

**ACGME Program Requirements for Graduate Medical Education
in Allergy and Immunology
IMPACT STATEMENT**

Line Number(s): 46-61	INTRODUCTION
Requirement Revision (major revisions only):	
Int.C.1.	The length of the educational program in allergy and immunology must be is-24 months in length of full-time education. The Review Committee recognizes that completion of the program this may be accomplished in two ways: 24 consecutive months of education, or over 36 months that includes a total of 24 months of allergy and immunology education.
Int.C.2.	Residents must demonstrate competencies in treating children and adults with asthma, allergic disorders, immunologic disorders, and immunodeficiency diseases.
Int.C.3.	Residents must satisfy the requirements for program completion with 24 months of education. The Review Committee recognizes this may be accomplished in two ways: 24 consecutive months of education, or time spread out over 36 months that includes a total of 24 months of allergy and immunology education. The program must meet the requirements outlined in section IV.
Describe, as appropriate, how the revision:	
<ol style="list-style-type: none"> 1) impacts the quality and safety of patient care; N/A 2) improves the quality of resident education; N/A 3) affects the way the resident, the service, and the staff provide patients with continuing care; N/A 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); N/A 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); N/A and 6) impacts residency education in other specialties. N/A 	
Line Number(s): 311-327	FACULTY
Requirement Revision (major revisions only):	
II.B.1.a)	Each program must have at least two key clinical <u>core</u> faculty.
II.B.1.a).(1)	Key Core faculty must be certified by the American Board of Allergy and Immunology or possess qualifications acceptable to the RRC. These faculty must devote a minimum of 10% effort <u>at least 15 hours per week</u> to A/I resident <u>education</u> .
II.B.1.a).(2)	At least one key core faculty member must be a qualified allergist and immunologist who has completed <u>an Accreditation Council for Graduate Medical Education (ACGME) or Royal College of Physicians and Surgeons of Canada (RCPSC) accredited</u> residency in pediatrics.

II.B.1.a).(3) At least one key core faculty member must be a qualified allergist and immunologist who has completed an Accreditation Council for Graduate Medical Education (ACGME) or Royal College of Physicians and Surgeons of Canada (RCPSC) accredited residency in internal medicine.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **Ensures adequate protected time commitment of core qualified faculty; the program faculty must also include qualified physicians with demonstrated expertise and experience in both Pediatrics and Internal Medicine**
- 2) improves the quality of resident education; **(See Above)**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); ; **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and ; **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 437-445 **RESIDENT APPOINTMENT/Eligibility**

Requirement Revision (major revisions only):

III.A.1 Prior to appointment in the program, residents must have successfully completed an internal medicine or pediatrics program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC).

III.A.2 Prior to appointment in the program, each resident must be notified in writing of the required length of the program in allergy and immunology.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **N/A**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 500-505	EDUCATIONAL PROGRAM
Requirement Revision (major revisions only):	
IV.A.3.a)	attendance at <u>Didactic sessions must include regularly scheduled conferences, lectures, journal clubs, or seminars; and, reading and preparation for teaching assignments;</u>
IV.A.3.a) (1)	<u>Residents must attend 70% of required didactic sessions.</u>
Describe, as appropriate, how the revision:	
<ol style="list-style-type: none"> 1) impacts the quality and safety of patient care; N/A 2) improves the quality of resident education; Clarifies expectations regarding attendance of residents at required didactic sessions, ensuring adequate participation. 3) affects the way the resident, the service, and the staff provide patients with continuing care; N/A 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); N/A 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and N/A 6) impacts residency education in other specialties. N/A 	
Line Number(s): 718-719	PATIENT CARE
Requirement Revision (major revisions only):	
IV.A.5.a).(9)	<u>Residents must enter all required procedures into the ACGME Resident Case Log System.</u>
Describe, as appropriate, how the revision:	
<ol style="list-style-type: none"> 1) impacts the quality and safety of patient care; N/A 2) improves the quality of resident education; N/A 3) affects the way the resident, the service, and the staff provide patients with continuing care; N/A 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); N/A 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and N/A 6) impacts residency education in other specialties. N/A 	
Line Number(s): 728-730	
Requirement Revision (major revisions only):	
IV.A.5.b).(1)	<u>Residents must demonstrate proficiency in their knowledge of all required core didactic topics through performance in objective examinations and application to patient care.</u>

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **N/A**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 845-872 **CURRICULUM ORGANIZATION and RESIDENT EXPERIENCES**

Requirement Revision (major revisions only):

IV.A.6. Curriculum Organization and Resident Experiences

IV.A.6.a) The program format ~~should~~ must be as follows:

IV.A.6.a).(1) 50% of the program (12 month equivalent) must be devoted to direct patient care activities including inpatient and outpatient care, clinical case conferences, and record reviews

IV.A.6.a).(1).(a) ~~must have at~~ At least 20% of the required minimum twelve-month equivalent direct patient care activity must in cross-training experience, including continuity of care in the inpatient and outpatient settings focus on patients from birth to 18 years of age, including continuity of care in inpatient and outpatient settings.

IV.A.6.a).(1).(b) At least 20% of the required minimum twelve-month equivalent direct patient care activity must focus on patients over the age of 18 years of age, including continuity of care in inpatient and outpatient settings.

IV.A.6.a).(2) 25% of the program must be devoted to scholarly activities and research; and,

IV.A.6.a).(3) 25% of the program must be devoted to other educational activities

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **N/A**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 904-948 **RESIDENT EXPERIENCES IN PATIENT CARE**

Requirement Revision (major revisions only):

IV.A.6.c) Resident experiences in direct patient care must include:

IV.A.6.c).(3) continuing care of pediatric and adult patients with asthma, allergic disorders, immunologic disorders, and immunodeficiency diseases;

IV.A.6.c) (3).(a) Each resident must enter these patients into the ACGME Resident Case Log System;

IV.A.6.c) (4) direct patient contact with children and adults with the following diagnoses:

IV.A.6.c).(4).(a) anaphylaxis

IV.A.6.c).(4).(b) asthma

IV.A.6.c).(4).(c) atopic dermatitis

IV.A.6.c).(4).(d) contact dermatitis

IV.A.6.c).(4).(e) drug, vaccine or immunomodulator allergy or adverse drug reaction allergy to drugs and other biological agents

IV.A.6.c).(4).(f) food allergy

IV.A.6.c).(4).(g) primary and acquired immunodeficiency

IV.A.6.c).(4).(h) ocular allergies

IV.A.6.c).(4).(i) rhinitis

IV.A.6.c).(4).(j) sinusitis

IV.A.6.c).(4).(k) stinging insect allergy

IV.A.6.c).(4).(l) urticaria and angioedema

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **N/A**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 1105-1115 **PROGRAM EVALUATION and IMPROVEMENT**

Requirement Revision (major revisions only):

~~V.C.3 One outcome measure of the quality of a residency program is the performance of its graduates on the certifying examinations of the American Board of Allergy and Immunology. In its evaluation of residency programs, the Review Committee will take into consideration the information provided by the American Board of Allergy and Immunology regarding resident performance on the certifying examinations. A program will be judged deficient if a program's pass rate is significantly below the national average over a five-year period. At least 70% of the program's graduates from the preceding five years who take the American Board of Allergy and Immunology certifying examination for allergy and immunology for the first time must pass.~~

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **N/A**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**