ACGME-I
INTERNATIONAL ADVANCED SPECIALTY
PROGRAM REQUIREMENTS
SUMMARY OF REVISIONS AND RATIONALE

Advanced Specialty Requirements for: **Infectious Diseases**
Proposed Effective Date of revised requirements: **1 July 2025**

Comments are currently being solicited on revisions to the International Advanced Specialty Program Requirements for the subspecialty listed above. To aid those providing comment, the following table summarizes and provides a rationale for the major revisions in the requirements.

The comments provided will be considered by the Review Committee-International as it determines the final revision of these Requirements, which will be posted on the ACGME-I website following approval.
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REQUIREMENTS DELETED

Requirement Number	Line Number	Rationale
II.D.2. Facilities for the isolation of patients with infectious diseases must be available.	60-61	Foundational Requirement II.D.1. on adequate resources for fellow education covers isolation facilities for this subspecialty.
IV.A.1.c).(1).(h) Fellows must demonstrate knowledge of the appropriate use and management of antimicrobial agents in a variety of clinical settings, including the hospital, ambulatory practice, non-acute care units, and the home	198-201	With the addition of patient care competency IV.A.1.b).(3).(b).(i), this requirement becomes redundant.
IV.C.6. Each fellow must provide patient care consultations or directly oversee students or residents performing consultations a) Each fellow must have at least 250 new patient consults with infectious disease problems b) Fellows should have experience with pediatric infectious diseases.	275-281	Fellows must attain and demonstrate competence in providing consultations in a variety of settings [IV.A.1.b).(1).(a)]. The number of consultations needed to attain competence cannot be established. There are no competencies required for pediatric infectious diseases.
IV.C.9.a).(1) Each fellow should, on average, be responsible for four to eight patients during each half day	301-306	The specific number of patients seen by fellows during ambulatory care experiences was removed to allow programs flexibility. Programs should continue to monitor fellows' ambulatory clinic load

session 1) Each fellow should, on average, be responsible for no more than eight to 12 patients during each half-day ambulatory session		to maximize learning opportunities over service needs.

REQUIREMENTS ADDED

Requirement Number	Line Number	Rationale
I.B.1. Clinical education should be conducted at participating sites that, in aggregate, have ACGME-I-accredited programs in general surgery, obstetrics and gynecology, pediatrics, and other medical and surgical subspecialties.	38-41	The requirement for other ACGME-I-accredited programs was added to help ensure educational experiences and appropriate care for a wide variety of infectious diseases patients.
IV.A.1.b).(1) Fellows must demonstrate competence in managing care of patients a) in a variety of health care settings, including inpatient and ambulatory settings. b) using critical thinking and evidence-based tools; c) using population-based data; and d) with whom they have limited or no physical contact, through the use of telemedicine.	90-104	The additions to competencies in patient care and procedural skills include the new and emerging area of telemedicine, the importance of training fellows to deliver care in the ambulatory setting, and the increasing importance of data-driven clinical decision-making.
IV.A.1.b).(2) Fellows must demonstrate competence in the diagnosis and management of the following areas of both possible and proven infectious diseases a) bacterial infections; b) emerging infectious diseases; h) infections in pregnancy and post-partum states	106-108 109 110 122	The additions of infectious diseases noted here are important or emerging areas not included in the previous Requirements.
IV.A.1.b).(3).(b).(i) Fellows must demonstrate competence in the appropriate use and management of antimicrobial agents in a variety of clinical settings, including the hospital, ambulatory practice, non-acute care units, and the home.	149-153	Knowledge of appropriate use and management of antimicrobial agents was previously required. This change to including it in a patient care competency requires the application of that knowledge in the clinical setting.
IV.A.1.c).(1). Fellows must demonstrate knowledge of a)	164-167	Additional knowledge competencies included here more comprehensively outline evolving

anti-infectives, immunoprophylaxis, and adjunctive therapies, including resistance mechanisms, drug interactions, dosing, monitoring, adverse effects, and relative effectiveness; e) diagnostic evaluation, including the indications for diagnostic evaluation of uncommon pathogens, antimicrobial resistance, and therapeutic drug monitoring; and interpretation of diagnostic evaluations for pathogens and clinical syndromes, considering performance characteristics, limitations, and nuances; f) diagnostic reasoning, including the ability to formulate a prioritized differential diagnosis, to include atypical presentations; the ability to modify a diagnosis based on a patient's clinical course; and the ability to recognize sources of diagnostic error; i) infection prevention, antimicrobial stewardship, and the epidemiological impact of infectious diseases on population health; j) pathophysiological and foundational science concepts pertaining to infectious diseases and host response;	183-189 191-196 207-209 211-213	areas of knowledge needed in the subspecialty.
IV.B.1. The educational program must include didactic instruction based upon the core knowledge content in infectious diseases. a) Fellows must have a sufficient number of didactic sessions to ensure fellow-fellow and fellow-and-faculty interaction.	249-252	The addition of these requirements ensure that all fellows have access to didactic sessions and that faculty members are actively involved in didactics.

IV.B.2. The program must ensure that fellows have an opportunity to review all knowledge content from conferences that they could not attend. b)	253-254	
IV.C.1. Rotations must be structured to allow fellows to function as a part of an effective interprofessional team that works together toward the shared goals of patient safety and quality improvement.	259-263	Clinical rotations must be planned to enhance opportunities for fellows to actively engage with an interprofessional team. These experiences should allow for interaction between team members to both teach fellows and provide patient care.
IV.C.7. The education program must provide fellows with elective experiences relevant to their future practice or to further still/competence development.	288-289	Providing educational experiences that are individualized to each fellow's learning needs and individual interests is an important component of the fellowship.
IV.C.8. Fellows must participate in training using simulation.	291	Simulation can be used to provide opportunities for learning and development of clinical competence, and for evaluation of fellows.
IV.D.1.a) While in the program all fellows must complete at least one of the following scholarly activities: participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees or serving as a journal reviewer, journal editorial board member or editor.	320-326	All fellows must engage in scholarly work during the fellowship. Scholarly work is broadly interpreted to include a variety of professional activities.