



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

Advanced Specialty Requirements for: **Respiratory Medicine (Pulmonary Disease)**
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.

REQUIREMENTS DELETED

| Requirement Number | Line Number | Rationale |
|--|--------------------|--|
| II.D.2.c) and d) The following must be available at the primary clinical site c) positron emission tomography (PET) scan and magnetic resonance imaging (MRI) d) nuclear medicine imaging capacity and ultrasonography | 71-74 | Required resources were revised to include imaging services needed in the critical care unit. |
| IV.B.3. Fellows must have experiences that enable them to acquire knowledge in the evaluation and management of patients with genetic and developmental disorders of the respiratory system. | 353-355 | Deletions were made to eliminate redundancies. Experience in management of patients with genetic disorders, including cystic fibrosis, is added to clinical experiences in IV.C.6.b). |
| IV.B.4. Fellows should have formal instruction about genetic and developmental disorders of the respiratory system, including cystic fibrosis. | 356-357 | |
| IV.C.13.a).(1) Each fellow should, on average, be responsible for four to eight patients during each half day session 1) Each fellow should, on average, be responsible for no more than eight to 12 patients during each half-day ambulatory session | 442-447 | 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 to maximize learning opportunities over service needs. |

REQUIREMENTS ADDED

| Requirement Number | Line Number | Rationale |
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| 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. | 118-130 | 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.c).(1).(e) Fellows must demonstrate knowledge of indications, contraindications, and complications of placement of arterial, central venous, and insertion of pulmonary artery balloon flotation catheters | 281-283 | The requirement was revised to clarify all elements of this competency. |
| IV.B.1. The educational program must include didactic instruction based upon the core knowledge content in respiratory medicine (pulmonary disease). a) Fellows must have a sufficient number of didactic sessions to ensure fellow-fellow and fellow-and-faculty interaction. | 340-343 | The addition of these requirements ensures 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. | 344-345 | |
| IV.C.1. Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback | 359-363 | Education and patient safety are impacted by the length of clinical rotations. Programs must consider the length of a rotation when planning educational experiences. |
| IV.C.2. 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. | 364-366 | 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.8. Fellows must have clinical experience in monitoring and supervising | 402-409 | Addition of this clinical requirement ensures fellows have opportunities |

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| special services, including: a) pulmonary function laboratories, including quality control, quality assurance and proficiency standards; b) respiratory care techniques and services; and, c) respiratory care units. | | to acquire competence in systems-based practice specific to respiratory medicine. |
| IV.C.11. The education program must provide fellows with elective experiences relevant to their future practice or to further skill/competence development. | 426-427 | Providing educational experiences that are individualized to each fellow's learning needs and individual interests is an important component of the fellowship. |
| 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. | 454-460 | All fellows must engage in scholarly work during the fellowship. Scholarly work is broadly interpreted to include a variety of professional activities. |

REQUIREMENTS WITH MAJOR REVISIONS

| Requirement Number | Line Number | Rationale |
|--|-----------------------------------|---|
| IV.A.1.b).(3).(a) Fellows must be able to perform diagnostic and therapeutic procedures relevant to their specific career path including (v) insertion of arterial and central venous catheters; (vi) <u>skills of critical care use of ultrasound including image acquisition, image interpretation at the point of care, and use of ultrasound to place intravascular and intracavitary tubes and catheters.</u> techniques to perform thoracentesis and place intravascular and intracavitary tubes and catheters | 180-182 192-193 198-205 | Revisions were made for clarity and to include new and emerging areas of respiratory medicine practice. |