a.3.	performing a physical examination appropriate to age and <u>presentation</u> the specialty; (Core)
4.4.a.4.	assessing the risks and benefits of allergic and immunologic disorder therapies, including environmental controls, allergen immunotherapy, pharmacotherapy, and immunomodulatory therapy with consideration for cost and compliance; and, (Core)
4.4.a.5.	<u>selecting, performing, and interpreting, and understanding limitations the results of diagnostic tests and procedures and appropriately applying results to modify patient management plans</u> studies with consideration for cost; (Core)
4.4.a.6.	<u>developing and monitoring comprehensive treatment plans, assessing benefits and risks, to include environmental controls, allergen immunotherapy, pharmacotherapy (drugs and biologics), and emerging treatments, and adjusting treatments as needed; and,</u> (Core)
4.4.a.7.	<u>applying existing and emerging technologies for providing high-quality, value-based clinical care.</u> (Core)
<ol style="list-style-type: none"> Describe the Review Committee's rationale for this revision: Residents should be competent in completing a physical exam and evaluation for patients of all ages through all modalities, including telehealth. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? These revisions address core skills that a resident will need to be a successful allergist-immunologist in the future. How will the proposed requirement or revision impact continuity of patient care? This proposed revision will ensure continuity of patient care. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? The proposed requirement should not require additional resources. How will the proposed revision impact other accredited programs? This will not affect other accredited programs. 	

Requirement #: **4.5.a.-4.5.e.**

Requirement Revision (significant change only):

- 4.5.a. Residents must demonstrate competence in performing and interpreting immediate hypersensitivity (allergen) skin testing and pulmonary function testing, including assessing quality of tests. (Core)
- 4.5.b. Residents must demonstrate competence in designing and managing oral food challenges and desensitization procedures. (Core)
- 4.5.c. Residents must demonstrate competence in prescribing and managing allergen immunotherapy. (Core)
- 4.5.d. Residents must demonstrate competence in implementing and managing treatment with immunoglobulin and biologics, including appropriate monitoring, recognizing, and addressing adverse reactions. (Core)
- 4.5.e. Residents must demonstrate competence in managing severe anaphylaxis. (Core)

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

1. Describe the Review Committee's rationale for this revision:
Allergist-immunologists diagnose and manage immediate hypersensitivity conditions. As anaphylaxis can be a result of an immediate hypersensitivity reaction, allergist-immunologists need to be able to recognize and treat this event and guide others to assist with management of anaphylaxis.

Residents should understand the appropriate use of biologic medications and immunoglobulin replacement.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
These requirements will provide patients with confidence that their allergist-immunologist is committed to their personalized care and understands the intricate details of immunomodulation through desensitization, challenges, or biologic therapy
3. How will the proposed requirement or revision impact continuity of patient care?
The proposed requirements will strengthen continuity of patient care by ensuring that residents are fully competent in performing, interpreting, and managing essential diagnostic and therapeutic procedures. By developing these skills under supervision, residents will be better prepared to deliver consistent, high-quality care,

and coordinate complex treatments effectively throughout the patient care continuum.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
If residents do not see anaphylaxis often enough to gain expertise in managing it, then the institution will have to provide simulation or alternative training to meet this requirement.
5. How will the proposed revision impact other accredited programs?
This will not affect other accredited programs.

Requirement #: **4.6.a.-4.6.b.**

Requirement Revision (significant change only):

- 4.6.a. ~~Residents must demonstrate proficiency in their knowledge of all required core didactic topics through performance in objective examinations and application to patient care.~~ ^(Core)
- 4.6.b. Residents must demonstrate knowledge of basic immunology and genetics and genomics as applied to allergic and immunologic diseases, to include understanding immunopathogenesis as the basis for clinical presentations, laboratory assessment, diagnosis, disease progression, treatment, and monitoring. ^(Core)

1. Describe the Review Committee's rationale for this revision:
It is important that all residents have a solid framework for understanding the immune system as it relates to allergic and immunologic disorders.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Patients will benefit by having residents who can explain the complex interactions of the immune system and how this may impact their disease and symptoms.
3. How will the proposed requirement or revision impact continuity of patient care?
There should be no impact.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
If the residents do not see relevant condition often enough to gain expertise in managing genetics and genomics as relates to allergic and immunologic diseases, then the institution will have to provide simulation or alternative training to meet this requirement.
5. How will the proposed revision impact other accredited programs?
This will not affect other accredited programs.

