

ACGME Program Requirement Revisions

**AAAAI Program Directors' Assembly Winter Meeting
January 11, 2025**

Kelly Stone, MD, PhD
Chair, Review Committee – Allergy and Immunology
Co-Chair, Writing Group for Major Program Requirement Revisions

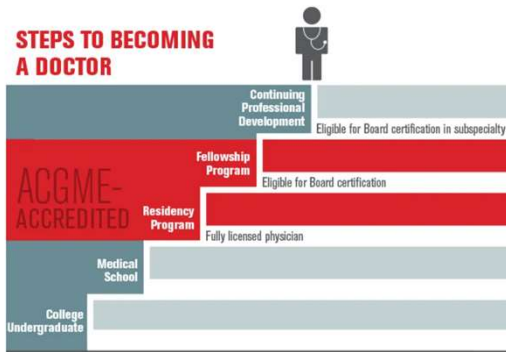


ACGME

Mission

We improve health care and population health by assessing and enhancing the quality of resident and fellow physicians' education through advancements in accreditation and education.

STEPS TO BECOMING A DOCTOR



ACGME by the Numbers

Academic Year 2023-2024

13,393	Accredited residency and fellowship programs
146	Accredited specialties and subspecialties
905	Sponsoring Institutions housing accredited programs
162,644	Active full- and part-time residents and fellows in ACGME-accredited programs

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ACGME Accreditation

The ACGME has a twofold purpose:

1. To establish and maintain accreditation standards that promote the educational quality of residency and fellowship education programs, and
2. To promote residency/fellowship education that is sensitive to the quality and safety of patient care in an environment that fosters the well-being, learning, and professionalism of residents and fellows.

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.



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Program Requirements

Common Program Requirements (Residency)

- Established and revised by the ACGME Board of Directors
- Basic set of standards (requirements) that:
- Set the context within clinical learning environments for development of the skills, knowledge, and attitudes necessary to take personal responsibility for the individual care of patients
- Facilitate an environment where residents and fellows can interact with patients under the guidance and supervision of qualified faculty members who give value, context, and meaning to those interactions.

Specialty-specific Program Requirements

- Specify the Core Competencies and other standards of quality and education for each specialty and subspecialty.



<https://www.acgme.org/programs-and-institutions/programs/common-program-requirements/>

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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 thinks 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



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Writing Group

Kelly Stone- Co-Chair

Joe Yusin- Co-Chair

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Kathleen May

Princess Ogbogu

Rebecca Scherzer

Luther Brewster (Public Member)

Susie Buchter (Pediatrics)

Sima Desai (Internal Medicine)

Robert Gaiser (Anesthesiology)



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What have we done so far?

Allergy and Immunology began the major revision process in early 2023

- Information gathering to inform revisions
 - *Scenario Planning Workshop (November 2023)*
 - *Rockpile Interviews/Report (January 2024)*
 - *Literature Review (March 2024)*
 - *Themes and Insights Document developed and posted for public comment (April 2024)*
 - *Public Comment (April-May 2024)*
 - *Stakeholders' Meeting (May 2024)*
- Writing of Program Requirements
 - *Based on the information gathered above, the Writing Group incorporated recommendations in writing the new PRs*



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Where are we going?

- Program Requirement revisions to undergo further revisions by AI-RC next week (Jan. 2025)
- Draft will be released for public comment (Feb.-Mar. 2025)
- AI-RC will make final revisions based on review of public comments (Mar. 2025)
- Revised program requirements will be reviewed by the ACGME Board of Directors for approval (May 2025)
- AI-RC will address revisions requested by the ACGME BOD
- Revised program requirements to go into effect July 1, **2026** (to allow preparation of educational Material)



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Scenario Planning



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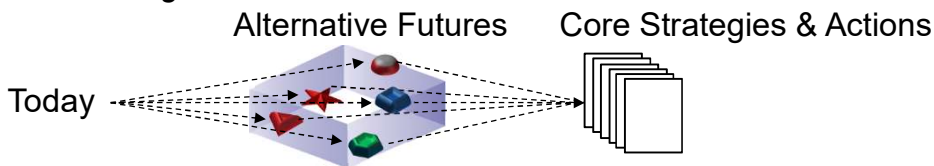
Scenario planning is about avoiding the trap of a “most likely future” ...

Predictive Planning:



... And building plans on alternative futures

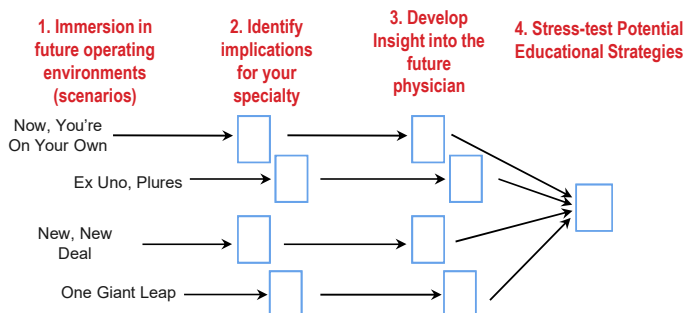
Scenario Planning:





Scenario-Based Strategic Planning

Presented in story fashion, scenarios are widely varied looks at the future, with each scenario offering extremely different opportunities and challenges to medicine and education



Results Include:

- Insights into robust future Physician attributes
- Alternative models of practice
- Alternative models of medical education