Requirement #: **4.6.c. and 4.6.c.1.-4.6.c.4.**

Requirement Revision (significant change only):

- 4.6.c. Residents must demonstrate knowledge of clinical aspects of allergic and immunologic diseases, to include clinical presentation, epidemiology, pathophysiology, diagnosis, management, and monitoring, including for:
- 4.6.c.1. allergic diseases, to include IgE and non-IgE-mediated hypersensitivity disorders; (Core)
- 4.6.c.2. asthma, to include diagnosis utilizing biomarkers for phenotypic classification to guide management; (Core)
- 4.6.c.3. disorders of eosinophils, basophils, and mast cells; and, (Core)
- 4.6.c.4. inborn errors of immunity, acquired immunodeficiency disorders, and immuno-dysregulatory diseases to include appropriate consultations or referrals for complex disease. (Core)

1. Describe the Review Committee's rationale for this revision:
The proposed change clarifies and expands the required knowledge base to reflect current advances in the diagnosis and management of allergic and immunologic diseases. By explicitly including key conditions the requirement ensures that residents are well prepared to recognize, manage, and appropriately refer complex cases. This comprehensive training aligns with evolving best practices and supports safe, continuous, and coordinated patient care.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Teamwork and collaboration are critical skills for allergist-immunologists, and this proposed requirement underscores the essential nature of collaboration with other members of the health care team.
3. How will the proposed requirement or revision impact continuity of patient care?
There should be no impact.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
If residents do not see immune dysregulatory disorders often enough to gain expertise in managing them, then the institution will have to provide simulation or alternative training to meet this requirement
5. How will the proposed revision impact other accredited programs?
This will not affect other accredited programs.

Requirement #: **4.6.d.-4.6.h.**

Requirement Revision (significant change only):

4.6.d.	<u>Residents must demonstrate knowledge of advanced immunopharmacology, to include focus on biologics and therapeutics, indications, adverse events, and monitoring.</u> (Core)
4.6.e.	<u>Residents must demonstrate knowledge of immunization health care related to immunocompromised hosts and adverse reactions to vaccines.</u> (Core)
4.6.f.	<u>Residents must demonstrate knowledge of environmental aspects of health, to include impacts of pollution and climate change.</u> (Core)
4.6.g.	<u>Residents must demonstrate knowledge of basic principles of the business of medicine (i.e., billing, coding, practice management).</u> (Core)
4.6.h.	<u>Residents must demonstrate knowledge of development, conduct, and interpretation of clinical trials, to include trial designs, study population considerations, endpoints, statistics, and clinical research ethics (i.e., interpreting results in medical literature).</u> (Core)
<p>1. Describe the Review Committee's rationale for this revision: These requirements are intended to ensure residents gain comprehensive, contemporary knowledge and skills critical for evidence-based allergy and immunology practice. With rapid advancements in treatment options for allergic and immunologic diseases, increasing environmental health challenges, and growing complexity in clinical trials and health care delivery, these competencies reflect the evolving key topics of the specialty.</p> <p>2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? These revisions enhance resident education by covering critical topics such as safe use of biologics, management of adverse reactions, immunization in vulnerable populations, and environmental impact on health. They strengthen patient safety by preparing residents to recognize and manage treatment risks effectively. Adding training in practice management and clinical trial interpretation equips residents to deliver high-quality, evidence-based care.</p> <p>3. How will the proposed requirement or revision impact continuity of patient care? By ensuring residents can develop competence in medication safety, immunization protocols, and practice management, these requirements support improved transitions of care, long-term treatment adherence, and thoughtful risk mitigation. Residents educated in these areas will be better prepared to manage complex, chronic allergic and immunologic conditions, leading to improved patient outcomes and fewer interruptions in care.</p> <p>4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? Resources may need to be allocated to create educational tools for these topics. Access to clinical trials, quality improvement data, and billing/coding education may require working within the medical center with experts on those topics. However,</p>	

many institutions already have such resources, so integration into existing curricula is feasible with interdepartmental collaboration.

5. How will the proposed revision impact other accredited programs?
This will not affect other accredited programs.

Requirement#: **4.10.a.**

Requirement Revision (significant change only):

- 4.10.a. Assignment of rotations must be of sufficient length to provide a quality educational experience to allow for development of competence, defined by continuity of patient care, ongoing supervision, and meaningful assessment with constructive feedback.
(Core)

1. Describe the Review Committee's rationale for this revision:
This requirement would ensure that each rotation is of adequate duration to facilitate meaningful clinical learning and development of competence. It will also allow for formation of mentoring relationships with faculty members.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Appropriate rotation duration allows for continuity of supervision and patient care, helping residents to deepen their clinical reasoning and decision-making skills.
3. How will the proposed requirement or revision impact continuity of patient care?
There should be no impact.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No additional resources will be needed.
5. How will the proposed revision impact other accredited programs?
This will not affect other accredited programs.