FUTURES
STRATEGY
GROUP



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Scenario Planning Workshop

- 3-day workshop with 45 participants (AAAAI, ACAA, ABAI)
- Six strategies to develop and train allergy and immunology specialists of the future emerged:
 1. Adopting New Educational Content
 2. Embracing New Teaching and Learning Paradigms
 3. Meeting Technological Challenges
 4. Answering the Call on Climate and Environment
 5. Cultivating Leaders and Professionals
 6. Instilling Resilience and Adaptability



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Rockpile Interviews



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Rockpile Report

- Series of interviews (35 total) with three stakeholder groups:
 - Channel Influencers
 - Early Career Allergy and Immunology Specialists
 - Allergy and Immunology Patients



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Rockpile – Recommendations for Training Development

Opportunity	Influencers	Early Career Allergists and Immunologists	Patients
Enhance exposure to knowledge and skills that are considered future differentiators or the field: genetics, monoclonal antibodies, biologic therapy, autoimmune conditions and secondary immunodeficiencies.	✓✓✓	✓✓✓	
Review balance of training time between allergy and immunology without compromising the training of fellows as comprehensive immunologists.	✓✓	✓✓✓	
Tighten standards for research and scholarly activity time.	✓✓✓	✓✓✓	
Review evaluation structure to more closely align with board approach to examination.	✓✓	✓✓✓	
Identify opportunities for exposure to working with APPs as part of care team.	✓	✓✓	✓✓
Identify opportunities for developing outreach skills to PCPs and specialists.	✓✓✓	✓✓✓	
Expand exposure to training time in different practice settings.	✓	✓✓	



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Stakeholders' Meeting



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Stakeholders' Meeting



- Scope of practice
- Procedural training
- Training environments
- Training in business and leadership aspects of medicine
- Scholarly activity



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Major Changes in Revised Allergy and Immunology Program Requirements



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Core Faculty

In addition to the program director, the faculty must include at least two core faculty members. Of those three:

- One must have completed an ACGME-accredited or AOA-approved residency in **pediatrics**
- One must have completed an ACGME-accredited or AOA-approved residency in **internal medicine**



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Patient Care and Procedural Skills

Residents must demonstrate 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 IV.C.5, including:

- assessing social determinants of health for individual patients that may impact disease management, risk, and outcomes
- applying existing and emerging technologies for achieving high-quality, value-based clinical care



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Patient Care and Procedural Skills

Residents must demonstrate competency in:

- Implementing and managing treatment with biologics, including appropriate monitoring and recognizing/addressing adverse reactions
- Managing severe anaphylaxis



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Patient Care and Procedural Skills

- Managing severe anaphylaxis

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 & Immunology require the skills necessary for the proper identification and treatment of this condition, including cases refractory to standard epinephrine treatment. These skills are developed through discussions of past cases, simulations, and/or real-life emergencies. These discussions and simulations are repeated until the fellow demonstrates competence in the management of severe forms of anaphylaxis.



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Medical Knowledge

Residents must demonstrate knowledge of:

- genetics and genomics as they relate to diagnosis, prognosis, therapeutic decision-making, and treatment of allergic and immunologic diseases; (Core)
- immunization healthcare related to immunocompromised hosts and adverse reactions to vaccines; (Core)
- environmental aspects of health, including impacts of pollution and climate change; (Core)



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Medical Knowledge

Residents must demonstrate knowledge of:

- basic principles of the **business of medicine** (billing, coding, practice management); (Core)
- development, conduct, and interpretation of **clinical trials**, including trial designs, study population considerations, endpoints, statistics, clinical research ethics, etc. (interpreting results in medical literature); (Core)
- the **science of patient safety**, including understanding factors that contribute to safety events, understanding methods for investigating and reporting safety events, building systems that promote safety, and understanding the role of human factors in building a culture of safety. (Core)



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Curriculum Organization and Resident Experiences

CURRENT

The program format must be as follows:

- 50 percent of the program (12-month equivalent) must be devoted to direct patient care activities, clinical case conferences, and record reviews; (Core)
 - 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)
 - 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)
- 25 percent of the program (6-month equivalent) must be devoted to scholarly activities and research; and, (DetailCore)
- **25 percent of the program (6-month equivalent) must be devoted to other educational activities.** (Detail)



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Curriculum Organization and Resident Experiences

- 25 percent of the program (6-month equivalent) 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/competency development in the foundational areas, as determined by the program director and clinical competency committee.~~ (DetailCore)



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Curriculum Organization and Resident Experiences

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Specialty-Specific Background and Intent:

- The focus of competency-based medical education is on educational outcomes of the individual trainee, observed in the clinical setting, to ensure that each trainee has attained competence in those foundational areas outlined in the program requirements that are necessary to provide safe and high-quality care to patients, fulfilling the needs of patients and their communities. Since some trainees 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 clinical competency committee, to achieve clinical competence and career preparedness.



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Curriculum Organization and Resident Experiences

Residents must be provided exposure to components of 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)



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Resident Scholarly Activity

The program must provide each fellow a scholarship oversight committee to oversee and evaluate their progress as related to the scholarly project. (Core)



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Final Comments



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Final Comments

Program Requirement revisions are not final and may undergo further edits based on:

- Feedback from AI Review Committee
- Feedback from public comments
- Feedback from the ACGME Board of Directors



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Shared Educational Resources

- The RC understands the challenges that the introduction of some of the new PRs will create for training programs
- AAAAI and ACAAI (and CIS) have agreed to support the development of educational resources to support AI training programs
- Implementation of the new PRs was delayed to July 1, 2026, to provide time to develop shared educational resources



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Thank You!



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