Requirement #: **4.11.a.**

Requirement Revision (significant change only):

- 4.11.a. There must be a structured curriculum in the core didactic topics that cover the required areas of medical knowledge outlined in Section 4.6. ~~including pathophysiology, diagnosis, differential diagnosis, complications and treatment of disorders of innate and adaptive immunity including hypersensitivity (IgE and non-IgE dependent), immunodeficiency, and autoimmunity; and disorders of mast cells, basophils, eosinophils; and contact system-related angioedema.~~ (DetailCore)

1. Describe the Review Committee's rationale for this revision:
The use of a structured curriculum covering core areas of medical knowledge as outlined in Section 4.6. ensures that residents will receive information regarding each of the topic areas, knowledge of which is integral to the independent practice of allergy and immunology.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
By requiring a structured didactic curriculum, this revision ensures that all residents receive consistent, comprehensive education in the core areas of medical knowledge. This strengthens resident learning, promotes standardized competency, and supports safe, high-quality, and evidence-based patient care.
3. How will the proposed requirement or revision impact continuity of patient care?
There should be no impact.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
Additional resources will not be needed.
5. How will the proposed revision impact other accredited programs?
This will not affect other accredited programs.

Requirement #: **4.11.b., 4.11.b.1., 4.11.b.1.a., 4.11.b.1.b., 4.11.b.2., 4.11.b.3.**

Requirement Revision (significant change only):

4.11.b. The program format must be as follows:

- 4.11.b.1. Fifty percent of the program (12-month equivalent) must be devoted to direct patient care activities, clinical case conferences, and record reviews; (Core)
- 4.11.b.1.a. At least 20 percent of the required minimum 12-month equivalent direct patient care activity must focus on patients from birth to 18 years. (DetailCore)
- 4.11.b.1.b. At least 20 percent of the required minimum twelve-month equivalent direct patient care activity must focus on patients over the age of 18 years. (DetailCore)
- 4.11.b.2. Twenty-five percent of the program must be devoted to scholarly activities and research; and, (DetailCore)
- 4.11.b.3. Twenty-five percent of the program must be devoted to didactics and other educational activities—individualized educational experiences, including opportunities to participate in activities relevant to future practice and/or to further skill/competence development in the foundational areas, as determined by the program director and Clinical Competency Committee (CCC). (DetailCore)

Specialty-Specific Background and Intent: The focus of competency-based medical education is on the educational outcomes of the individual learner, observed in the clinical setting, to ensure that each resident has attained competence in those foundational areas outlined in the Program Requirements as necessary for providing safe and high-quality care

and fulfilling the needs of patients and communities. Since some residents may not attain clinical competence in all required areas during the required 12 months of direct patient care activities, this time provides flexibility to incorporate additional individualized clinical (or research) training, at the discretion of the program director and CCC, to enable each learner to achieve clinical competence and prepare for their future practice.

1. Describe the Review Committee's rationale for this revision:
The care of both adults and children is foundational to the specialty of allergy and immunology, Therefore the Review Committee proposes that at least 20 percent of residents' clinical time is dedicated to each, and also allows for additional educational opportunities based on individual residents' needs.

The delineation of how overall time is spent in the educational program has not changed. However, the Review Committee has provided further clarification of use of the 25 percent "other" time (time not devoted to direct patient care or research/scholarly activity). This is intended to provide flexibility to programs to create optimal supplemental learning for each resident, guided by learner needs and at the discretion of the program director and Clinical Competency Committee, with the goal of ensuring career preparedness and development of clinical competence.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The proposed revision will improve individualized resident education, with the potential for direct improvements in patient safety and care quality.
3. How will the proposed requirement or revision impact continuity of patient care?
There should be no impact.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
This revision does not necessitate additional institutional resources.
5. How will the proposed revision impact other accredited programs?
This will not affect other accredited programs.

Requirement #: **4.11.c.2., 4.11.c.2.a.-4.11.c.2.m.**

Requirement Revision (significant change only):

[Resident experiences in direct patient care must include:]

- | | |
|-------------|---|
| 4.11.c.2. | direct patient contact <u>and/or other experiential training</u> with pediatric and adult patients with the following diagnoses: (Core) |
| 4.11.c.2.a. | anaphylaxis; (Core) |
| 4.11.c.2.b. | asthma; (Core) |
| 4.11.c.2.c. | atopic dermatitis; (Core) |

4.11.c.2.d.	contact dermatitis; (Core)
4.11.c.2.e.	<u>disorders of eosinophils and mast cells, including inherent disorders;</u> (Core)
4.11.c.2.f.	drug, vaccine, or immunomodulator allergy, or adverse drug reaction allergy to drugs and other biological agents; (Core)
4.11.c.2.g.	food allergy; (Core)
4.11.c.2.h.	ocular allergies; (Core)
4.11.c.2.i.	primary <u>inborn errors of immunity</u> and acquired immunodeficiency; (Core)
4.11.c.2.j.	<u>allergic and non-allergic rhinitis;</u> (Core)
4.11.c.2.k.	<u>acute and chronic rhinosinusitis, including nasal polyps;</u> (Core)
4.11.c.2.l.	stinging insect allergy; and, (Core)
4.11.c.2.m.	urticaria and angioedema. (Core)
<p>1. Describe the Review Committee's rationale for this revision: The Review Committee recognizes that not every resident will have the opportunity to manage all of the core conditions of allergy and immunology, necessitating the inclusion of other experiential training for less common or rare conditions. In such situations, additional training may include, but is not limited to use of case-based learning modules, simulation labs (e.g., management of acute anaphylaxis), and workshops.</p> <p>2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? By providing other experiential training, particularly in less common clinical conditions, resident education will improve.</p> <p>3. How will the proposed requirement or revision impact continuity of patient care? There should be no impact.</p> <p>4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? Additional institutional resources may be required to provide required training (simulation labs, workshops, etc.), depending on frequency of conditions seen at the Sponsoring Institution and by the program.</p> <p>5. How will the proposed revision impact other accredited programs? This will not affect other accredited programs.</p>	
Requirement #: 4.11.d.	
Requirement Revision (significant change only):	

4.11.d. Residents should have experience leading a healthcare team in effective coordination of patient care. ^(Detail)

1. Describe the Review Committee's rationale for this revision:
The Review Committee added this requirement to underscore that allergist-immunologists play a critical role in managing health care teams for effective coordination of patient care.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This would address a knowledge gap for residents, and promote confidence in team management, in addition to promoting optimal interprofessional communications.
3. How will the proposed requirement or revision impact continuity of patient care?
There should be no impact.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
Institutional resources may be required to support leadership development in health care team management skills.
5. How will the proposed revision impact other accredited programs?
This will not affect other accredited programs.

Requirement #: **4.11.e.**

Requirement Revision (significant change only):

4.11.e. Residents must be provided with education on billing and coding with appropriate required documentation, regulations/laws impacting the practice of allergy and immunology, common methods of physician reimbursement, and clinic management. ^(Core)

1. Describe the Review Committee's rationale for this revision:
The Review Committee believes that learning about the impact of billing and coding within the context of patient care is essential, as these decisions affect both patients and clinicians and understanding them enhances clinical decision-making.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This knowledge will support more cost-conscious, equitable, and patient-centered care, thereby improving both the quality and safety of the care provided.
3. How will the proposed requirement or revision impact continuity of patient care?
Clinicians who understand and communicate the benefits and costs of health care can better engage in meaningful shared decision-making with patients and patients' families, which can improve adherence, satisfaction, and continuity of care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

Minimal additional resources may be needed for some programs.

5. How will the proposed revision impact other accredited programs?

This will not affect other accredited programs.

Requirement #: **4.15.a.-4.15.d.**

Requirement Revision (significant change only):

- 4.15.a. The program must provide residents with a research experience that results in an understanding of the basic principles of study design, performance (including data collection), data analysis (including statistics and epidemiology), and reporting research results. (Detail)

- ~~4.15.b. Under faculty member supervision, each resident must design and conduct allergy and/or immunology research that is either laboratory-based, epidemiologic, continuous-quality improvement, or clinical investigation-based. (Outcome)~~

- 4.15.c. The program must provide each resident with a Scholarship Oversight Committee to supervise, mentor, and evaluate the resident's progress as related to the resident's scholarly experience. (Core)

- 4.15.d. Residents must present their research findings orally and in writing. (Outcome)

1. Describe the Review Committee's rationale for this revision:
Graduating residents must be able to evaluate new data that affects patient care. Residents must be able to critically assess research presented in journals and at academic meetings to support evidence-based practice. To this end, the Review Committee believes that it is essential for residents to participate in scholarly work because it ensures structured, meaningful engagement with research, while providing guidance and accountability. Ensuring that all residents have a Scholarship Oversight Committee allows for mentoring and guidance through all parts of their research and quality improvement endeavors. It can also ensure that the research is of adequate rigor and help residents stay accountable for appropriate progress.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Requiring residents to engage in research and present their findings promotes the development of critical thinking, scientific literacy, and data interpretation skills. These competencies are essential for practicing evidence-based medicine. The scholarship Oversight Committee helps to ensure that the residents learn the needed skills.
3. How will the proposed requirement or revision impact continuity of patient care?
There should be no impact.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
Implementation may require additional support, such as faculty time to educate the residents on the best practices for scholarly work and to serve on Scholarship Oversight Committees. There will also need to be administrative support for tracking the progress of the Scholarship Oversight Committees.
5. How will the proposed revision impact other accredited programs?
This will not affect other accredited programs.